



**Approved GAVI Work Plan  
Report 2003  
Background Documentation  
Documents 1 - 4  
6 December 2004**

**Approved GAVI Work Plan Report 2003  
6 December 2004, Document 1**

**2003 GAVI WORK PLAN SUMMARY**

ENTITY	ACTIVITY	Total Budget 2003	Partner Contributions	GAVI Budget
Advocacy Task Force (ATF)	Coordination of the ATF		\$150,000	
	Regional Workshops		\$225,000	
	Communication strategic planning skills Africa		\$150,000	
	Advocacy support Financial Sustainability		\$50,000	
	"Value of Vaccines" Global Advocacy Strategy		\$100,000	
	Advocacy Papers and Broadcast Materials		\$75,000	
	<b>Total:</b>		<b>\$750,000</b>	<b>\$750,000</b>
Financing Task Force (FTF)	FSP Development and Implementation Support		\$830,000	\$1,100,000
	National Financing Strategies and Options		\$320,000	
	Analytical and Monitoring Frameworks and FS Tools		\$250,000	\$210,000 <sup>1</sup>
	Econ and fin incentives for new vaccines		\$310,000	
	Core management		\$230,000	\$140,000
	<b>Total:</b>		<b>\$3,390,000</b>	<b>\$1,940,000</b>
Implementing Task Force (ITF)	Capacity Building Subgroup		\$370,000	\$104,000
	Monitoring and Evaluation Subgroup		\$100,000	\$30,000
	AFRO		\$1,590,600	\$40,000
	AMRO		\$330,000	\$34,000
	EMRO/ROSA		\$688,000	\$65,000
	EURO		\$640,000	\$245,000
	SEARO/EAPRO		\$342,000	\$0
	Asia Pacific/EAPRO		\$450,000	\$152,000
	<b>Total:</b>		<b>\$5,180,600</b>	<b>\$4,510,600</b>
Research and Development Task Force (R&D TF)	Pneumococcal conjugate vaccines		\$130,000	
	Rotavirus vaccines		\$79,000	
	Meningococcal conjugate vaccines		\$10,000	
	New technologies		\$143,000	\$100,000
	Administrative infrastructure for vaccine projects		\$12,000	\$13,000
	<b>Total:</b>		<b>\$487,000</b>	<b>\$374,000</b>

<sup>1</sup> Immunization Data base

ENTITY	ACTIVITY	Total Budget 2003	Partner Contributions	GAVI Budget	
<b>GAVI Secretariat</b>  (For break-down of GAVI Secretariat budget see Annex 4)	Country proposal reviews				
	FSP reviews				
	Report reviews				
	DQAs				
	Communications				
	Management of the GAVI Board				
	Management of the Working Group				
	Salaries - Professional Staff				
	Salaries - Support Staff				
	Short-term Professional, Consultants				
	Other support costs				
	Travel				
	<b>Total:</b>		<b>\$4,267,000</b>	<b>\$3,000,000</b>	<b>\$1,267,000</b>
	<b>Vaccine Procurement Project</b>	Project Management		\$380,000	
Forecast for HepB and Hib vaccine 2004-2006			\$30,000		
<b>Total:</b>			<b>\$410,000</b>	<b>\$410,000</b>	<b>\$0</b>
<b>GRAND TOTAL:</b>			<b>14,484,600</b>	<b>\$10,984,600</b>	<b>\$3,500,000</b>

This corresponds to the summary GAVI work plan as approved by the GAVI Board. The table excludes the column 'Gap post-GAVI request' which remained un-financed and thus did not become part of the work plan.

**Approved GAVI Work Plan Report 2003  
6 December 2004  
Document 2**

**2003 GAVI Work Plan  
Technical Report**

(To access the links, press Ctrl and click on the link at the same time)

