



Interim Technical Report on the GAVI Work Plan 2004-05
(slightly abridged)

(By priority area and target. Date by which targets are to be completed within brackets after each target. To access the links, press Ctrl and click on the link at the same time)

TABLE OF CONTENT

Priority area 1: Health information and monitoring systems for action

Target 1: Data Quality Self-Assessment (DQS) methodology and other tools finalized (July 2004).....	4
Target 2: All countries with failed Data Quality Audits (DQAs) have received timely and adequate support (July 2005).....	4
Target 3: Data Quality Self-assessment (DQS) systematically used by at least ten countries (Dec 2005)	5
Target 4: Health Management Information System (HMIS) and EPI specific reporting coordinate, where possible (Dec 2005).....	5

Priority area 2: Contribute to alleviation of system-wide barriers

Target 5: Agreement by major health sector stakeholders on joint efforts to alleviate health system barriers (Dec 2004)	7
Target 6: Interagency Coordinating Committees (ICCs) strengthened with stronger links to NGOs and higher level national health coordination committees (Dec 2005)	7
Target 7: Efforts in ten high- and ten low-performing countries undertaken, lessons learned, documented and best practices shared (Dec 2004)	8

Priority area 3: Enhanced efforts in large population countries

Target 8: Seven large countries have made analysis of the barriers and possible solutions and have agreed with their Interagency Coordinating Committees (ICCs) on action plans (July 2004)	9
Target 9: GAVI and partners have established new policies to support the seven large population countries (Dec 2004)	10
Target 10: Lessons from Accelerated Disease Control (ADC) efforts applied in the large population countries as appropriate (Dec 2005).....	10
Target 11: The large population countries are back on track or show tendency of getting back on track in immunization coverage (Dec 2005).....	10

Priority area 4: Procurement/Supply of existing products

Target 12: Minimal divergence between vaccines forecasts and uptake (Dec 2005)	11
Target 13: Establish planning processes for vaccines provision, with focus on Hep B, Hib, and Yellow Fever and support other GAVI vaccine initiatives (Dec 2005)	13

Priority area 5: Development and introduction of new, near-term products

Target 14: Technologies for immunization: prioritization reviews, evaluations and advocacy (Dec 2005)	15
Target 15: Monitor the progress towards establishing the public health benefit and demand for rotavirus and pneumococcal vaccines in developing countries (Dec 2005)	15

Priority area 6: Managing the process of country support from the The Vaccine Fund

Target 16: All eligible countries that qualify and are interested in GAVI/The Vaccine Fund (TVF) support for Immunization Services Support (ISS), new vaccines and injection safety, will have applied and will have been approved. (Dec 2005).....	16
Target 17: Data Quality Audits (DQAs) conducted in relevant countries (Sept 2005).....	16
Target 18: Coverage surveys carried out when needed for allocation of performance based grants (Dec 2004)	17

Priority area 7: Financial Sustainability

Target 19: All funded countries have developed their Financial Sustainability Plans (FSPs) according to schedule with lessons learned and experiences shared with countries and partners (Dec 2005) 18

Target 20: All countries assisted to integrate Financial Sustainability Plans (FSPs) into their national planning and budgeting processes (Dec 2005)19

Target 21: Role of Financial Task Force (FTF) in coordinating partner inputs and assuring funds for financial sustainability work to be transferred to partner(s) with their future roles and responsibilities clearly defined (Dec 2005)..... 21

Target 22: All funded countries will have had their Financial Sustainability Plans (FSPs) reviewed (Dec 2005)21

Target 23: New global and country level financing mechanisms developed and tested (Dec 2005) 22

Priority area 8: Recapitalization of the Vaccine Fund

Target 24: Long-term GAVI/The Vaccine Fund (TVF) resource mobilization plan (2006-15) fully aligned with long term GAVI strategic planning (2006-15) and new funding priorities and policies defined for 2006-15, based on GAVI strategic directions (Dec 2005).....22

Target 25: Vaccine Fund resource mobilization level of \$400 million per year achieved by end of 2006 (interim milestone for this effort is roughly \$325 million per year) (Dec 2005).....23

Priority area 9: Setting Priorities

Target 26: Long-term (through 2015) strategic plan, including The Vaccine Fund (TVF) priorities and policies, developed and approved (Dec 2004)..... 24

Target 27: GAVI 2006-07 work plan developed and approved (Dec 2005)..... 25

Priority area 10: Monitoring progress

Target 28: Process to monitor progress of GAVI and respond to emerging needs established and ongoing (Dec 2005)..... 25

Priority area 11: Alliance Coordination

Target 29: Support for governing bodies (Dec 2005) 27

Target 29: Secretariat: Support for communication (Dec 2005) 27

Priority area 11: RWG Coordination

Target 30: Regional Working Group (RWG) Coordination of Partners efforts in the Regions (Dec 2005)28

Priority area 1: Health information and monitoring systems for action

Target 1: Data Quality Self-Assessment (DQS) methodology and other tools finalized (July 2004)

Achievement of overall target	<ul style="list-style-type: none"> Slight delays in translations of DQS (one of several tools), but will be finished before the end of 2004. First field tests were conducted in Nepal, Morocco and Togo.
Activity	Summary technical report
Field testing of DQS	<ul style="list-style-type: none"> After the first field test in Nepal in 2003, Morocco and Togo DQS experiences have allowed to refine the tool, the methodology of an introductory workshop and related materials.
DQS methodology finalized	<ul style="list-style-type: none"> The DQS methodology has been finalized, consisting of general guidelines, excel tools and workshop materials (Available at the WHO/VAB/VAM department). General guidelines about to be published as a WHO document.
Other tools to monitor performance	<ul style="list-style-type: none"> Field supervisory checklist for Monitoring & Evaluation (district & health facility level) has been finalized (Available at the WHO/VAB/VAM department). Health Unit level checklist has been published in the revised IIP documents. District level checklist will be in the revised Middle Management Courses. The AFRO integrated checklist has adapted the M&E components and tested the list in Malawi and Zambia. Library of district level maps has been developed for a number of The Vaccine Fund (TVF) eligible countries. Cluster coverage survey manual finalized and available on the internet.

Target 2: All countries with failed Data Quality Audits (DQAs) have received timely and adequate support (July 2005)

Achievement of overall target	<ul style="list-style-type: none"> Globally on track. Countries in difficult circumstances, such as Haiti, Côte d'Ivoire and Nigeria are lagging behind. DQAs were conducted in Eritrea, Guinea, Kenya, Lesotho, Mauritania, Sudan, Sierra Leone and Togo. Mauritania failed the DQA.
Activity	Summary technical report
Technical and logistical support for DQA follow-up	<ul style="list-style-type: none"> Consultants (HQ and regional level) were briefed on monitoring tools in April. Data quality and monitoring overview given at regional working group meetings in Eastern Mediterranean (EMRO), Western Africa (WAFRO), Eastern Africa (EAFRO), Western Pacific (WPRO). Follow-up support was provided in country to Cameroon, Sudan and Yemen (by regional level), Mozambique (HQ consultant), Burkina Faso and Kenya (Partners - CDC). Lao DQA report reviewed with regional level. Haiti, Côte d'Ivoire and Nigeria follow-up have been pushed back due to prioritization of other activities or security problems An extra-day dedicated to data quality was added to existing regional meetings in the Americas (AMRO) and EMRO.

Target 3: Data Quality Self-assessment (DQS) systematically used by at least ten countries (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • Late implementation due to late arrival of funding. • DQS has been conducted in three countries (Congo, Indonesia and Tanzania) and is planned in Bulgaria, Lao, Nicaragua and Tunisia. • Role of regional level partners (e.g. Children's Vaccine Programme (CVP PATH) increasing progressively.
Activity	Summary technical report
Financial and technical support for DQS in ten countries	<ul style="list-style-type: none"> • Regional staff were briefed on the DQS (April, Geneva). • DQS conducted in Congo (August), Tanzania (August), Indonesia (October), Nicaragua (planned December), Lao (under discussion), Bulgaria (November). Under way in Tunisia.
Support for DQS follow-up	<ul style="list-style-type: none"> • Regions are following up in selected countries: Nepal, Morocco and Togo.

Target 4: Health Management Information System (HMIS) and EPI specific reporting coordinate, where possible (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • DQS for Western Pacific (WPRO) countries have been reviewed in detail with Regional EPI monitoring staff. • The use of Data Exchange Formats (DEF) has been introduced in reporting immunization coverage at international levels. • Drafts of the 'Guidelines for monitoring routine coverage through service provider reports' and 'Guidelines for computer software systems supporting monitoring routine immunization services' are planned for end 2004. • The Computerized EPI information System (CEIS) package for monitoring routine immunization coverage is being updated and three versions are being developed: MS-Access, EpiInfo for Windows and Java. • WHO has developed specifications for a software programme to produce basic thematic maps. The first review is planned for end 2004. • OKO (Integrated development environment): development of the alpha product continues and a new version is expected by the end of 2004. • Consultations with The Americas (AMRO), Africa (AFRO), Europe (EURO) and Western Pacific (WPRO) have been carried out with regard to revisions and renewal of information systems from monitoring routine immunization.
Activity	Summary technical report
Situation analysis of problems of integrating HMIS and EPI data (including a review of DQA results)	<ul style="list-style-type: none"> • We propose to develop a series of case studies and review the strengths and weakness of incorporating coverage monitoring in health management information systems as opposed to the development and operation of dedicated EPI information system. The intent would be to determine which, if any, context suggests one approach would be more effective than another. Preliminary discussions have been had with several WHO Regional Offices to identify possible countries to serve as cases studies.
Provide technical support to align the monitoring processes in selected countries	<ul style="list-style-type: none"> • DQs for WPRO countries have been reviewed in detail with Regional EPI monitoring staff. • In order to facilitate sharing of data, not only across geographical levels (facility, district, province, national, etc) but also across administrative units, the use of DEF are being encouraged rather than the development of monolithic, comprehensive, vertical information systems and software. This strategy facilitates data integration and provides a flexible mechanism that is adaptable to a variety of administrative and operational settings. The use of DEF has been introduced in reporting immunization coverage at international levels and WHO is recommending, where appropriate, that this strategy be adopted at national levels and has developed sample data exchange formats.

