

PHR Trip Report

Workshops on Key Concepts in Immunization Financing, Douala, Cameroon and New Delhi, India

July 2000

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Partnerships
for Health
Reform

PHR



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PHR Trip Report

Workshops on Key Concepts in Immunization Financing in Douala, Cameroon and New Delhi, India, July 2000.

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The opinions stated in this document are solely those of the authors and do not necessarily reflect the views of USAID.

Summary

PHR conducted two workshops on immunization financing, in collaboration with international organizations. The first workshop was held in Douala, Cameroon during July 10-14, 2000. PHR staff Miloud Kaddar and Leanne Dougherty facilitated the workshop and presented on key concepts and findings in immunization financing at the UNICEF-sponsored regional workshop for National Immunization Program (NIP) representatives and UNICEF and WHO regional and country program officers from twenty African countries.

A second workshop was held in New Delhi, India, from July 24 to 27, 2000, in collaboration with WHO's South East Asia Regional Office (SEARO). PHR staff Ann Levin and Leanne Dougherty facilitated the workshop that included immunization program managers and bilateral and multilateral representatives from ten Asian countries. The presentations focused on concepts in costing, financing and planning as well as key findings and recommendations from four PHR country case studies on immunization financing conducted in Bangladesh, Morocco, Côte d'Ivoire and Colombia. In addition, presentations were given on the WHO and PHR Immunization Financing Assessment Tools. During group exercises, country representatives were asked to evaluate the feasibility of conducting the assessment in their respective countries. Participants also provided feedback and recommendations on the application process for the Global Children's Vaccine Fund (GCVF).

Background

With support from the Child Survival Division of the Office of Health, the Partnerships for Health Reform (PHR) Project developed a Special Initiative on Immunization Financing. The goal of this initiative is to assist in the evaluation and development of country-level financing strategies for replacing donor funding and sustaining and expanding immunization programs with local resources. One of the main activities of this special initiative was to conduct several country case studies on immunization financing in order to provide lessons learned concerning country-level immunization financing strategies. These lessons learned will be used by other countries and the international health community in planning sustainable national immunization programs (NIP). Based on the methodology for conducting the studies, an immunization financing assessment tool was developed to assist countries in evaluating the financial component of their program. Since the initial studies began, the international context has changed rapidly with the introduction of the Global Alliance for Vaccines and Immunizations (GAVI). GAVI has served as a catalyst for the increased emphasis countries must place on program financial management and planning when assessing immunization activities or preparing their proposals for the Global Children's Vaccine Fund (GCVF). In order to strengthen capacity in this area, PHR collaborated with partner agencies to conduct two regional workshops to share information and provide support throughout the countries and donor communities on immunization financing.

Activities

Introduction and Objectives

In collaboration with UNICEF regional offices in Africa and the South East Asia Regional Office (SEARO) of the World Health Organization (WHO), the Partnerships for Health Reform (PHR)

Project facilitated sessions on immunization financing issues in Douala, Cameroon and New Delhi, India. The objectives of the PHR sessions were to:

- ◀ *Introduce key concepts in costing, financing and planning*
- ◀ *Present findings of the four country case studies;*
- ◀ *Present objectives, methodology and applications of the immunization financing assessment tool;*
- ◀ *Clarify how the participants can use the tool to help develop strategic plans and advocate for appropriate financing of immunization programs with the Ministry of Finance/other government entities and partners such as GAVI; and*
- ◀ *Gather feedback on country perspectives of the GAVI and the feasibility of applying the immunization financing assessment tool in developing five-year plans for the GCVF application.*

These objectives were one component of a wider agenda established by the collaborating agencies. In Douala, the overall objective of the workshop was to update the knowledge and to increase the planning and operations management skills of UNICEF and NIP health officers in the following areas:

- Disease control/eradication initiatives: polio, measles, MNT, Vitamin A
- Current policies and strategies recommended for NIPs
- Forecasting and management of vaccines
- Ensuring injection safety
- Effective social mobilization
- Financing immunization services
- Health Reform and immunizations
- Overcoming country and office specific managerial constraints

In Delhi, the goals of the workshop were to:

- Introduce and promote the objectives of GAVI in the region;
- Draw regional plan of action for the introduction of Hepatitis B, and Hib into the routine immunization programs of member countries;
- Generate country perspectives on immunization financing, help build capacity for improving coverage and sustainability of NIPs; and
- Support country-level efforts to apply for support from GAVI and its fund (GFCV).