## Technical Reports 2003

### 1) Entity: Advocacy Task Force (UNICEF)

#### ATF Technical report 2003

Activity	
Coordination of the ATF	<ul style="list-style-type: none"> <li>The Coordination of the ATF was supported by the UNICEF Senior Communication Adviser who provides overall communication support to all immunization activities at UNICEF. The CVP Director of Communication co-chaired the ATF.</li> </ul>
Regional workshops	<ul style="list-style-type: none"> <li>Three regional workshops addressing immunization issues were held in 2003:                             <ol style="list-style-type: none"> <li>1) A special session on immunization issues was held as part of the UNICEF Regional Communication meeting for Central and Eastern Europe in June, 2003, in Istanbul. An additional session was held bring together immunization technical focal points from UNICEF and WHO and communication officers from all countries, to review emerging issues in immunization.</li> <li>2) In June, 2003, a workshop was held in Johannesburg on "Monitoring Communication for Improved Immunization Coverage and Quality". The workshop was targeted to African countries.</li> <li>3) In Bangkok, June-July, 2003, an Asia-wide meeting on "Communication for Immunization" brought together immunization communication and technical focal points from GAVI partners and government counterparts in the region.</li> </ol> </li> <li>The outcome of all three work-shop was produced on a CD, available through UNICEF. Titled, "Communication for Immunization Workshops".</li> </ul>
Communication strategic planning skills Africa	<ul style="list-style-type: none"> <li>The communication strategic planning skills workshop did not happen, as scheduled, due to the number of other competing events scheduled at the same time.</li> </ul>
Advocacy support financial sustainability	<ul style="list-style-type: none"> <li>Dana Faulker, through AED, provided significant support to developing advocacy strategies for financial sustainability.</li> </ul>
Value of vaccines, Global advocacy strategy	<ul style="list-style-type: none"> <li>A PR firm in Washington DC was contracted to work on a Value of Vaccine assessment and advocacy strategy. The results of the consultancy were widely shared.</li> </ul>
Advocacy papers and broadcast materials	<ul style="list-style-type: none"> <li>An advocacy paper on "Why Invest in Communication for Immunization?" was contracted through John Hopkins University and went through a number of consultative sessions with relevant partners. Broadcast and photographic materials were produced to expand the video and photo archive on vaccines and immunization.</li> <li>All funds for the above activities (as indicated in the work plan) were provided from CVP PATH and implemented through UNICEF.</li> </ul>

## 2) Entity: Financing Task Force (World Bank)

### FTF Technical report 2003

Activity	Summary technical report
Financial Development and Implementation Support	<p>There were five core elements to the 2003 Financing Task Force (FTF) FSP development and implementation work plan: support to GAVI regional working group partners to provide FSP development and implementation support; training and workshops; guideline and tool development (and revisions); an on-going effort to evaluate the financial sustainability process; and, provision for a global financial sustainability preparation coordinator. Among the key activities in support of the above:</p> <p><b>FSP Support</b></p> <ul style="list-style-type: none"> <li>• Regional capacity building efforts strengthened with the recruitment and training of a regional FSP focal point for Africa (WHO); focal point for SEARO (USAID); consultant support to WPRO (World Bank/WHO).</li> <li>• Technical assistance provided to countries that submitted financial sustainability plans in 2002 and were required to re-submit their FSP including, Ghana, Guyana, Malawi and Tanzania/Zanzibar.</li> <li>• Technical assistance<sup>2</sup> provided by multiple partners to fifteen countries in support of FSP preparation; countries included: Uganda (PHR/USAID), Zambia (WHO/FTF), Burundi (WHO), Madagascar (Unicef), Sierra Leone (WHO), Burkina Faso (AMP), Cameroon (World Bank/ Institute for Health Sector Development (IHSD)), Gambia (WHO), Vietnam (WORLD BANK/CVP), Armenia (WHO), Azerbaijan (IHSD), Tajikistan (IHSD), Uzbekistan (IHSD), Turkmenistan (IHSD), Pakistan (WHO); Liberia, Comoros and Haiti attended workshops but did not receive Technical Assistance in 2003.</li> <li>• Technical assistance provided to Cambodia, Cote d'Ivoire, Kyrgyzstan, Lao, Mali and Vietnam in monitoring and implementation of their FSPs</li> <li>• Provided pre-review support to fourteen countries that submitted draft FSPs for pre-review and post submission pre-review of sixteen FSPs submitted by countries to the GAVI Secretariat for review by the Independent Review Committee</li> <li>• Extensive preparatory work on-going with GAVI partners and led by CVP to develop an approach for preparing FSPs in China, India and Indonesia.</li> </ul> <p><b>Training/Workshops</b></p> <ul style="list-style-type: none"> <li>• WHO organized and hosted an "Interregional Consultants Training Workshop on Financial Sustainability Planning" in Geneva, 9-11 April 2003 to facilitate interaction with representatives of Regional Working Groups (RWGs) and train eleven potential consultants to provide support to RWGs and countries in FSP development, monitoring and implementation. See: <a href="http://www.gaviff.info/fs">www.gaviff.info/fs</a> (financial sustainability) site.</li> <li>• GAVI partners - with strong support from WHO, CVP, World Bank, and USAID, conducted three regional financial sustainability planning workshops to support 22 countries developing their FSPs in 2003. Workshops were held in Kampala, Uganda, 5-9 May for English speaking countries; Douala, Cameroon, 26-30 May for French speaking countries and in Moscow, Russia, 16-20 June for Russian speaking countries. Materials for workshops are included on (financial sustainability) <a href="#">website</a>.</li> <li>• Brainstorming meeting on advocacy for financial sustainability held in April 2003 in Geneva and organized by WHO; meeting outlined advocacy needs of countries developing and implementing financial sustainability plans.</li> </ul>