Activity	Summary technical report
<p>Efficient Information Systems in Place at regional levels and in selected countries</p>	<ul style="list-style-type: none"> • Improved data management, good quality data. <ul style="list-style-type: none"> • Guidelines for monitoring routine coverage through service provider reports. This document will describe methods, alternatives, and issues in monitoring routine immunization coverage through service providers' reports. Draft for external review is planned for end 2004. • Guidelines for computer software systems supporting monitoring routine immunization services. This document is a system specification document describing a typical computer-based information system for monitoring routine coverage. The document is intended for use by national programme managers when articulating their requirements to HMIS or other system developers. Draft for external review is planned for end 2004. • Software tools for maintaining district level databases <ul style="list-style-type: none"> • The CEIS package for monitoring routine immunization coverage is being updated and three versions are being developed: MS-Access, EpilInfo for Windows, and Java. • Mapping: With the increased emphasis on equitable access to immunization services the geographical distribution of service access and disease occurrence has become increasingly important. VAM has developed specifications for a software programme to produce basic thematic maps. The product provides limited functionality and is intended to require minimal training and to operate with limited computing resources. The elaboration phase has been completed with a formal requirements document prepared and development has begun. The first review is planned for end 2004. • Oko: Oko is an integrated development environment (IDE) which includes a general purpose programming language (event driven, Visual Basic like), a graphical editor, debugger, and visual design tools. The product was begun in 1999 and there has been an external review. An alpha version was presented to the WHO regional advisors for immunization and their staff. The product will be used to develop application and domain-specific languages for immunization. The IDE, the language, and the resulting code is relatively small (the IDE is approximately two mega-bytes). The intent is to develop applications such that the run-time as well as the development environment can easily be distributed. Development continues and a beta product is expected by end 2004. • Regional staff manage and maintain regional databases: <ul style="list-style-type: none"> • Consultations with AMRO, AFRO, EMRO, EURO and WPRO have been carried out with regard to the revisions and renewal of information systems from monitoring routine immunization. • A global consultation with participation by UNICEF/HQ, UNICEF Regional Officers, WHO/HQ, and WHO Regional Advisors and monitoring staff is planned for November 2004. The objective is to coordinate regional and global monitoring while encouraging region specific initiatives.

Priority area 2: Contribute to alleviation of system-wide barriers

Target 5: Agreement by major health sector stakeholders on joint efforts to alleviate health system barriers (Dec 2004)

Achievement of overall target	<ul style="list-style-type: none"> • Reporting to GAVI delayed from July to December 2004 due to the need to better define GAVI's specific role and added value within the many emerging/accelerating global efforts to address system-wide barriers. • More time than anticipated was directed in the first half of 2004 towards starting up country level activities. • Findings and options for targeted action and harmonization were presented to and approved by the GAVI Board in December 2004.
Activity	Summary technical report
Map efforts and consult with partners and other global initiatives	<ul style="list-style-type: none"> • A consultation was organized by the GAVI Secretariat and Norad in October 2003 and was attended by 14 GAVI supported countries, (Azerbaijan, Bhutan, Cambodia, Ghana, Haiti, Kenya, Malawi, Mali, Nepal, Senegal, Tanzania, Uganda, Vietnam, Yemen) and representatives from bilateral and multilateral agencies, NGOs and global initiatives. Focus areas were identified (<i>refer to Consultation Report, available at GAVI Secretariat</i>). • Global efforts have been mapped and findings summarized in a paper prepared by Norad/Centre for Health and Social Development (HeSo) ('<i>Issue Paper on GAVI: Alleviating Health Systems Barriers to Immunization, Global Harmonization</i>', Draft 25.08.04, available at GAVI Secretariat). The final paper served as a background paper to the GAVI Board report in December 2004.
Present outcomes and recommendations to GAVI Board	<ul style="list-style-type: none"> • Presented and approved at December 2004 Board meeting.
Contribute to high level global fora	<ul style="list-style-type: none"> • Outcomes from the October 2003 were distributed at the Commission on Macroeconomics and Health (CMH) meeting in January 2004. Relevant GAVI pathfinder experiences and issues will be fed into the High Level Forum meeting in December 2005 and the Second High-Level Forum on Harmonization and Alignment for Aid Effectiveness in the first half of 2005.

Target 6: Interagency Coordinating Committees (ICCs) strengthened with stronger links to NGOs and higher level national health coordination committees (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • Some delay in establishing the conceptual basis for action. • Work has focused on assessing ICC concepts and performance in various countries and health system settings. • Preliminary conclusions were reviewed at the Oslo Consultation in October 2004. • Options/recommendations for targeted action in 2005 were subsequently developed, presented to and approved by the GAVI Board in December 2004.
Activity	Summary technical report
Establish options and best practices for national coordination of immunization efforts	<ul style="list-style-type: none"> • Available literature on immunization and health/public sector coordination mechanisms has been reviewed. • ICC operations have been assessed in eight countries as part of country level activities (A.P2.T3). Preliminary conclusions are being summarized by Norad/HeSo in a background paper ("<i>Developing effective national coordination mechanisms for immunization</i>", available at GAVI Secretariat).

Activity	Summary technical report
Efforts undertaken through partners in ten low-performing countries (same countries as target 3)	<ul style="list-style-type: none"> National coordination functions have been reviewed as part of the rapid assessment of system barriers approach (A.P2.T3) and barriers and good practices identified. Specific efforts to strengthen performance have not yet been initiated.
Efforts undertaken through partners in all TVF countries	<ul style="list-style-type: none"> Scheduled for 2005 based on plan to be developed after Oslo Consultation 7- 8 October.

Target 7: Efforts in ten high- and ten low-performing countries undertaken, lessons learned, documented and best practices shared (Dec 2004)

Achievement of overall target	<ul style="list-style-type: none"> In consultation with WHO, the number of countries targeted in 2004 was reduced from 20 to ten due to heavy overload of initiatives at country level. As of September 2004, eight countries (of 11 countries that confirmed their interest, out of 20 that were contacted) have organized a rapid assessment of system barriers to immunization, identified good practices, and drafted a plan to address select barriers and document their work. Countries met in Oslo in October 2004 to review experiences. Each country has prepared draft work plans to address select barriers in the period Oct 04 - Oct 05 (\$25,000 per country for activities plus contracting of local institution for research and documentation). Due to its relative novelty/complexity, the country approach was changed from "self-assessment" to "facilitated assessment". This has doubled the cost for start-up activities from \$7-10,000 per country to \$12 - 25,000 per country which includes one to two weeks external support by partner agency staff or consultant.
Activity	Summary technical report
Develop methods country analysis of system barriers	<ul style="list-style-type: none"> Guide and tools have been developed by Norad/HeSo with inputs from WHO / Evidence and Information for Policy (EIP) / State Planning Organization (SPO), the GAVI Secretariat and the Institute for Health Sector Development (IHSD), pilot-tested in Uganda and Zambia, and revised (May 2004) (available at GAVI Secretariat).
Support barrier analysis in ten low-performing countries	<ul style="list-style-type: none"> In addition to Uganda and Zambia, six more countries have implemented the rapid assessment process (Ghana, Guyana, Rwanda, Sierra Leone) The Gambia and Vietnam WHO country offices have facilitated the hiring of local researchers/consultants. Technical assistance has been provided by HeSo (Guyana, Sierra Leone, Uganda, Vietnam and Zambia), WHO/EIP (Gambia, Ghana, Rwanda and Zambia) and the GAVI Secretariat (Zambia). Country findings and plans will be reviewed at the Oslo Consultation in October 2004. Possible country visits in late 2004/early 2005: Lao, Malawi, Tanzania.
Document in-country efforts	<ul style="list-style-type: none"> Local researchers/consultants have been hired by WHO Country Offices to assist in the rapid assessment process and the preparation of country reports. Eight preliminary country reports are available. Activity and documentation plans addressing barriers selected by countries will be implemented October 2004-October 2005. Final country reports will be prepared in the third quarter 2005, and synthesized by Norad/HeSo for the GAVI Board meeting in December 2005.
Resource Group operations	<ul style="list-style-type: none"> Resource persons met in October 2003 and will review progress in this target area in October 2004.