Upon completion of the workshop, participants were expected to increase their understanding of the need for cost and financial analysis of their immunization program. The introduction of the immunization financing assessment tool would then provide countries with a tool for them to use in costing and assessing financing of their immunization programs. The new information would also empower the counties to write strong proposal for GFCV funding.

Presentations

In both the Douala and Delhi workshops, PHR facilitators presented information on key concepts and tools in costing and financing. The purpose of these presentations was to provide country representatives with a minimum knowledge base in terms of concepts and methods for costing and financing, evaluation and planning. Following this session, findings, lessons learned and recommendations from the four case studies on costing and financing of immunization programs were presented, to demonstrate the relevance of conducting financial assessments and to share experiences from other countries which have recently conducted these analyses. Finally, PHR facilitators introduced the immunization financing assessment tool. The purpose of this session was to explain the methodology of the tool, the data requirements necessary and to assess the feasibility of applying the tool in the various countries represented. Each session was organized with the overall objective of increased capacity of financial analysis among the participants in order to improve program planning and implementation, and to provide support to countries when preparing their proposals for the GCVF.

In addition to these sessions, information on the world vaccine market was presented at the workshop in Douala. The objective of this session was to inform countries on the global context for vaccine procurement and on the importance of UNICEF supply Division and GAVI's mechanisms.

In Delhi, an additional session was conducted specifically on program planning. This session addressed the projection of needs, identification of gaps, planning, management and mobilization of resources. These aspects were considered essential for the development of a mid-term plan.

Group Work and Evaluation Exercises

Following the presentation of concepts and findings, group exercises were organized to provide the participants with an opportunity to apply the information on costing and financing to their immunization program.

In Delhi, both pretests and posttests were carried out on key concepts of costing and financing. The mean score on the pretest was twelve out of twenty while the mean score for the posttest was sixteen out of twenty.

Country presentations, on the application of the immunization financing assessment tool, provided PHR the opportunity to focus on specific questions and problems that countries had in using the tool. For example, most countries found it difficult to calculate the building and personnel costs. In response to these difficulties, Ann Levin prepared a special presentation to explain how assumptions and information on time allocation and building use could be used to calculate the percentage of costs incurred by these two components in the immunization program.

Finally, at the end of the workshop sessions on immunization financing, a game show was played to reinforce the concepts in costing and financing of NIPs. This session allowed participants to work in-groups as they were quizzed on the specific topics covered throughout the presentations.

Dissemination Activities

The workshops in Cameroon and India provided PHR with the opportunity to disseminate several documents and tools in the field of immunization financing which have been developed and compiled during the past year.

Findings

Dissemination of the PHR materials and the presentation on key concepts in costing, financing and planning as well as the findings and lessons learned from the country studies provided an opportunity for most country level representatives to be exposed to financing and costing concepts and tools for the first time. Since the majority of country representatives were medical officers and had never received training in this aspect of the NIP program, they appreciated the new information. In addition, countries commented that immunization financing assessments were essential for negotiation with the Finance division within the MoH and with the MoF of their countries. They also were important for the preparation of applications to the GCVF and when advocating for increased donor funding. The overall response to the presentations was positive and many program managers indicated that a better understanding of this information was essential to effectively manage their programs. While the amount of time was found to be insufficient to provide adequate training on all the concepts and tools, it provided an important overview to the general themes.

Workshop in Cameroon

During the Cameroon workshop, issues of concern for the participants included the following: turnover of NIP managers, performance evaluation, donor coordination, cost of introduction of new vaccines, and eligibility for GAVI funds.