<sup>2</sup> Please contact Lidija Kamara ([kamaral@who.int](mailto:kamaral@who.int)) or Violaine Mitchell ([vmitchell@pacificcoast.net](mailto:vmitchell@pacificcoast.net)) for trip reports.

	<p><b><u>Guidelines/Tools</u></b></p> <ul style="list-style-type: none"> <li>• Financial Sustainability Plan Guidelines updated and translated into French, Portuguese, and Russian.</li> <li>• Costing and Financing tool finalized and translated into French, Portuguese and Russian</li> </ul> <p><b>Lessons Learned</b></p> <ul style="list-style-type: none"> <li>• Financial Sustainability Lessons Learned meeting held in London, March 2003, organized by WHO with substantial input from multiple GAVI partners. Based on 2002 country experience, partners agreed on process to follow and improvements to be made to financial sustainability planning tools in 2003.</li> </ul> <p><b>Global staffing</b></p> <ul style="list-style-type: none"> <li>• Support for Global FSP Development Coordinator salary, travel and secretarial assistance provided to WHO with GAVI support.</li> </ul>
<p>National Financing Strategies and Options</p>	<p>There were four components to this work plan at the start of 2003 all to be funded through the World Bank Dutch Trust Fund:</p> <p>1) <u>Heavily Indebted Poor Countries (HIPC) and poverty aspects of immunization</u>: Analysis of opportunities for immunization under HIPC II completed; discussions with World Bank Poverty Reduction and Economic Management (PREM) staff regarding possible country-level linkages between the FSP results and Medium Term Expenditure Frameworks (MTEFs), Poverty Reduction Strategy Papers (PRSPs), and Public Expenditure Reviews (PERs). Also at the World Bank, immunization coverage targets are included in many Poverty Reduction Strategy Papers (PRSPs); Poverty Reduction Strategy Credits (PRSCs) considered for Bank financing also include immunization targets.</p> <p>2) <u>Development loans and credits</u>: translated into French</p> <p>3) <u>Immunization Financing Options</u>: updated and translations into French completed; Russian underway</p> <p>4) <u>Financial sustainability planning in Middle Income countries</u> was effectively dropped from the FTF work plan in March 2003 by the FTF core members as there is no GAVI mandate to work on middle income country issues</p>
<p>Analytical and Monitoring Frameworks and Financial Sustainability Tools</p>	<p><b>1. <u>Immunization Financing Database</u></b></p> <p>During 2003, the critical role and link of the immunization financing database to on-going work on financial sustainability preparation and implementation were emphasized. Among key activities/areas covered:</p> <ul style="list-style-type: none"> <li>• Analysis of the first financial sustainability plans was completed in June 2003 with results presented to the GAVI Board in July 2003.</li> <li>• Database coordinator provided technical assistance to countries submitting financial sustainability plans in 2003 and organized and managed FSP pre-review support</li> <li>• Database Coordinator led multi-partner process to revise and update FSP Costing and Financing tool (key part of FSP guidelines)</li> <li>• Prepared for launch of the Immunization Financing Database website planned for first quarter of 2004</li> <li>• Support for Immunization Financing Database Coordinator salary, travel and secretarial assistance provided by industry and GAVI stop gap funding.</li> </ul> <p>2) <u>Global FS Indicators</u> – An analysis and revisiting of financial sustainability indicators was conducted in 2003; these indicators were included in the FSP guidelines.</p> <p>3) <u>Global FS Targets</u> – This has been on the FTF agenda for sometime, but there is great discomfort within the FTF with the establishment of targets for financial sustainability - whether for donors or for governments. This area continues to be on the holding pattern.</p> <p>4) <u>Global cost estimates</u> – To meet current needs and the GAVI 90/80 milestone – this piece of work was carried forward by WHO and Vaccine</p>