Priority area 3: Enhanced efforts in large population countries

Target 8: Seven large countries have made analysis of the barriers and possible solutions and have agreed with their Interagency Coordinating Committees (ICCs) on action plans(July 2004)

<p>Achievement of overall target</p>	<ul style="list-style-type: none"> • The primary expected outcome of target was achieved to various degrees by all of the seven countries. Status of Coverage Improvement Plans (CIP): • DR Congo: CIP is finalized and endorsed by ICC • Indonesia: CIP is finalized and endorsed by the government • India: CIP not yet available • Bangladesh: CIP finalized and endorsed by ICC • Pakistan: CIP is under preparation and is expected by mid October/November • Ethiopia: CIP has been finalized and endorsed by ICC • Nigeria: National Programme on Immunization (NPI) is unlikely to develop a CIP
<p>Activity</p>	<p>Summary technical report</p>
<p>Country-led review/planning meetings with partners to identify barriers and priority activities for accelerating coverage and achieving national goals</p>	<p>By August 2004, six countries (Bangladesh, DR Congo, Ethiopia, India, Indonesia and Pakistan) have undertaken a country led review/planning meeting with partners, to identify barriers and possible solution to improve coverage.</p> <p>DR Congo - The process was country-led with full participation of all partners (WHO, UNICEF, USAID/BASICS). The barriers identified were multiple, and top of the list are limited infrastructure (post-conflict) and poor logistics (cold chain & transport).</p> <p>Indonesia - The process was also country-led with full participation of UNICEF and later endorsed by WHO. The barrier analysis was based on good analysis of data, which identified quality and monitoring issue as key barriers (Documents available at UNICEF, Health Section). Access was identified as a barrier to coverage improvement by only 2% of the population.</p> <p>India - A medium-term strategic plan was developed through a consultative process with close collaboration involving state authorities, technical agencies, professional organizations, donors and implementing partners. An EPI review was undertaken in September, which will be the basis for the CIP to be implemented over the next 16 months (Documents available at UNICEF, Health Section).</p> <p>Bangladesh - The country-led process identified key barrier which mainly focus on quality and monitoring issues, and decreased participation of NGO. The findings were discussed during a two day workshop, which led to the development of the CIP (Documents available at UNICEF, Health Section).</p> <p>Pakistan – Mc Kinsey was hired, with the funds of UNICEF, to generate the barrier analysis, in consultation with all partners, Ministry of Health, WHO, UNICEF and JICA (Documents available at UNICEF, Health Section).</p> <p>Ethiopia - The barriers were identified during a country-led EPI review with participation of key partners (WHO, UNICEF, USAID). The major barriers are linked to poor access due a very limited health infrastructure and weak managerial capacity at all levels.</p> <p>Nigeria - Polio eradication took dominance in the past six months and there is very limited progress to report. NPI has developed a work plan Aug. 04 – Dec. 05, which identifies priority areas for targeted improvements, such as routine vaccine procurement and cold chain strengthening (Documents available at UNICEF, Health Section).</p>

Target 9: GAVI and partners have established new policies to support the seven large population countries (Dec 2004)

Achievement of overall target	<ul style="list-style-type: none"> • The delay of the analysis phase (the previous target) has meant that only now a basis for policy development is emerging. • Any consideration of new policies for the seven large countries will be made as part of the GAVI phase two deliberations.
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Target 10: Lessons from Accelerated Disease Control (ADC) efforts applied in the large population countries as appropriate (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • Ongoing
Activity	Summary technical report
Review of lessons learned from ADC and their application to strengthening routine immunization	<ul style="list-style-type: none"> • CDC, WHO and UNICEF have decided upon producing only one paper which combines lessons from Polio, Measles and MNT. • As first step, CDC has produced a document with outline, procedures and process for development, list of potential contributors to each section and timeline. On the base of the submitted contributions, UNICEF will produce the paper, which will then be handed in to WHO for final comments and approval (Documents available at UNICEF, Health Section).

Target 11: The large population countries are back on track or show tendency of getting back on track in immunization coverage (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • A total of \$2,750,000 has been allotted to this target. • First disbursements have gone to DR Congo. • An interim report will be produced in 2005, informing about the remaining distribution of funds.
Activity	Summary technical report
Develop Key messages and effect strategies to keep influential leaders and partners at global, regional and country levels committed to routine immunization	<ul style="list-style-type: none"> • A high level advocacy visit was made by senior leadership of WHO and UNICEF to DR Congo to meet with Minister of Health, other senior other government officials and partners in May 2004. As a result DR Congo has finalized their CIP early and started implementation of activities. • A similar advocacy mission by UNICEF was undertaken to Indonesia.
Strengthen partner capacities of partner agencies to support routine immunization.	<p>Bangladesh</p> <ul style="list-style-type: none"> • Promotion, implementation and follow up opportunities to use polio human resources at sub national level in Bangladesh. • After interruption of transmission of polio in Bangladesh the network of Surveillance Medical Officer has expanded to cover other vaccine preventable disease activities. A survey conducted last year showed that in 2003 the polio network was spending at least 10% of its time on issues relating to injection safety and new vaccines and over 30% of its time on Immunization Strengthening Systems (against 50% on polio).

	<p>In 2004 in absence of polio supplementary activity these ratios are even greater although similar survey was not conducted.</p> <ul style="list-style-type: none"> • The Immunization Strengthening System component covers a range of EPI related activities. The SMO assist sub national level EPI staff including training, collection of data, planning, implementation monitoring and evaluation of routine programs. The funds will be used to cover part of the overall network cost but no specific post was created for the purpose. <p>Indonesia</p> <ul style="list-style-type: none"> • Promotion, implementation and follow up opportunities to use polio human resources at sub national level in Indonesia. • In Indonesia, the Surveillance Medical Officers (SMOs) are Government employees based at the province level. The scope of their Terms of Reference extend far beyond polio and include activities related to Immunization Strengthening system, supply and quality of vaccines, in addition to the surveillance of vaccine preventable diseases. • The Immunization Strengthening System component covers a range of EPI related activities. The SMOs assist sub national level EPI staff including training, collection of data, planning, implementation monitoring and evaluation of routine programs. The funds will be used to cover part of the overall network cost but no specific post was created for the purpose.
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Priority area 4: Procurement/Supply of existing products

Target 12: Minimal divergence between vaccines forecasts and uptake (Dec 2005)

<p>Achievement of overall target</p>	<ul style="list-style-type: none"> • Two causes of reduced vaccines uptake were experienced during the reporting period: the delay of production of combination vaccines by manufacturers and the delay of starting introduction of new vaccines by countries. • They were properly controlled to avoid disruption of vaccinations and to minimize side-effects in vaccines uptake.
<p>Activity</p>	<p>Summary technical report</p>
<p>Activity 1: Manage the vaccine demand forecast (WHO)</p>	<p>1) Regular activities by WHO/Family and Community Health Cluster (FCH)/Vaccine and Biologicals (IVB)/EPI department</p> <ul style="list-style-type: none"> • A G5 technical assistant was hired to manage the vaccine demand forecast database since June 2004. • Weekly teleconferences with Regions and Blocks were held involving GAVI Secretariat and UNICEF-Supply Division (SD). • Regular meetings were held with UNICEF-SD to reconcile figures. Countries ending injection safety support by the end of 2004 and 2005 were assessed. • A restricted access file was created to allow partners to consult current prospects. <p>2) Exception managed by WHO/FCH/IVB/EPI</p> <ul style="list-style-type: none"> • Demand of pentavalent vaccine for 2004 and 2005 was assessed and Burundi, Senegal, Zambia and Yemen and were prioritized for introduction. • Demand of countries waitlisted to switch from monovalent hepatitis B vaccine to tetravalent/pentavalent vaccines was assessed against availability of combination vaccines.
<p>Activity 2: Manage the delivery of supply (UNICEF)</p>	<p>1) Overview of activities carried out by UNICEF-SD:</p> <ul style="list-style-type: none"> • With input from the countries, annual shipment plans are developed for vaccines and devices awarded by GAVI and procured by countries. Efforts are made to ensure that cold chain availability and distribution systems are taken into account. The shipment plans form the basis of coordination with suppliers to ensure availability.

	<ul style="list-style-type: none"> • Regular meetings are held with WHO to update the forecast and discuss operational issues at country level that might have an impact in demand and availability. Teleconferences among WHO HQ, WHO Regional Offices and GAVI Secretariat. • Annual Progress Reports and applications from countries are pre-assessed and a report is provided to GAVI Secretariat covering supply-related issues, including quantities, stock levels and resolution of divergences. • Meetings and teleconference calls with manufacturers are held on a weekly/monthly basis to review deliveries, shipment plans, production plans and other issues. • Funding Forecasts and Funding Requests to the Vaccine Fund are prepared on a regular basis. With the TVF and WHO has collaborated to manage Yellow Fever stockpile. • With PAHO, UNICEF-SD has coordinated supply for GAVI supported countries in the PAHO region. • Countries whose Injection Safety Support (INS) ends in 2004 were followed up with WHO, to ensure that the introduction of Injection Safety material is sustained beyond GAVI Support. Of the 11 countries whose support ends, all have identified funding for 2005 with the exception of four countries. <p>2) Below is a list of major exceptions managed by UNICEF-SD year-to-date 2004:</p> <ul style="list-style-type: none"> • Because of delay in introduction plan of DTP-Hib and HepB in Burundi, and lower level of utilization of vaccine, shipments of DTP-Hib were re-scheduled to avoid overstock and risk of damage to vaccine. • Because of delay in introduction of DTP-Hib in Zambia, a close monitoring of stock and cold chain capacity lead to a re-schedule of shipments to ensure adequate stock and capacity. Original plans for delivery of DTP-HepB+Hib vaccine to Burundi and Zambia were changed and the contractual commitments negotiated with the manufacturer. • Because of delay in the release of lots of DTP-HepB and DTP-HepB+Hib vaccines in the first quarter of 2004, all shipments planned for the period were affected. Plans for deliveries were re-scheduled according to assessed priority needs. This helped to minimize the impact of the delays, especially for Kenya, which suffered a brief stock-out at central level. • During 2004 shipments needed re-scheduling to avoid cold storage problems. <p>In summary, each of these exceptions has been closely managed such that all contractual obligations were met by UNICEF and programmatic impact was minimized.</p>
<p>Activity 3: Manage the TVF funding</p>	<ul style="list-style-type: none"> • Aggregating expected disbursement information from the GAVI Secretariat, Unicef-SD, and WHO as appropriate (well underway). • Develop a financial forecast that reflects expected disbursements related to expected procurement needs, and payments of cash awards (well underway). • With the GAVI Secretariat, mapping out parameters of a common database that can track approvals verses disbursements to facilitate management of the Unicef Trust Account (slightly delayed because of convergence).
<p>Activity 4: Manage the country funding</p>	<ul style="list-style-type: none"> • In 2004, six countries have participated in co-financing their requirement of new vaccines. • The Annual Progress Report has been re-designed to report on country contribution to co-finance new vaccines (A draft of the Annual Progress report can be obtained at the GAVI Secretariat).