Much of the discussion centered around management problems of immunization programs in the twenty African countries that were represented. Most of these countries felt that they should first strengthen the management of their programs before they introduced new. Ways in which the countries could improve the management of their programs within the context of limited finances were discussed.

Priority problems and key messages for action at national level were identified and discussed in working group and plenary sessions (see *Annex F* on priority problems and key messages from Douala Workshop).

Workshop in India

Although many of the issues that the participants were concerned with were similar for the two regions, the Asian countries emphasized others that were specific to their region. Although issues of completing polio eradication campaigns and strengthening program management were mentioned for some of the countries, most countries that had not previously introduced Hepatitis B vaccine into their program (Sri Lanka, Bangladesh, Nepal, India, and DPR Korea) were planning to do so within the next few years.

The participants were concerned with several issues affecting their ability to purchase new vaccines (Hepatitis B and HiB) and finance their programs. There was considerable discussion of the high costs of new vaccines. In addition, some of the country delegations discussed the issues of local production in their countries and whether they would be able to begin producing Hepatitis B vaccine in their countries. One issue that was raised several times by Indian and Thai participants was whether they could obtain technical assistance to develop their capacity to

produce the new vaccines locally. Other issues that were brought up were whether to purchase monovalent or combination vaccines and how to achieve financial sustainability of immunization programs once GFCV funding ends.

The participants were pleased that a task force at WHO/SEARO had been formed to answer questions on GAVI since the process was so fast-moving and there was a need for access to information within the region. They had many questions about GAVI such as whether GFCV would fund new vaccines such as Japanese encephalitis.

Some of the country delegations felt they had insufficient time to meet the GFCV application deadlines. In both workshops, the participants proposed some recommendations for the WHO and for UNICEF and countries to follow, which are listed below.

- Countries should establish realistic timelines for preparing their proposals for the GCVF. GAVI should support this objective by achieving better communication with country level governments so those NIP teams do not face pressure from their governments to submit applications before they are complete.
- Countries need to adequately review their current EPI programs and to improve their existing structures based on the review.
- Realistic timelines for the introduction of new vaccines should be established.
- A thorough financial analysis is needed for each proposal.
- The immunization financing tool can be used to conduct assessments.
- Proposals need to reflect that polio eradication is on target or should be strengthened through GAVI.
- Countries should introduce regional training centers in program management with the capacity to assess country needs and to monitor and supervise progress.
- Existing regional health economic training centers such as CESAG in Senegal and the Department of Health Economics, Thailand University, should be utilized to provide support in evaluating and prioritizing country needs.
- Local economist/management expert must be integrated in the NIP/MOH team to improve management of funds and to assist in the evaluation and prioritizing of country needs in the context of available resources.

Specific recommendations prepared from a group at the WHO/SEARO workshop are shown in *Annex G*.

Follow-Up/Next Steps

PHR is available to work with countries and other partner organizations to help participants meet their technical assistance needs, as identified during the course of the workshop, through strategic planning conference calls, e-mail correspondences and possibly meetings to facilitate in-country

assessments using the immunization financing assessment tool. In addition, PHR will disseminate recommendations, conclusions and issues raised during the workshop to GAVI and other international partners involved with immunization financing and sustainability.

The next workshop that is likely to take place would involve Middle East and North African countries and be sponsored by UNICEF and WHO/EMRO regional offices. Contacts have been made and strong interest has been expressed by both regional offices.

Annexes

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Annex D:	Agenda, India
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Annex F:	Priority Problems and Key Messages Provided at Douala Workshop
Annex G:	Priority Problems Presented by Countries at WHO/SEARO Workshop
Annex H:	Recommendations of Group of Members of WHO/SEARO Workshop

Annex A: List of Participants Douala, Cameroon

Pays	Participants		Adresse Email
BENIN	Mehoundo Faton	Administrateur Projet Santé	mfaton@unicef.org
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	Mamoudou Dia	Médecin-Chef	
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	Elizabeth Carvalho	Responsable S./Rep/PEV	
TOGO	Papa Malick Sylla	Epidémiologiste PEV	psylla@rdd.tg
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	Bambé Lamtouin	Délégué Sanitaire de la Tandjilé	
	Maiga Zakaria	Epidémiologiste OMS/PEV	
USA	François Gasse	Senior Project Officer	fgasse@unicef.org
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Annex B: Agenda, Cameroon