	Fund as part of the preparation of the Immunization Finance Facility proposal in 2004.
<p>Economic and financial incentives for new and under-used vaccines:</p> <p>Long term financing mechanisms (Capability Maturity Mode (CMM), IDA)</p>	<ul style="list-style-type: none"> <li>• Through the Out of the Box group and with support of key partners from World Bank, Vaccine Fund, and Bill and Melinda Gates Foundation in addition to significant assistance from private sector partners from <b>PIMCO</b>, Mercer, and Morgan Stanley, much of the initial ground work on the feasibility of Capital Market Mechanisms was established. This work subsequently merged with the UK's interest in securitization which emerged as the International Finance Facility for Immunization (IFFim).</li> <li>• During 2003, World Bank piloted polio eradication projects in Nigeria and Pakistan using an IDA Credit Buy-Down. World Bank staff involved in this pilot project and innovative financing mechanism were awarded the prestigious President's Award from Mr. Wolfensohn.</li> </ul>
<p>Economic and financial incentives for new and under-used vaccines:</p> <p>Analysis of global supply from an econ/financial perspective</p>	<ul style="list-style-type: none"> <li>• The analysis of global vaccine supply has been on the GAVI FTF work plan for some time. The emerging supply study did not move forward in 2003 due to a lack of consensus among key partners. In the 2004-05 GAVI work plan, provision for the emerging supply study was transitioned to Target 23 under leadership of Gates Foundation. This is to be funded through partner contributions and not through core FTF funds.</li> </ul>
<p>Core Management</p>	<p>FTF Core Management in 2003 included the following areas:</p> <ol style="list-style-type: none"> <li>1) Provision for a part-time FTF coordinator;</li> <li>2) Provision for developing country and NGO representatives to FTF Core;</li> <li>3) FTF Core meetings;</li> <li>4) FTF Flyer (periodic newsletter from FTF highlighting key work areas);</li> </ol> <ul style="list-style-type: none"> <li>• Two FTF meetings were held: March 2003 hosted by Aventis in Toronto, and September 2003 hosted by The World Bank in Washington, DC; multiple telecons. <a href="http://www.gaviff.info/core">www.gaviff.info/core</a>, password: isabel</li> <li>• Two issues of the <a href="#">FTF Flyer</a> (May 2003 and November 2003) circulated directly to GAVI/FTF mailing list (~600) and through TechNet and the Drum Beat (reaching &gt;20,000 individuals). See:</li> <li>• <a href="#">Economics of immunization meeting</a> organized in conjunction with the London School of Tropical Medicine and Hygiene) with support from World Bank Dutch Trust Fund; 30 economists participating; key follow on activity: planning for WHO Special Bulletin on Economics and Financing of Immunization and beginnings of an informal network of health economists interested in following up with immunization.</li> <li>• <a href="http://www.gaviff.info">www.gaviff.info</a> working website maintained with new dedicated corner to financial sustainability planning.</li> </ul>