Target 13: Establish planning processes for vaccines provision, with focus on Hep B, Hib, and Yellow Fever and support other GAVI vaccine initiatives (Dec 2005)

<p>Comment on achievement of overall target</p>	<ul style="list-style-type: none"> • A number of activities have been initiated during the reporting period that will result in a medium and long-term forecast for vaccines demand, vaccines availability and future vaccines market conditions.
<p>Activity</p>	<p>Summary technical report</p>
<p>Activity 1: Quantify product demand and quality of product</p>	<ul style="list-style-type: none"> • A long-term vaccine demand forecast for hepatitis B, Hib and Yellow fever containing vaccines was developed by WHO. • In order to derive a number of unknown parameters for the long-term and document the range of uncertainty, we conducted a Delphi study in collaboration with TVF. • A vaccine introduction guide is about to be finalized. This guide from WHO will assist national programme managers in the decision-making process and implementation of new vaccine introduction. • A product menu CD for national managers is being developed with the collaboration of UNICEF Supply Division. This CD will allow assessing the programmatic implications of various product characteristics at the time of deciding on the introduction of a new vaccine product. • WHO has led with UNICEF the development of the Global Immunization Vision and Strategy. • Participation in the GAVI Hib Team, coordination of the sub-committee on programmatic issues, participation in the sub-committee on supply and in the steering group for country consultation. • Support to the pneumococcal and rotavirus Accelerated Development and Introduction (ADIP) in their efforts to identify desirable products characteristics as well as for the implementation of the introduction preparedness efforts in likely early adopting countries. <p>The funds to support work in this area (Courses of the Global Training Network on Vaccine Quality) were not made available until mid August 2004. Nevertheless a number of training courses which had been scheduled were conducted during 2004 using other sources of funds. The GAVI Work Plan funds will be used to support the courses scheduled to take place during the rest of 2004 and 2005. The following courses were held during 2004:</p> <ul style="list-style-type: none"> • Surveillance of Adverse events following immunization (AEFI) Surveillance in Moscow, Russia: 21-28 April, 2004. 25 participants from eight Russian speaking countries: Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Russia, Tajikistan, Uzbekistan and one from UNICEF country office in Tajikistan. • Laboratory Quality System, National Institute for Biological Standards and Control (NIBSC), UK: 4-28 May, 2004. Four participants from China, South Korea, Tunisia and Ukraine. • Quality Control Methodologies on DTP vaccines, in Biken Japan: 18 August -19 December 2004. Four participants from Argentina, Botswana, China and Mexico. • AEFI surveillance in English, in Sri Lanka, 19-24 July 2004: 24 participants from seven countries and three WHO regional and country offices: Bangladesh, Bhutan, China, India, India, Lao and Mongolia, AFRO and the WHO country offices in Bangladesh, China and India. • AEFI surveillance in French in Tunisia 20-25 September 2004: 22 participants from eight countries (Burkina Faso, Burundi Senegal, Djibouti, Lebanon, Niger Rwanda and Tunisia)

<p>Activity 2: Analyze vaccines availability and market conditions</p>	<p>Overview of activities which support the analysis of vaccines availability and market conditions carried out by UNICEF Supply Division:</p> <ul style="list-style-type: none"> • Availability of vaccines procured for GAVI was assessed. The production planning was discussed with contracted manufacturers. Logistics and medium and long-term plans provide the information necessary to ensure availability of vaccines for the programme. • High levels of communication with manufacturers were maintained to pursue WHO pre-qualification for DTP-HepB and DTP-HepB+Hib to monitor new production of vaccines for the current contract period (2004-2006) and for the longer-term planning. • Close communication with WHO and the GAVI Secretariat were maintained to transmit the projected availability of vaccines and to support decision making by countries and GAVI IRC. Regular meetings with WHO were held to review forecasts of vaccines needs. • Under the coordination of WHO an update of the 'product menu' for GAVI supported vaccines was developed. Information on vaccines availability in the medium and long term will be updated regularly. • The consultation process with manufacturers to prepare for the next tender round has started. Information on status of development of additional products is gathered to prepare strategies for procurement in the next procurement phase. • A meeting is planned with all existing and potential manufacturers (and partners), in order to share information about GAVI vaccines forecast and manufacturers' input on the next procurement round. • UNICEF-SD decisions on next procurement round is guided by information gathered from its involvement in meetings of GAVI Hib Team, in the activities of the Pneumococcal and Rotavirus ADIPs, in the drafting of Global Immunization Vision and Strategies (GIVS) and in the drafting of the International Finance Facility (IFF) document. • Vaccines manufacturers were regularly met about their medium- and long- term product development and launch plans. <p>In summary, a number of activities have been undertaken to support the analysis of vaccine availability and future market conditions. Currently there are three major activities (GAVI Hib Team, GIVS, IFF) that once completed will guide UNICEF-SD strategies in 2005 to forecast medium and long-term market conditions of vaccines.</p>
<p>Activity 3: Assess actual and potential TVF funding level</p>	<ul style="list-style-type: none"> • Through forecasting and project work on the pilot IFF project, working to estimate GAVI's spending needs over 2005-2016. • Working with donors and all partners to secure ten year committed funding mechanism to support these spending needs.
<p>Activity 4: Assess actual and potential country funding level</p>	<ul style="list-style-type: none"> • The Annual Progress Report has been re-designed to include a session on sustainability and follow-up of FSP implementation: 16 of the 55 countries approved for New Vaccines Support have submitted a timetable for co-financing procurement of new vaccines (A draft of the Annual Progress report can be obtained at the GAVI Secretariat).

Priority area 5: Development and introduction of new, near-term products

Target 14: Technologies for immunization: prioritization reviews, evaluations and advocacy (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> Following the 2003 GAVI broad review of technologies presented to the December 2003 GAVI Board it was decided that the next review task should be performed in 2005.
Activity	Summary technical report
Meetings and consultations	<ul style="list-style-type: none"> Activity will start in 2005.
Advocacy for immunization technology research	<ul style="list-style-type: none"> Activity will start in 2005.

Target 15: Monitor the progress towards establishing the public health benefit and demand for rotavirus and pneumococcal vaccines in developing countries (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> All the activities are performed as planned. GAVI monitoring of rotavirus and pneumococcal ADIP progress is ongoing activity for the length of the ADIP projects (currently 2003-2007).
Activity	Summary technical
GAVI ADIP Management Committee meetings and teleconferences	<ul style="list-style-type: none"> In 2004 the regular reviews of ADIP progress, future plans and budgets by Management Committee were taken place in the meetings and teleconferences as planned. The list of events with the main focus is presented below: <ul style="list-style-type: none"> 27 May teleconference: Progress review 10-11 June meeting: Progress review; Rota vaccine products 30 August Teleconference: Progress review 14 October Teleconference: Budgets 22-23 November: Progress review
Aligning of ADIP research focus with ongoing GAVI vaccine introduction efforts: ad-hoc meetings	<ul style="list-style-type: none"> Aligning the ADIP research focus with the ongoing GAVI vaccine introduction efforts is achieved by discussing and revising the global pneumo and rota agenda with all stakeholders. In 2004 ADIPs have participated in several meetings with GAVI partners: GAVI Board meetings, meetings to commercial partners (GlaxoSmithKline, Wyeth, Merck), regular meetings with WHO, funding some WHO-ADIP collaboration, meetings with UNICEF Supply division, World Bank, FTF and TVF, disease-specific conferences, project site visits. Decision bodies supervising ADIP progress such as ADIP Management Committee, Strategic Advisory Committees and Rota Working Group have a broad representation of main GAVI forces involved in research and vaccine introduction (WHO, CDC, Gates Foundation, TVF, UNICEF).
Post-ADIP-s options and action plan	<ul style="list-style-type: none"> This activity will start in 2005.