Agenda

1st DAY Monday, 10th July 2000	08h30 – 08h45	Introduction; Welcome; Introduction of Participants and Facilitators; Administrative details
	08h45 – 9h00	Why this Workshop? Background; Goals and Objectives/ J. Ndiaye
	09h00 – 10h30	Core obstacles to achieve the EPI objectives VIPP/ F. Gasse
	10h30 – 10h45	COFFEE BREAK
	10h45 – 12h30	Disease Control/Eradication initiatives (Polio; Measles; Vitamin A supplementation, NNT) Polio/ J. Rasoarimalala NNT/ F. Gasse Measles & Vit A. Supplementation/ A. Fall, E.Hoekstra Discussions by disease on plenary session
	12h30 – 13h30	LUNCH
	13h30 – 15h00	Discussions (Continued)
	15h00 – 15h15	COFFEE BREAK
	15h00 – 16h30	Current policies and strategies recommended for Routine Immunization; Indicators to monitor performance / A. Fall VIT A./ A. Fall Yellow Fever/ B. Dieng
	19h00	COCKTAIL
2 nd DAY Tuesday, 11 th July 2000	08h30 – 9h15	Lessons learned from UCI and discussions/ P. Villeneuve
	09h15 – 10h30	Forecasting and management of vaccine and material. Wastage management; open vial policy/ B.Dieng/M. Dicko Plenary session discussions Assuring injections safety/AEFI/ M. Dicko Plenary session discussions
	10h30 – 10h45	COFFEE BREAK
	10h45 – 12h30	Groups Work; Cases studies

	12h30 – 13h30	LUNCH
	13H30 – 14h30	Groups work restitution on plenary session
	14h30 – 15h30	HIPC Initiatives/ P. Villeneuve How to improve routine immunization coverage/ F. Gasse Plenary session discussions
	15h30 – 16h00	COFFEE BREAK
	16h00 – 17h00	Groups work (cases studies)
	17h00 – 17h30	Groups work restitution
3 rd DAY Wednesday, 12 th July 2000	08h30 – 10h30	Immunization and health sector reform/ J. Ndiaye Plenary session discussions
	10h30 – 11h00	COFFEE BREAK
	11h00 – 12h30	Vaccines cost analysis/ M. Kaddar
	12h30 – 13h30	LUNCH
	13h30 – 14h00	Examples
	14h00 – 15h00	Practices cases and discussion
	15h00 – 15h30	COFFEE BREAK
	15h30 – 17h00	Discussions with countries offices
4 th DAY Thursday, 13 th July 2000 Chairperson: Jones Okoro	08h30 – 10h30	Vaccines financement/ M. Kaddar
	10h30 – 10h45	COFFEE BREAK
	10h45 – 11h45	Examples
	11h45 – 12h30	Practice cases/ M. Kaddar
	12h30 – 13h30	LUNCH
	13H30 – 14h00	Games/ M. Kaddar
	14h00 – 15h00	Links between initiatives/ F. Gasse
	15h00 – 15h15	COFFEE BREAK
	15h15- 16h30	How to step up the countries and offices specific management difficulties. (WHO, UNICEF, PHR).
5 th DAY Friday, 14 th July 2000 Chairperson: Fatoumata Diawara	08h30 – 10h30	Social Mobilisation (Polio NIDs, Measles targeted campaigns, NNT risk approach, Yellow Fever targeted campaigns)/ N. de Meideros
	10h30 - 11h00	COFFEE –BREAK
	11h00 – 12h00	Priorities for the next 12 months/ J. Ndiaye <ul style="list-style-type: none"> • Nigeria • Mali
	12h0 – 12h30	Key Messages and conclusion/ J. Ndiaye
	12h30 – 13h00	CLOSURE