### 3) Entity: Implementation Task Force and Regional Working Groups (WHO)

#### ITF & RWG Technical report 2003

Activity	Summary technical report
<b>Capacity Building Subgroup</b>	<ul style="list-style-type: none"> <li>• Based on the results of assessments in Ethiopia, WHO agreed to recruit a Medical Officer to provide technical assistance to develop a national plan of action and district micro plans to improve immunization services.</li> <li>• In addition a consultant was recruited to conduct GAVI pre-assessments.</li> <li>• Funds were used to recruit consultants to travel to the following countries to conduct injection safety and waste management assessments: Ghana (September 2003), Botswana (October 2003), Kenya (November 2003), Cameroon (November 2003), Congo Brazzaville (Nov/December 2003), Kenya (December 2003).</li> </ul>
<b>Monitoring &amp; Evaluation Subgroup</b>	<ul style="list-style-type: none"> <li>• The Liverpool School of Tropical Medicine (LSTM) was provided with funds to revise the Data Quality Audit (DQA), which is a tool used by GAVI to determine the accuracy of country reporting and monitoring systems. The LSTM was also provided with funds for local costs in Yemen.</li> </ul>
<b>AFRO</b>	<p>Funds were used for the following activities:</p> <ul style="list-style-type: none"> <li>• Participation in the International Conference on AIDS and STDs in Africa (ICASA) satellite meeting in Kenya in September 2003.</li> <li>• Waste management activities in Cameroon, including incinerator construction.</li> <li>• Consultant and activity costs for a waste management assessment in Cameroon.</li> <li>• Injection Safety workshop in Uganda.</li> <li>• Injection Safety survey conducted in the DR Congo.</li> </ul>
<b>AMRO</b>	<p><b>Strengthening Immunization Systems</b></p> <p><u>1) EPI Strategic Planning Process/ Injection Safety Planning/ Supervisory Visit</u>  The funds were used to support Regional Technical Advisors visits to Haiti. Visits were conducted to review proposals and to make a plan to maximize human resources during two campaigns scheduled for 2004 (antigens include live polio vaccination (OPV) for children &lt; five years of age, MMR (Measles-Mumps-Rubella) for children 9-23 months of age and dT for women of childbearing age). In addition, Regional Technical Advisors made a detailed review of Haiti's general programme management and planned short-term consultancies to assist with campaigns.</p> <p><u>2) Regional Partner Coordination</u>  The chief of Pan American Health Organization (PAHO's) Immunization unit visited Haiti to facilitate the annual immunization planning process and identify program resource needs. As a key participant of a Regional Partnership Strengthening Meeting in Haiti, the visit was conducted to bring partners together to mobilize resources and coordinate planning for the introduction of the rubella vaccine.</p> <p>Two national catch-up campaigns were planned and the strengthening of routine immunization services in the context of the mounting socioeconomic and political barriers. A report consisting of a partner-agreed plan to mobilize resources was proposed, which will serve as a key advocacy tool along with the FSP. Potential consultants were also briefed.</p> <p>Funds are now obligated for a Regional Working Group meeting to strengthen coordination, technical assistance to Nicaragua in preparation of its Injection Safety Plan and proposal to GAVI, capacity building and</p>

	strengthening of immunization services and proposals in Haiti and should be spent by the end of April 2004.
<b>EMRO/ROSA</b>	<p>The total sum of funds was obligated for an inter-country workshop on bacterial meningitis surveillance (Cairo, 19-21 January 2004), with participation of nine member states including Pakistan, Sudan and Yemen, aiming at strengthening laboratory-based surveillance of bacterial meningitis caused by <i>Hib</i>, <i>S. pneumoniae</i>, <i>N. meningitides</i>) in order to:</p> <ul style="list-style-type: none"> <li>• Develop/strengthen national prevention and control programmes.</li> <li>• Demonstrate the disease burden due to the above-mentioned pathogens.</li> <li>• Provide quality data to support evidence-based decision making for prevention and control of bacterial meningitis including vaccine introduction.</li> <li>• Monitor trends in rates of disease, in particular to evaluate the effectiveness of meningitis control programmes including Hib vaccines and other new bacterial conjugate vaccines.</li> </ul> <p>All of the funds have been obligated however for the above activity and should be spent by end of April 2004.</p>
<b>EURO</b>	<ul style="list-style-type: none"> <li>• Funds were used to support the writing of proposals and reports were used to assist Armenia, Moldova, Ukraine, Uzbekistan and Turkmenistan.</li> <li>• Funds granted for injection safety activities were used to support country missions, an inter-country immunization safety workshop, to contribute towards the salary of a Short Term Professional officer for Injection safety based in Copenhagen, and to translate technical materials into Russian were used for miscellaneous expenses.</li> <li>• Funds are now obligated, however with the exception of a certain proportion. EURO plans to obligate these funds to a national ICC capacity building workshop (for countries receiving support from GAVI/TVF). Issues related to the preparation of annual progress reports and injection safety will be part of the workshop. Funds should be spent by the end of April 2004.</li> </ul>
<b>SEARO/EAPRO</b>	<ul style="list-style-type: none"> <li>• Of the total funds supplied to the South East Asian Regional Working Group for Implementation Task Forces-related activities, none was supplied by GAVI.</li> </ul>
<b>WPRO/ EAPRO</b>	<ul style="list-style-type: none"> <li>• To date, of the seven Vaccine Fund-eligible countries in the Region, four have been approved for support, including hepatitis B vaccine introduction, injection safety and strengthening immunization services.</li> <li>• Mongolia is eligible for GAVI and Vaccine Fund support for the introduction of Hib vaccine and it is anticipated that a new application will be lodged for this assistance in April 2004.</li> <li>• The WHO Regional Office for Western Pacific has provided support for the determination of disease burden from Hib and with the proficiency testing of the national Bacteriology laboratory for Hib identification in Mongolia, providing the Ministry of Health with information to assist its decision making and proposal development.</li> <li>• The Regional Working Group routinely meets on a quarterly basis. Initially, the group conducted meetings in the regional headquarters of UNICEF and the Children's Vaccine Program (both in Bangkok) and the WHO Western Pacific Regional Office (Manila).</li> <li>• Since December 2001, meetings have been conducted in Vaccine Fund recipient countries to more effectively support country activities and to increase interaction with country Inter-Agency Coordinating Committees.</li> <li>• To date, meetings have been held in Lao People's Democratic Republic (December 2001) and Cambodia (March 2002, January 2003), Viet Nam (September 2002) and Mongolia (September 2003). The November 2003 Meeting was conducted by teleconference.</li> <li>• The 14<sup>th</sup> Asia Pacific Regional Working Group Meeting is planned to coincide with the Expanded Programme on Immunization Technical Advisory Group in Manila in March 2004.</li> </ul>