Priority area 6: Managing the process of country support from the The Vaccine Fund

Target 16: All eligible countries that qualify and are interested in GAVI/The Vaccine Fund (TVF) support for Immunization Services Support (ISS), new vaccines and injection safety, will have applied and will have been approved. (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • Twelve country proposals were reviewed for 17 requests of support. • The number of reviews for country proposals was increased (from one to two), to accommodate additional requests from countries. • Two monitoring reviews were held as planned. • Now a total of 71 out of 75 eligible countries have been approved for support.
Activity	Summary technical report
Organize Country Proposals Reviews	<ul style="list-style-type: none"> • Because of country request, the Secretariat organized two reviews instead of only one as previously planned. The Proposal Review Team (four members) met in Geneva from 24 to 28 May 2004. They reviewed six country proposals for nine requests of support. They recommended for approval all the three requests for Injection Safety Support, two of the three requests for HepB vaccines support and two of the three requests for Hib vaccines support. The GAVI Board and TVF Executive Committee approved the above recommendations. • A second Proposal Review took place in GAVI Secretariat, Geneva from 18 to 22 October 2004 to review six country proposals: <ul style="list-style-type: none"> • Of the four requests of support for injection safety two were recommended for approval. • Of the two requests of support for introduction of Hepatitis B vaccine both were recommended for approval. • Of the two requests of support for introduction of Hib vaccine both were recommended for approval.
Organize review of progress reports for 2004	<ul style="list-style-type: none"> • A first monitoring review was conducted from 21 June to 2 July 2004. The IRC (13 members) reviewed 46 progress reports submitted by countries). The IRC made its recommendations to the Board who endorsed them (July Board meeting). The GAVI Board approved the above recommendations and the Vaccine Fund Executive Committee approved the related funding of \$ 126.8 m for 2005 support. • A second monitoring review took place on 27 September- 01 October 2004. The Independent Review Committee (IRC) was expected to review 22 progress reports (Documents available at the GAVI Secretariat).
Pre-assessment and follow-up of review results	<ul style="list-style-type: none"> • Pre-assessments of annual progress reports and applications have been performed in June and September and October (Documents available at the GAVI Secretariat).

Target 17: Data Quality Audits (DQAs) conducted in relevant countries (Sept 2005)

Achievement of overall target	<ul style="list-style-type: none"> • Seven countries passed their DQAs (Eritrea, Guinea, Lesotho, Kenya, Sierra Leone and Sudan) and four failed. Three more countries (DPR Korea, Central African Republic and DR Congo) are expected to be completed by the end of 2004 or January 2005. Somalia and Haiti were postponed.
Activity	Summary technical report
Coordinate 2004 DQA implementation at country level and conduct their review (IRC) and	<ul style="list-style-type: none"> • DQA implementation (UNICEF): Auditors' Training by WHO completed. DQAs already completed in seven countries (Eritrea, Guinea, Lesotho, Kenya, Sierra Leone and Sudan). Three more countries (DPRK, CAR and DR Congo) are expected to be completed by the end of 2004 or January 2005. Somalia and Haiti were postponed.

<p>consolidated analysis and revise the tool</p>	<ul style="list-style-type: none"> • The DQA methodology has been published as a WHO document (2004). Fourteen consultants from the two selected companies have been trained in the DQA methodology (Geneva, June 2004). • Additionally, on site training has been provided to 'new' auditors (July - August). An article on the DQA experience has been written and submitted to an international journal. The DQA methodology will be reviewed and revised if necessary in October (M&E subgroup meeting). • By December 2004, the IRC would have reviewed all DQA reports submitted by the auditors.
<p>Coordinate 2005 DQA implementation at country level and conduct their review (IRC) and prepare consolidated analysis and revise the tool</p>	<ul style="list-style-type: none"> • Not started.

Target 18: Coverage surveys carried out when needed for allocation of performance based grants (Dec 2005)

<p>Achievement of overall target</p>	<ul style="list-style-type: none"> • Consultants trained, tool for analysis finished. • One coverage survey (Mozambique) conducted, two more (Uzbekistan and East Timor) planned.
<p>Activity</p>	<p>Summary technical report</p>
<p>Coordinate with countries and implementing partners agency (WHO) and organize the review by the IRC (2004)</p>	<ul style="list-style-type: none"> • One country to conduct a coverage survey instead of DQA in 2004: Mozambique. Report expected to be available in late November/early December 2004 as the survey cannot be conducted until mid-October 2004 due to country's schedule. • Support will be provided to two additional coverage surveys: Uzbekistan (recommended by the IRC) and East Timor (Regional Working Group priority). Both surveys will take place late 2004. • Consultants to undertake surveys were trained in April 2004; new manual for surveys finished August 2004; new excel tools for analyzing survey results finished September 2004.
<p>Coordinate with countries and implementing partners agency (WHO) and organize the review by the IRC (2005)</p>	<ul style="list-style-type: none"> • Not started.

Priority area 7: Financial Sustainability

Target 19: All funded countries have developed their Financial Sustainability Plans (FSPs) according to schedule with lessons learned and experiences shared with countries and partners (Dec 2005)

<p>Achievement of overall target</p>	<ul style="list-style-type: none"> • Financial Sustainability Plan preparation is well in hand, though there are significant challenges ahead with some countries in crisis (Sao Tome, Somalia, Sudan). • Countries participating in workshops before June 30 will be submitting Financial Sustainability Plans in November 2004; others will be submitting in January 2005. • Currently ten out of 17 countries are on track with November submission; countries not on track include those in crisis or difficult circumstances.
<p>Support to countries for FSP development; regional partners to coordinate support to countries for FSP preparation</p>	<p>With 39 countries due to submit FSPs in 2004 and early 2005 (including six revisions and six delayed submissions from 2003), financial sustainability planning explored in the Big Three, and the recognized importance of devolving responsibility and decision-making for financial sustainability planning to regional and country level, 2004 is proving to be a super-charged year. Among activities/status:</p> <p>FSP Support</p> <ul style="list-style-type: none"> • Five regional financial sustainability planning workshops conducted to support 23 countries developing FSPs in 2004. Workshops held in Bangkok and Katmandu for countries from East and Southern Africa, Pretoria and South East Asia; Cairo, for countries from the Eastern Mediterranean region and Budapest for countries from the European region. • Technical Assistance to Albania, Cameroon, Comoros and Sierra Leone for FSP revisions • Technical Assistance to Albania, Bangladesh, Bhutan, Indonesia and Lesotho for FSP development <p>Big Three: India, China and Indonesia.</p> <ul style="list-style-type: none"> • India: Joint CVP-World Bank mission visited India in early 2004. Based on discussions with the Government of India (GoI) and partners on the ground and for a variety of reasons, GoI decided not to initiate a financial sustainability planning exercise but is using the GAVI financial costing tool in the overall costing of their MYP. • China: A joint World Bank-TVF-WHO mission in March 2004 worked with the Government of China (GoC) and national partners and agreed that a Financing Assessment and Policy Review would provide the Government of China with timely and policy-relevant information about the costs and financing of immunization, reveal financial implications of policy changes and stimulate/document discussion of the future orientation of financing policies for the immunization program. Regrettably, global support to the GoC from the FTF has been intermittent though this is expected to be resolved soon (Aide Memoire available at GAVI Secretariat). • Indonesia: A joint USAID-CVP-WB mission visited Indonesia in March 2004 and worked with the Government of Indonesia and national partners to outline a financial sustainability process tailored to the needs of Indonesia. Recognizing the nature and extent of decentralization, the financial sustainability process is designed to ensure the financial security of the immunization program for key commodities, supplies, and services at central level within wider planning and budgeting processes; provide guidance to sub-national levels on the appropriate level of resources and provide evidence to support the relationship between central and sub-national resource allocations for the immunization program. CVP is the global focal point (Aide Memoire available at GAVI Secretariat).

	<p>Regional Coordination</p> <ul style="list-style-type: none"> • FTF circulated Terms of Reference (ToR) in the first quarter of 2004 to regional partners to explore how they anticipated best supporting financial sustainability preparation and implementation efforts in countries in their respective regions. • Proposal received from five regions (East and Southern Africa (WHO), West and Central Africa (WHO), Europe (Joint WHO-WB), Asia Pacific (WHO & WB) and South East Asia (WHO); these were reviewed and endorsed by the FTF in April 2004; This process took much longer than anticipated and there have been delays in transfer of funds to regional partners. • Partners assisted in regional capacity building efforts with the recruitment and training of a regional FSP focal point for East and Southern Africa and for South East Asia <p><u>Remaining Activities Planned for 2004</u></p> <ul style="list-style-type: none"> • Provide pre and post submission pre-review support to countries submitting FSPs in 2004 • Provide technical assistance to countries developing and implementing FSPs • Workshop on Financial Sustainability Implementation either late 2004 or early 2005 • Build regional capacities in West and Central Africa and the Eastern Mediterranean regions respectively
Global coordination of financial sustainability preparation process	<ul style="list-style-type: none"> • WHO organized and hosted a FSP meeting in Geneva, with key players and partners in the FSP process in order to evaluate the collective work done in the area of FSP in terms of processes, inputs, challenges and lessons learned, and better shape and frame further support to countries • Global FSP Coordinator based at WHO and oversees global process • Global FS Group established under FTF, comprised of partners actively engaged in FS preparation and implementation support in countries; responsible for day-to-day monitoring of financial sustainability work.
Strategic analysis in support of FSP preparation	<ul style="list-style-type: none"> • Immunization Financing Options paper translated to Russian, and now in press. • FSP Guidelines updated and translated into French, Portuguese and Russian • Immunization financing costing tool updated and made extremely user-friendly

Target 20: All countries assisted to integrate Financial Sustainability Plans (FSPs) into their national planning and budgeting processes (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • FSP implementation support is behind schedule. • Efforts to support regional groups in FS planning and implementation took much more time than anticipated at the outset and efforts to recruit a Global Financial Sustainability Implementation Coordinator proved to be more onerous than anticipated (unexpected administrative problems), with the Global Coordinator only beginning work in late September 2004.
Activity	Summary technical report
Country support for FSP implementation/ Regional coordination for FSP implementation	<ul style="list-style-type: none"> • Please refer to Regional Coordination under Target 19 above • Two FS Implementation meetings held in Gaborone and Nairobi under auspices of East and Southern Africa Regional Working Group (RWG), bringing together the experiences of eight countries in Africa, on the progress, opportunities and challenges faced in financial sustainability implementation. • Financial sustainability implementation support provided to Kenya, Mozambique, Uganda and Zambia. • Assisted in regional capacity building efforts with the recruitment and training of a regional FSP focal point for East and Southern Africa and for South East Asia <p><u>Remaining Activities Planned for 2004</u></p> <ul style="list-style-type: none"> • Provide pre and post submission pre-review support to countries submitting FSPs in 2004 • Provide technical assistance to countries developing and implementing FSPs