Annex C: List of Participants New Delhi, India

Title	First	Last Name	Job Title	Organization	Country
Mr.	Tawhid	Nawaz	Team Leader	World Bank	
Mr.	Md. Shahidullah	Miah	Senior Assistant	Finance	Bangladesh
Dr	Pierre	Claquin	Team Leader	Immunization	Bangladesh
Dr	Samir kumar	Saha	Researcher &	Shisu Hospital	Bangladesh
Dr	Kazi Iqbal	Hossain		WHO	Bangladesh
Dr	Momena	khatun	Medical Officer	DGHS	Bangladesh
Dr	Sukumara	Saha	Assistant	Logistics	Bangladesh
Mr.	Iftexharul	Alam	Member	Rotary	Bangladesh
Dr	Mahbubur	Rahman	Deputy Program	MOHFW	Bangladesh
Ms	Molly	Mort	Sub Team	USAID	Bangladesh
Dr	Birte	Sorenson		World Bank	Bangladesh
Mr.	Thinley	Dorji	Programme	Health	Bhutan
Dr	Gado	Tshering	Director	Health	Bhutan
Mr.	Pemba	Wangchuk	Planning Officer	Health	Bhutan
Dr	Craig	Shapiro		CDC	China
Dr	Han Gyong	Ho	Director	Public Health	DPR Korea
Dr	Kim U	Yong	Officer	Public Health	DPR Korea
Dr	Han Yong	Sik	Senior Officer	Public Health	DPR Korea
Dr	Iyabode	Olusanmi		UNICEF	DPR Korea
Dr	Yu Ping	Du	STC-EPI	WHO NPO	DPR Korea
Mr.	Gautam	Basu	Joint Secretary	Health and	India
Ms	Lucia	Ferraz	Resident	PACT-CRH	India
Dr	Virender	Gupta		CRI	India
Dr	Abdulaziz	Adish		WHO/SEARO	India
Mr.	Tim	Martineau	Health Advisor	DFID	India
Dr	Sobhan	Sarkar	Asstt.	Health and	India
Dr	G	Ramana		World Bank	India
Dr	Stephen J	Atwood	Chief	UNICEF	India
Mr.	R	Dinaker	Programme	JICA	India
Mrs	Poonam Singh	Kheterpal	DRD	WHO/SEARO	India
Dr	K	Suresh		UNICEF	India
Dr	Usha Soren	Singh	Director	CRI	India
Shri	N N	Sinha	Deputy	Health and	India
Dr	Prema	Ramachandra	Adviser (Health)	Planning	India
Mr.	Frank J	Polman	Resident	Asian	India
Ms	Madhu	Krishna		PATH - India	India
Mr.	Don	Douglas	Country Director	PATH	Indonesia
Dr	Harman	Harun	EPI Coordinator		Indonesia
Dr		Wibowo		UNICEF	Indonesia
Mr.	Mohamed	Shaheed		DPH	Maldives

Title	First	Last Name	Job Title	Organization	Country
Mr.	Abdullah	Shareef	Assistant	Public Health	Maldives
Dr	U Ye	Hla	Deputy Director	Health (DOH)	Myanmar
Dr	Hin Pyone	Kyi	Deputy Director	Medical Res.	Myanmar
Dr	U Kyaw	Htay	Assistant	Health (DOH)	Myanmar
Dr	U Wann	Maung	Director General	Health (DOH)	Myanmar
Dr	Nu Nu	Kyi	Medical Officer	Health (DOH)	Myanmar
Dr	Tirtha	Rana	Health	World Bank	Nepal
Prof.	Gopal Prasad	Acharya	Chairperson	Nepal Health	Nepal
Dr	Bhubaneshwar	Chataut	Director General	Health	Nepal
Mr.	Padam Raj	Bhatta	Chief Controller,	Health	Nepal
Dr	Santosh Man	Shrestha		Bir Hospital	Nepal
Dr	Bal Krishna	Suvedi	Chief, EPI	Health	Nepal
Mr.	Lyndon	Brown	Technical	USAID	Nepal
Mr.	Sunder Man	Shrestha	Under-Secretary	Finance	Nepal
Dr	Jean	Smith	MO-EPI	WR	Nepal
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Dr	T A	Kulatilaka	Consultant in	Health	Sri Lanka
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Dr	J D	Wenger		WHO/HQ	Switzerland
Dr	Sarah	England		WHO/HQ	Switzerland
Mr	R C W	Hutubessy		WHO/HQ	Switzerland
Dr	Chris	Nelson		WHO/HQ	Switzerland
Dr	Prayura	Kunasol		Public Health	Thailand
Dr	Charung	Muangchana	Technical	Public Health	Thailand
Dr	Supachai	Reks-ngarm	Senior Expert in	Public Health	Thailand
Mr.	Brian	McLaughlin		PATH-	Thailand
Dr	Sirisak	Warintrawat	Chief –	Public Health	Thailand
Dr	Ann	Levin	Health	PHR	USA
Ms	Leanne	Dougherty		PHR	USA
Dr	David	Hipgrave		PATH	Vietnam
Dr.	T.	Manzila		WHO/Harare	Zimbabwe