	<ul style="list-style-type: none"><li>• The sum of \$152 000 was used for support of a Technical Officer/Safe Injection with responsibilities in Cambodia, Laos, and Viet Nam. The Technical Officer is responsible for all aspects of safe injection and the implementation of country safe injection plans of action. He has paid special attention to the development of appropriate needle/syringe waste management in these countries. This has included the installation of incinerators, training programmes for incinerator operators, system development for the delivery of safety boxes to incinerators and coordination with JICA efforts in safe injection.</li></ul>
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## **4) Entity: Research and Development Task Force (WHO)**

### **R & D TF Technical report 2003**

<b>Activity</b>	<b>Summary technical report</b>
<b>Pneumococcal conjugate vaccines</b>	<ul style="list-style-type: none"> <li>• n.a.</li> </ul>
<b>Rotavirus vaccines</b>	<ul style="list-style-type: none"> <li>• n.a.</li> </ul>
<b>Meningococcal conjugate vaccines</b>	<ul style="list-style-type: none"> <li>• n.a.</li> </ul>
<b>New Technologies</b>	
Formation of Expert Study Team	<ul style="list-style-type: none"> <li>• No technical report issued.</li> <li>• The expert team was assembled under the chairmanship of Dr Francis André, and held its first meeting 28 Oct 2002 at WHO HQ, Geneva.</li> <li>• Work on Activity 2 (Development and evaluation of different solutions in the three selected technology areas) was initiated.</li> </ul>
Development and evaluation of different solutions in the three selected technology areas	<ul style="list-style-type: none"> <li>• Two meetings of the working group were held to develop the documents listed below: Reports submitted to GAVI secretariat:               <ol style="list-style-type: none"> <li>1) <a href="#">Full Technical Report</a> (25 June 2003)</li> <li>2) <a href="#">Summary Technical Report</a> (7 July 2003)</li> <li>3) <a href="#">Summary Business Analysis</a> (10 Dec 2003)</li> </ol> </li> <li>• Briefly: Three technologies were evaluated:               <ol style="list-style-type: none"> <li>a) The use of devices to defang syringes.</li> <li>b) The use of oral-fluid assays to measure levels of anti-tetanus antibodies as an indicator of immunization status.</li> <li>c) The use of sugar-glass stabilization technology to stabilize vaccines.</li> </ol> </li> <li>• A detailed technical report on the feasibility of these approaches was prepared, however this did not address the investment case analysis.</li> <li>• The investment case analysis was prepared by a subgroup of the R&amp;D WG and developed investment case analysis based on the technical analysis. The conclusions of the investment case analysis were presented to the GAVI board on Dec 10 2003. It was not recommended to invest in these technologies through the creation of ADIPS (Activity 3 of work plan).</li> </ul>
Finalize technology ADIPs	<ul style="list-style-type: none"> <li>• Activity not done because not justified by technical reports and not recommended by investment case analysis.</li> </ul>
<b>Administrative infrastructure for vaccine projects</b>	<ul style="list-style-type: none"> <li>• n.a.</li> </ul>