	<ul style="list-style-type: none"> • Organize a workshop on Financial Sustainability Implementation at WHO/HQ in Geneva, 25-26 October 2004 • Build regional capacities in West and Central Africa and the Eastern Mediterranean regions respectively
<p>Global coordination of financial sustainability implementation process</p>	<ul style="list-style-type: none"> • Global FSI Coordinator: FTF Subcommittee endorsed joint WB-WHO proposal to recruit coordinator through WHO and base individual at WHO. • Coordinator recruited in late September 2004 by The World Bank; seconded to WHO. • Travel and secretarial support to be provided by WHO with GAVI support. Given that Target 20 focuses on implementation and integration with Medium Term Expenditure Frameworks (MTEFs), Poverty Reduction Strategy Papers (PRSPs) etc., key World Bank activities in support of this target include: • Recruitment of Global Financial Sustainability Implementation (FSI) Coordinator with WHO participation • World Bank Task Team leaders for approximately 20 countries with FSPs briefed on the process and how they can be further involved in elaboration of financing strategies; • On-going discussions with World Bank PREM (Poverty Reduction and Economic Management) staff regarding possible country-level linkages between the FSP results and MTEFs, PRSPs, and Public Expenditure Reviews • Exploration and integration of the FSP methodology into the Marginal Budgeting for Bottlenecks (MBB) tool • Major efforts underway to include FSP objectives and process in larger health sector and financing reform discussions and courses • Bank staff continuing to look for opportunities for including immunization in existing or new loans.
<p>Strategic analysis in support of FSP implementation</p>	<p><u>1) Immunization Financing Database</u></p> <ul style="list-style-type: none"> • Revised the Costing and Financing tools and translated into French, Portuguese and Russian • Launch of the Immunization Financing Database website • Immunization Financing Database Coordinator salary, travel and secretarial support <p>Remaining Database Activities Planned in 2004</p> <ul style="list-style-type: none"> • The analysis of the second round of financial sustainability plans was completed and the results were presented to the GAVI Board in Dec 2004 • Maintain the Immunization Financing Database website <p><u>2) Targets and benchmarks</u> - as in 2003- limited progress.</p> <p><u>3) "Soft landing" now known as "Bridge Financing"</u></p> <p>Board endorsed FTF initiative; brainstorming meetings held in April and September 2004 to explore options; FTF currently in process of choosing two options to take forward.</p> <p><u>4) National decision-making guide:</u> Preliminary concern that this may be a duplication of efforts with on-going work; External consultant currently doing a "stock-taking" exercise on behalf of World Bank exploring existing materials available to assist governments when deciding to introduce a new vaccine or technology; report back to FTF November 2004.</p>

Target 21: Role of Financial Task Force (FTF) in coordinating partner inputs and assuring funds for financial sustainability work to be transferred to partner(s) with their future roles and responsibilities clearly defined (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • The Financial Task Force will sunset in 2005. • Considerable effort is underway to transition and “institutionalize” FTF financial sustainability activities within partner organizations at the global and regional levels. • Much Financial Task Force partner effort has been and is devoted to scaling up to meet increased demands all the while recognizing the importance of transitioning responsibility and coordination of financial sustainability efforts.
Activity	Summary technical report
Coordination of GAVI partners to develop an action plan regarding FSP preparation and implementation	<ul style="list-style-type: none"> • At the April 2004 FTF Core Meeting, there was general agreement that the FTF should have a: <ul style="list-style-type: none"> • Financial Sustainability Group of core partners to manage the financial sustainability work; and • A “GAVI partnership venue” or broader FTF Core Group for financial/strategic thinking, where partners and individual experts could work together to identify and discuss areas of financing thought to be vital for GAVI. • Financial Sustainability Group is organized from WHO and has bi-weekly telecons and frequent email exchanges with partners at the global and regional levels engaged in day-to-day financial sustainability work.
General support for FTF and related work	<ul style="list-style-type: none"> • FTF Core Meeting (April 27-28, 2004) took place in Ferney, France. • FTF Core meeting planned for November 2-3 in Washington, DC to discuss and review recommendations to GAVI Board on bridge financing; 2004-05 work plan with particular focus on financial sustainability. • FTF Core telecons, briefings on-going. • FTF Flyer 5 issued in June 2004 highlighting financial sustainability implementation highlights and challenges from eight countries; bilateral debt relief; and “What is the International Finance Facility (IFF) and why should I care?” • FTF Flyer 6 planned for fall 2004. • FTF website gradually being transferred to main GAVI website and WHO websites.
Cross-cutting work	<ul style="list-style-type: none"> • Although no longer on the FTF work plan, various pieces of cross-cutting work have been raised for FTF feedback by responsible partners including: global investment case; novel financing mechanisms (IFF, bilateral debt relief) and emerging supplier study. • FTF also contributing to discussion of Hib financing issues under Hib Task Force.

Target 22: All funded countries will have had their Financial Sustainability Plans (FSPs) reviewed (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • Countries are generally on track to achieve this target. Six countries, (<i>Albania, Bangladesh, Eritrea, Turkmenistan, Liberia and Sao Tome</i>) were not reviewed in 2004 due to failure to submit FSPs. (Liberia & Sao Tome had political crisis). It is expected that all, except Liberia will submit for the 2005 review.
Activity	Summary technical report
Organize review of Financial Sustainability Plans for 2004	<ul style="list-style-type: none"> • The newly reconstituted FSP IRC reviewed 16 new and four resubmissions in January/February 2004. • Fourteen FSPs were adjudged to need only minor revisions and six needed major revisions. • Recommendations to the Board included the need to address upfront prospects for financial sustainability for future vaccines and the issue of measures to lower the high cost of combination vaccines.

Activity	Summary technical report
Initiate activities for review of FSPs in Jan 05	<ul style="list-style-type: none"> • Nineteen FSPs are expected to be submitted by November 2004. • A review will be organized in January 2005.

Target 23: New global and country level financing mechanisms developed and tested (Dec 2005)

Reintegrated into Target 26.

Priority area 8: Recapitalization of the Vaccine Fund

Target 24: Long-term GAVI/The Vaccine Fund (TVF) resource mobilization plan (2006-15) fully aligned with long term GAVI strategic planning (2006-15) and new funding priorities and policies defined for 2006-15, based on GAVI strategic directions (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • This target is well on-track, if not ahead of schedule • Cost estimates for options for completing GAVI phase one and starting GAVI phase two investments made based on agreed targets for 2015 • Illustrative ten-year program outlined • Framework for allocating funds between windows agreed
Activity	Summary technical report
Cost Estimates for Options for Future GAVI/TVF Investments	<ul style="list-style-type: none"> • This work has been completed in an illustrative fashion, with final decisions based upon GAVI Board decisions in an evidence-based approach • Work was done with WHO and UNICEF in the context of the IFFIm to develop likely costs and analyses for potential impact of GAVI programming over 2006-15 • Work has been based upon a \$4 billion envelope with relatively liberal estimates as to country uptake • As part of the effort to set the resource mobilization framework for the Vaccine Fund, an illustrative program was constructed that predicted expected uptake of vaccines along with needed systems strengthening (systems costs were based upon actual in-country costs needed to raise coverage rates to 90% by 2015). This prospective programme expenditure for GAVI divides funds into four windows: <ul style="list-style-type: none"> • New and underutilized vaccines (\$1,944 million) • Strengthening of immunization delivery systems (\$1,369 million) • Mortality reduction campaigns (\$515 million) • GAVI work plan (\$400 million)
GAVI Strategic Planning	<ul style="list-style-type: none"> • The planning process is consistent with the aims and objectives of the resource mobilization plan • The resource mobilization plan for TVF for 2006 is based upon a ten year program of \$4 billion. • While the programme expenditure is likely to be somewhat uneven over the period, the resource mobilization plan has worked within a \$400 million per year framework realizing that at times expenditures may be slightly more or less than this amount

Activity	Summary technical report
The Vaccine Fund (TVF) Strategic Planning	<ul style="list-style-type: none"> • As part of convergence, this process is ongoing • TVF strategic plan has not yet been fully updated but is proceeding for 2005
TVF Resource Mobilization Planning	<ul style="list-style-type: none"> • This is further clarified in Target 25 • Specific targets per country cannot be developed beyond 2006 and are indicated only in a overall amount after this date • The resource mobilization plan has been built around an annual target of \$400 million per year and is above target if the IFFIm goes ahead, and behind if it does not • The resource mobilization plan is well developed but may need further funding from private sector if the target is to be reached