## 5) Entity: GAVI Secretariat

### GAVI Secretariat Technical report 2003

Activity	Summary technical report
<b>Country Proposals Reviews</b>	<ul style="list-style-type: none"> <li>• The Proposal Review Team (ten members) met in Hotel Chavannes de Bogis, Geneva from May 27 to June 4, 2003. They reviewed 22 country proposals for 33 requests of support. They recommended for approval all the four requests for Immunization Services Support, eleven of the fifteen requests for Injection Safety Support, five of the six requests for Yellow Fever vaccines support, one of the six requests for Hep B vaccines support and one of the two requests for Hib vaccines support.</li> <li>• The GAVI Board approved the above recommendations and the Vaccine Fund Executive Committee approved the related funding of \$21.3 m for 2004-05 support (<a href="#">11<sup>th</sup> Board Meeting</a>).</li> <li>• The Proposal Review Team (eight members) met a second time in GAVI Secretariat, Geneva from October 28 to November 1, 2003. Upon a query from GAVI Board, on the 22 January 2004 the team had a teleconference to clarify the recommendation for New Vaccine Support to Sudan. They reviewed eleven country proposals for twelve requests of support. They recommended for approval six of the seven requests for Injection Safety Support, two of the four requests for Hep B vaccines support. The only one request for Hib vaccines support was not recommended. The GAVI Board approved the above recommendations and the Vaccine Fund Executive Committee approved the related funding of \$ 4.8 m for 2004-05 support (<a href="#">12<sup>th</sup> Board Meeting</a>).</li> </ul>
<b>FSP reviews</b>	<ul style="list-style-type: none"> <li>• The IRC (nine members) met from 15 to 24 January 2003 in Geneva to review the first thirteen FSPs submitted to GAVI.</li> <li>• The results (five reports with major revisions and eight reports with minor revisions) have been discussed and endorsed by the GAVI board (<a href="#">GAVI Board Teleconference, February 2003</a>).</li> </ul>
<b>Report reviews</b>	<ul style="list-style-type: none"> <li>• The Independent Review Committee (IRC), seven members, met in Geneva from 27 October to 07 November 2003 to review 48 submitted progress reports.</li> <li>• The IRC's recommendations were endorsed by the GAVI Board in the <a href="#">12<sup>th</sup> Board meeting</a> on 9-10 December 2003</li> <li>• The IRC met again (four members) from 26 to 30 January 2004 to complete reviewing the sixteen missing progress that could not be reviewed in October review.</li> </ul>
<b>DQAs</b>	<ul style="list-style-type: none"> <li>• Eleven countries have had to conduct a DQA in 2003. Three countries failed (Verification Factor &lt; 0.80) namely Lao, Madagascar and Yemen. All of them have chosen to undertake a second DQA in 2005.</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>• Managed new <a href="#">website</a>, increased partner and constituent satisfaction.</li> <li>• Prepared <a href="#">fact sheets</a> on GAVI progress and issues, ensured all partners used correct information.</li> <li>• Published four issues of <a href="#">Immunization Focus, including French translations</a>.</li> <li>• Published <a href="#">Board reports</a>, including French translations</li> </ul>
<b>Management of GAVI Board</b>	<ul style="list-style-type: none"> <li>• The Board met three times in 2003 and had three teleconferences. Draft summaries of discussions were provided within one week and finalized within three weeks (<a href="#">13<sup>th</sup> Board meeting</a>, <a href="#">12<sup>th</sup> Board Meeting</a>, <a href="#">11<sup>th</sup> Board meeting</a>).</li> <li>• The GAVI Board approved the creation of an Executive Committee in its July 2003 meeting</li> <li>• The GAVI EC had one <a href="#">meeting</a> and one <a href="#">teleconference</a> in 2003. Draft summaries of discussions were provided within one week and finalized within three weeks.</li> </ul>
<b>Management of Working Group</b>	<ul style="list-style-type: none"> <li>• The Working Group had weekly teleconferences and met four times in 2003. Summaries of teleconferences were provided within two days and meetings within one week.</li> </ul>

## 6) Entity: Vaccine Procurement Project

### Vaccine Procurement Project Technical report 2003

(For further detail please consult the VPP report available at the GAVI Secretariat)