Target 25: Vaccine Fund resource mobilization level of \$400 million per year achieved by end of 2006 (interim milestone for this effort is roughly \$325 million per year) (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • This target is above the \$400 million per year aim if the IFFIm goes ahead - it is expected that total funds of IFF and traditional could total \$6 billion • This target is slightly below target for 2006 if the IFF does not go ahead, although it is expected in subsequent years it will hit the \$400 million per year mark • The work around the IFFIm has been significant but promises to raise up to \$4 billion over ten years (2006-15). Should the IFF go ahead, it will fund current commitments; traditional resources will be diverted to other issues such as close-to-market vaccines • The resource mobilization team is now in place
Activity	Summary technical report
Cost estimates for TVF commitments	<ul style="list-style-type: none"> • This has largely been completed (see Target 24) • The work around the IFFIm was used as the basis for this with a more liberal view of uptake than the Partners' best estimates • The completion of phase one and the beginning of phase two (total \$4.2 billion)
Realignment and expansion of TVF capacities	<ul style="list-style-type: none"> • Building TVF: The Board of TVF (which will continue in the converged entity) is in the process of being expanded and restructured with an emphasis on resource mobilization. This will result in a stronger "governance" Board featuring an expanded Executive Committee reflecting the resource mobilization priority of the TVF and Audit, Development and Investment committees (on target for completion by late 2005) • Identifying and Connecting with the "Key 25" decision makers in government and influential civil society leaders: TVF regional teams have established dialogue with and support from leading civil society organizations for the Campaign for Child Immunization and have also identified key decision makers in all of the target countries (ahead of schedule). • Launch Global Leadership Council: to recognize significant support from and leadership efforts of major donors and political leaders who have made possible major donations to GAVI/TVF. An appointment to the Global Leadership Council will be the principal way the TVF recognizes major donors and leadership on behalf of the Campaign (yet to be completed – launch in mid-2005) • Private sector fundraising: A strategy has been developed in collaboration with Campbell and Company for a modest private sector fundraising effort that will comprise ten staff and net \$5 million by 2006 with an eventual rise to \$40 million (Document available at TVF). • International Finance Facility for Immunization (IFFIm): The IFFIm represents an immense opportunity for GAVI/GVF resource mobilization. Using long-term commitments from donors to leverage money from the capital markets. Over the past eight months, GAVI/TVF efforts on this project have been significant, both in developing the proposal in collaboration with GAVI partners, the UK and France, as well as donor outreach efforts, working with TVF contacts in-country to mobilize support for the IFFIm. Currently, work is focused around a January launch of the IFFIm with efforts in target countries to secure additional donors.

Activity	Summary technical report
Resource mobilization efforts closely aligned	<ul style="list-style-type: none"> • Fully staffed communications group from GAVI (two) and TVF (four) are working closely on communications • Burness communications group engaged to work jointly with GAVI/TVF on communications and outreach (started mid-2004) • Joint annual progress report planned for 2005 • Recent decision by GAVI EC to focus alliance on broader immunization resource efforts is resulting in strategic planning around role of each of the partners in resource efforts • Donor outreach work around IFFIm has allowed implementation of broader partner integration on resource mobilization in focus countries and has been successful (last quarter of 2004)
Implement "Grand Campaign"	<ul style="list-style-type: none"> • Target countries have been selected and stakeholders identified (Document available at TVF) • Resource estimates have been modified particularly with regards to private sector which has been reduced to \$5 million by 2006 • In particular, we expect that with a \$4 billion IFFIm, our resource mobilization efforts would likely be scaled back to approximately \$2 billion over ten years. • Current estimates (in absence of IFFIm) total \$313 million by 2006: <ul style="list-style-type: none"> Northern Europe Cluster \$75 million Southern Europe Cluster \$15 million Anglophone/Pacific Cluster \$128 million European Union Cluster \$15 million

Priority area 9: Setting Priorities

Target 26: Long-term (through 2015) strategic plan, including The Vaccine Fund (TVF) priorities and policies, developed and approved (Dec 2004)

Achievement of overall target	<ul style="list-style-type: none"> • The strategic priority setting has partly been driven by the International Finance Facility for immunization (IFFIm) process. The fast track process required has been achieved and the Board was presented with the basic strategic options for GAVI phase two at its December 2004 meeting. • In regard to the Supply Study, the World Bank and WHO are working together to finalize an application to the BMGF to provide matching funds to those available through the World Bank.
Activity	Summary technical report
Synthesis of reviews of GAVI processes, analytic work and environmental analysis	<ul style="list-style-type: none"> • Partners developing issue papers for the EC retreat. • In regard to the Supply Study, the World Bank and WHO are working together to finalize an application to the Foundation to provide matching funds to those available through the World Bank.
EC brainstorming	<ul style="list-style-type: none"> • EC retreat on strategic issues in May 2004 and subsequent agreement on issues and GAVI's future role, later approved by the Board.
Analytic work to determine implications of strategic policy options	<ul style="list-style-type: none"> • The analysis has focused on the concrete proposal for an Immunization IFF as proposed by the UK. • The possible availability of additional large scale resources for immunization has resulted in an analysis of overall resource needs in countries, suitable mix between current vaccines, new vaccines when becoming available, other actions (such as polio stockpile), campaigns and support for immunization services. • Costing of different scenarios has been carried out as well as the expected results in terms of mortality reduction.

Activity	Summary technical report
Proposal for GAVI Board	<ul style="list-style-type: none"> • The draft IFFIm proposal was submitted and approved by the GAVI Board telecon 29 September 2004. • The Board also endorsed the proposed Investment Case Framework to be used for assessing different investment options for GAVI phase two country support.
Consultation with countries and partners	<ul style="list-style-type: none"> • The GAVI WG was requested to propose possible investment cases for the December 2004 Board and a process to consult with countries and partners has been initiated (Oct 2004).
Proposal for GAVI Board	-

Target 27: GAVI 2006-07 work plan developed and approved (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • In 2004, the first year of the current two-year work plan, efforts have focused on getting underway with implementation of the work plan, including mobilizing the resources and planned and providing the work planning entities with the funding according to budget. An up-date was provided to the Board for information at its July 2004 meeting. • At its December 2004 meeting the Board was provided with a final report on the 2003 work plan and an interim report on the 2004-05 work plan with proposed modifications and need for reallocations for the second year. Both the reports and the modifications and reallocations were approved by the Board. • The strategic framework efforts for the next work plan will start in early 2005.
Activity	Summary technical report
Development of Strat. Framework 06-07	• n.a.
Work planning process	• n.a.
Proposal for Board decision	• n.a.

Priority area 10: Monitoring progress

Target 28: Process to monitor progress of GAVI and respond to emerging needs established and ongoing (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • Estimations of 2003 progress done, agreed process with partners for continuous annual monitoring. • ISS study part A carried out, disease impact studies prepared, immunization safety assessments partly completed, waste management assessment delayed. • The Hib surveillance network was initially delayed but is now catching up. GAVI funds did not arrive until the second quarter of 2004.
Monitoring countries and GAVI global progress	<ul style="list-style-type: none"> • Preliminary estimations of 2003 progress (children immunized, lives saved) prepared in both Jan/Feb 2004, and June 2004. Final figures to be available in mid-October 2004. • Through GAVI M&E subgroup, process is being put in place for annual monitoring of progress with agreed dates, timelines, and products • Tool for estimating systems costs (and impact) for scaling up immunization developed by WHO. • Cost-effectiveness studies underway (ongoing 2004-2005) for impact of GAVI funding for Africa Measles Partnership.

Activity	Summary technical report
Special studies to measure the impact of GAVI support	<ul style="list-style-type: none"> • The study on 'Evaluation of the performance based grants system' was conducted in 2004. Six countries were visited and a desk review conducted. • The final report (see web site) has been issued and the main conclusions presented to the Board on July 2004. The main conclusions in relation to the ISS are quite encouraging. Follow up of the report's recommendations will be discussed in October 2004. • The study protocols to measure the impact of GAVI regarding HepB, Yellow Fever, INS, Wastage, and Hib have been written and shared with the M&E subgroup. • Hepatitis B impact assessment: <ul style="list-style-type: none"> • Impact Assessment strategic document drafted • Pilot field sites identified, missions to sites completed • Process of identifying field sites in AFRO countries started • Hib impact assessment: <ul style="list-style-type: none"> • Impact Assessment strategic document drafted • Process of identifying field sites in GAVI-TVF eligible AFRO and EMRO countries started • Yellow Fever impact: <ul style="list-style-type: none"> • Impact Assessment strategic document drafted • Countries for studies identified and contacted. • Plans to strengthen YF surveillance discussed with countries and finalized. • Immunization safety assessments: <ul style="list-style-type: none"> • DR Congo and Nigeria completed. • Rwanda completed (GAVI funds not used) • Angola assessment postponed until Q2/2005 • Zambia planned Q4/2004 • Ethiopia reassessment currently on hold. <p><u>Waste management assessment:</u> The GAVI funds for the activities in this area have not been made available until late August. However one country study has started in Malawi and a mid term review is scheduled to take place in November and plans are underway (budgets submitted for review) for studies to be launched in Bangladesh, Ghana, Uganda and Zambia.</p>
Coordinate Hib surveillance network	<ul style="list-style-type: none"> • A new contract for the Pediatric Bacterial Meningitis (PBM) coordinator was signed to run from 20 April 2004 to 19 March 2005. • Terms of Reference (ToR) for a new (lab specialist) position negotiated, written and submitted for joint appointment • The PBM data manager hired at AFRO in March, 2003 resigned for personal reasons as of 01 August 2004. A replacement was quickly identified and a request for appointment submitted as of August 2004 • Annual surveillance funds (USD2000 per site) have been transferred (to 22 reporting sites) • PBM data managers participated in the integrated data managers training workshops at sub-regional/bloc level (April, May and June 2004). • Site visits conducted to one of two Hib vaccine introducers (Zambia, May). Site visits to Malawi (Jan), Niger (June), Mozambique (July, including Rapid Assessment Technique (RAT)), and Tanzania (September).

Priority area 11: Alliance Coordination

Target 29: Support for governing bodies (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> Basic activities are on track; additional Board-requested activities include work on convergence of the GAVI Secretariat and Vaccine Fund management and a new study of governance issues. Work on an IFF for immunization (IFFIm) proposal has also increased workload.
Activity	Summary technical report
Management of GAVI Board, Executive Committee, Working Group	<ul style="list-style-type: none"> The Board has had four teleconferences and two meetings in 2004 (December, October, September, July, May, March) The Executive Committee has had four teleconferences and two meetings so far in 2004. The Working Group has had weekly teleconferences and three meetings so far in 2004. The Board has requested a review of GAVI governance procedures, including the operations of the Executive Committee and its relationship to the GAVI Board. The Secretariat has been asked to advise and support the Board subgroup on Governance and provide half the cost of the consultant, with the vaccine industry providing the other half. The Secretariat was asked to act as Secretariat for the IFF Task Team. The Secretariat provided 50% of the costs of a study on convergence.
Partners' meeting	<p>As the 2004 Partners' Meeting was postponed, the Secretariat has been requested to support other meetings to cultivate the various constituencies.</p> <ul style="list-style-type: none"> To respond to concern that NGOs were not adequately represented in the alliance, funding from this budget line was provided to the American Red Cross to support organization of an NGO meeting on GAVI, held in conjunction with the July 2004 GAVI Board meeting. In an effort to increase harmonization between the different global funding partnerships, a meeting of African health ministers was organized with the Global Fund to coincide with the 2004 World Health Assembly (WHA). The Secretariat contributed 50% of the costs. The Secretariat supported an immunization meeting in Kiev in May 2004.

Target 29: Secretariat: Support for communication (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> Progress in certain areas has been slower than anticipated, in part due to complications associated with the split of the communications function between two independent entities in and in part due to the limited level of support available in GAVI Secretariat for communications. An Assistant Information Officer was hired on 1 October.
Activity	Summary technical report
Foster joint work and strengthen overall advocacy capacity of the Alliance	<ul style="list-style-type: none"> A coordinating group on global advocacy was established with a core group of Alliance partners. Subsequently, the GAVI Secretariat was also asked to chair a communications group for the International Finance Facility on Immunization (IFFIm). A global advocacy framework for the Alliance was produced to help promote a more coordinated approach to global advocacy and to guide the work of the coordinating group. Some initial work was done on messaging concerning in particular the role of the Alliance, individual partners and TVF. This is currently on hold pending completion of the UNICEF/WHO global strategy, GAVI's long-term strategy, and the negotiations for the IFFIm – all of which will have an impact on GAVI/TVF's future role.

Activity	Summary technical report
Promote increased awareness of GAVI/TVF and immunization issues among key audiences	<ul style="list-style-type: none"> • Work is ongoing to put together information materials on the priorities and operations of GAVI/TVF and more broadly on key issues in the immunization field. These include fact sheets, issue papers, country profiles of all TVF-supported countries, and a joint GAVI/TVF newsletter to replace the two newsletters that existed previously, a report by the GAVI Secretariat on progress and challenges, and a handbook on GAVI/TVF processes. • An intensified effort is now also underway to produce a communications strategy, and advocacy and briefing materials, to support efforts to promote the IFFIm. • Joint media planning and media outreach is being undertaken on an ongoing basis with TVF, the two ADIPs, and with Alliance partners. A joint calendar of events is maintained with these groups and updated on a monthly basis. Media monitoring of immunization-related and relevant development issues is shared with partners on a daily basis. • The GAVI website is maintained on a regular basis. Some improvements have been brought to the site, but a major investment will not be made in it before the Secretariat is merged with TVF.

Priority area 11: RWG Coordination

Target 30: Regional Working Group (RWG) Coordination of Partners efforts in the Regions (Dec 2005)

Achievement of overall target	<ul style="list-style-type: none"> • RWG coordination is an on-going effort for which specific targets cannot be set. • A multitude of activities such as ensuring functioning offices including advertisement of posts, hiring of staff, procurement etc have been carried out in the regions, partners' meetings have been arranged, exchange visits have been organized and RGW members have participated in EPI managers meetings, missions to countries and technical assistance to countries.
REGION: AMERICAS	
Regional Working Group Activities	A meeting of the GAVI countries took place during the decision analysis workshop (July 1), in which the status of applications, eligibility, budgets, and GAVI work plans were reviewed. A regional ICC meeting will take place November 5, 2004.
Regional Partner Coordination in Haiti	The chief of PAHO's Immunization unit visited Haiti to facilitate the annual immunization planning process and identify program resource needs.
Strengthening the ICC in Haiti	Regional EPI Technical Officer visited Haiti during the post-crisis period to strengthen coordination of GAVI activities, brief a team of short-term consultants on district-level rapid EPI assessments. Assessment missions of national health facilities conducted to examine the status of medical supplies and functioning capacity, and identify key resource needs to re-establish operations.
REGION: AMERICAS	
Technical Assistance to Haiti	Consultant traveled to Haiti from 18 May-6 June 2004 to assist with preparation and final submission of Haiti EPI Annual Progress Report for 2003. As one result of discussions, PAHO will coordinate a series of exchange visits between Haiti and the neighboring islands to review EPI issues of interest.
Dissemination RWG Findings and Best Practices	Consultant is preparing reports which document regional working group meetings, including the ICC and Technical Advisory Group (TAG) meetings to be held November 3-5, 2004 in Mexico.
REGION: AFRICA - EAST & SOUTHERN	
ESA Partners Meeting (Quarterly)	In the September RWG Meeting in Nairobi, funds were spent on participants' costs and local costs.
Annual RWG country meeting	March EPI Managers' Meeting in Nairobi.

	REGION: AFRICA - WEST & CENTRAL
Secretarial Support: ICP Southern Africa	Post advertised, to be filled by 15 November.
Partners meetings	Partners' meetings held in March (Cotonou), April and July 2004 (Dakar). A review of countries' progress with the implementation of the GAVI process was made at each of these meetings. Partner support and coordination at the country level was also discussed.
Annual RWG planning meeting	This activity could not be held as planned and had to be postponed. The new tentative date is November 2004 and this will involve review of 2004 and planning for 2005.
Occasional Country participation	Participation of one country (DR Congo) at a working meeting of the WCA SRWG held in Dakar in April 2004. Nigeria being the other large country is targeted for regular participation at these meetings.
Secretarial support	Two secretaries were hired for four months each, to support workload, while the long process of recruitment of bilingual secretary for an 11-month post was being carried out.
	REGION: EASTERN MEDITERRANEAN
Country visits for strengthening co-ordination and support ICCs	As at September 2004, six countries (Burkina Faso, Ghana, Liberia, Mali, Niger, and Nigeria) had been visited in connection with strengthening of EPI. Visits to at least three more countries are envisaged before the end of 2004.
2 Regional Working Group Meetings conducted (March 2004 & July 2004)	Progress related to implementation of the "reaching every district" (RED) approach, new vaccines introduction and immunization safety was reviewed in details country by country; main constraints deeply discussed and almost all of them solved. Country teams (nationals as well as WHO and UNICEF country staff) were briefed and updated on several issues including adequate ways for preparing country progress reports, DQA importance and meanings.
1 RWG core group meeting conducted early April 2004	2003 country progress reports were reviewed by the core group members before being submitted to the independent review committee.
Follow-up country visits	Visits to Pakistan, Somalia, South Sudan, Sudan and Yemen conducted by some of the Regional Working Group members, were very instrumental in improving coordination between country level immunization stakeholders (MoH, WHO and UNICEF country offices, NGOs, etc), in raising commitment towards increasing access to routine immunization services, improving coordination between Polio Eradication Initiative (PEI) and routine EPI, as well as in revising country plans for routine acceleration.
	REGION: EUROPE
Support to countries	Countries were invited to send their draft Annual progress Reports to the RWG Secretariat for reviewing. Draft Annual Progress Reports from six countries were reviewed.
The 8th RWG meeting, Kiev, Ukraine, 25 May 2004.	The following items were discussed by the RWG members: revised RWG Terms of Reference; review of activities undertaken and discussion of future plans; financial sustainability process; new GAVI policies and their implications on working with countries; the preparation of annual progress reports.
Working session with GAVI-supported countries, Kiev	Participants from countries receiving support from GAVI/TVF were updated on new GAVI policies. Issues related to preparation of Annual Progress Reports were discussed. Mechanisms for better coordination between the national ICCs, GAVI Secretariat and RWG were reviewed and agreed.
	REGION: SOUTH EAST ASIA
RWG Meeting in Bangladesh	The Bangladesh meeting started with a field visit to review introduction of Hepatitis B and was followed by the ICC meeting mostly Focusing on Hep B introduction progress.

	REGION: SOUTH EAST ASIA
RWG Meeting in Delhi (May 2004)	The RWG meeting in Delhi reviewed progress of activities in South East Asia, like introduction of new vaccines, development of FSP, and promotion of Injection Safety. Another point covered was the progress of the Hep B introduction in India and the RWG mechanism.
EPI Managers meeting in Delhi (August 2004)	The EPI Manager meeting in Delhi reviewed strategic planning in the region to determine immunization priorities for 2005-09, shared experiences surrounding the introduction of new vaccines and review guidelines and policies, provided an overview of the latest development in the area of new vaccines.
Planned: RWG Meeting Oct 2004	The RWG meetings are held in country in order to interact with the national Interagency Coordinating Committee (ICC) to better support the countries
	REGION: ASIA PACIFIC
Two RWG meetings organized	Progress related to introduction of tetravalent vaccine in Laos and Cambodia and monovalent hepatitis B vaccine introduction in China and Vietnam reviewed and constraints to effective implementation found.
Support to Mongolia	Alan Crouch visited Mongolia from 19 April to 1 May to help prepare GAVI application for introduction of pentavalent vaccine.