Activity	Summary technical report
<b>Project Management</b>	<ul style="list-style-type: none"> <li>Task completed. UNICEF hired a manager (Paul Fife).</li> </ul>
<b>Forecast for Hep B and Hib vaccine 2004-2006</b>	<ul style="list-style-type: none"> <li>Forecasting and Procurement for 2004 -06 finalized</li> <li><b>Application of recommended procurement strategies</b></li> <li>The procurement strategies recommended in the Mercer report were to a large extent applied in this round of procurement:</li> <li>Awards have been designed to seek to enhance the supply base with multiple manufacturers for each product type, engaging both multinational and emerging suppliers. Nine product presentations (4 HepB in different dose sizes, 1 DTP-HepB, 1 DTP+Hib, 1 DTP-HepB+Hib, 2 Yellow Fever in different dose sizes) will be contracted from eight manufacturers (3 multi-nationals and 5 emerging), based in Belgium, Brazil, Cuba, France, India, South Korea and the United States of America.</li> <li>Though permanent demand is not yet in place, considerable progress has been made towards establishing credible and predictable demand. A product-specific forecast for Vaccine Fund support vaccines was established despite severe time constraints and used in the tender, and systems for maintaining the forecast and communicating changes with suppliers have been established. The accuracy of the forecast will be tracked during implementation in 2004-06.</li> <li>Firm contracting, seen as proof of the commitment to share risks, helped in this round to leverage some price concessions for DTP-HepB and DTP-Hep+Hib vaccine. So far, around 40% of the total vaccine value in the round is scheduled for firm contracting. The prevailing monopoly situation for combination vaccines with several buyers vying for limited supply may have limited in this round the value of firm contract on price and volume concessions, and was seen as most useful in assuring supply availability.</li> <li>Manufacturer movement and interest may be seen as indication that appropriate returns have been provided for suppliers.</li> <li>Though there is still discussion among the partners on how best to engage manufacturers, collaboration and communication with manufacturers improved compared with the first round with access to the forecast and clearer lines of communication.</li> </ul>
<b>Monitoring and Evaluation</b>	<ul style="list-style-type: none"> <li>Task completed.</li> </ul>

**2003 GAVI Work Plan**  
**Financial Report**  
**(in USD)**

ENTITY	GAVI Budget 2003	Total expenditures by 31 December 2003	Balance by 31 December 2003
Advocacy Task force (ATF)	0	0	0
Financial Task Force (FTF)	1,450,000	462,771	987,229 <sup>3</sup>
Implementation Task Force & Regional Working Groups	670,000	612,668	57,332
R & D Task Force (R&D TF)	113,000	98,762	14,238
GAVI Secretariat	1,267,000	815,613	451,387
Vaccine Procurement Project	0	0	0
<b>Grand Total</b>	<b>3,500,000</b>	<b>1,989,814</b>	<b>1,510,186</b>

According to partners, requesting reporting on financial expenditures from agencies own partner funds is extremely complicated with different activity categories, different accounting and reporting systems, and differing financial years. Thus it was not possible to include total expenditures of partner contributions in the 2003.

For the GAVI budget the information provided by partners indicates a balance as follows:

Area	Balance 31 Dec 2003
FTF Financial sustainability planning	140,000
ITF	57,000
R&D task force	14,000
GAVI Secretariat	451,000
<b>TOTAL</b>	<b>662,000</b>

The R&D task force was also provided with an additional \$400,000 from interim ADIP funds to finish rotavirus and pneumococcal activities. A no cost extension allows for the use of these funds up until May 2005.

<sup>3</sup> This balance includes \$847,229 (No cost extension = Funds carried over to 2004) and \$140,000 that were not claimed by WHO.

**2003 GAVI Secretariat Financial Report<sup>4</sup>**

	Budget 2003	Expenditures by 31 December 2003	Balance by 31 December 2003
Country proposal Reviews	190,000.	220,910	-30,910
Financial Sustainability Plan (FSP) Reviews	190,000	137,455	52,545
Report Reviews	104,000	68,829	35,171
Data Quality Audits (DQAs)	1,200,000	724,429	475,571
Communications	175,000	282,728	-107,728
Management of GAVI Board	200,000	143,496	56,504
Management of Working Group	100,000	24,319	75,681
Salaries - Professionals	1,300,000	1,164,775	135,225
Salaries - support staff	248,000	410,797	-162,797
Salaries - Consultants	160,000	244,662	-84,662
Support costs	100,000	108,929	-8,929
Travel	300,000	234,284	65,716
Montreux Meeting	0	50,000	-50,000
<b>Total</b>	<b>4,267,000<sup>4</sup></b>	<b>3,815,613</b>	<b>451,387</b>

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<sup>4</sup> Figures extracted from the UNICEF audited accounts.