Annex D: Agenda, India

Agenda

Monday July 24

Morning: INTRODUCTION TO GAVI

Chair Dr. Palitha Abeykoon

08:00 – 08:30	REGISTRATION
08:30 – 08:45	Opening address/ Poonam Khetrpal Singh (DRD)
08:45 – 09:00	Brief remarks/ Bethanne Moskov (USAID)
09:00 – 09:15	Introductions Dr. Palitha Abeykoon
09:15 – 09:40	Status of GFCV application in SEARO and country financial needs. Dr. Adish
09:30-10:15	GAVI Historical development and GAVI objectives and the GFCV and its role in the eradication of polio and other financing options for immunizations Dr. Sarah England
10:15 – 10:30	Coffee break
10:30 – 11:00	Organizing GAVI working group. Experience from AFRO Dr. Manzila
11:00 – 11:15	Organizing regional Taskforce for Immunization. Dr. Arun Thapa
11:15 – 12:00	Discussion

Afternoon: FINANCING IMMUNIZATION

Chair Dr. Prem Talwar

02:00 – 03:45	Present and discuss key concepts (e.g. costing, financing approaches, immunization performance and strategic targeting of external support for immunization programs) Dr. Ann Levin
03:45 – 04:00	Coffee break
04:00 – 05:00	Group exercise and report-out
05:00 – 05:30	Synopsis and Wrap-up; Debriefing of workshop issues; Give out assignment

Tuesday July 25

Morning: FINANCING IMMUNIZATION

Chair – Prem Talwar

08:30 – 09:00	Summary of day one: three groups present what they learned.
09:00 – 09:10	Present agenda of the day.
09:10 – 10:00	Session on PHR country case studies (Morocco, Cote d'Ivoire, Bangladesh, Colombia) Comparatively: costing, financing, cost-efficiency, procurement system, program organization & discuss lessons learned, recommendations, and financing options applicable to participants' experiences & country settings. Dr. Ann Levin
10:00 – 10:30	Discussion
10:30 – 10:45	Coffee break

10:45 – 12:30 Discuss projection of needs, identification of gaps, planning, management mobilization of resources-at the end, discuss a mid-term plan that could be used for GFCV. Dr. Ann Levin

Afternoon: FINANCING IMMUNIZATION

Chair – Prem Talwar

02:00 – 03:00 Immunization financing tool and application: Contrast PHR tool to Global GAVI tool. Dr. Ann Levin
03:00 – 04:00 Group exercise by country: each country will present feasibility of using the tools to do a financial plan that can be used for the GFCV; what problems will they face? Is it applicable to their country? Prepare a report
04:00 – 04:15 Coffee break
04:00 – 05:00 Group exercise continues
05:00 – 05:30 Game show on concepts, GAVI and GFCV. Leanne Dougherty

Wednesday July 26

Morning: FINANCING IMMUNIZATION

Country presentations (each country presents for 15 minutes)

08:30 – 08:45 Group I Bangladesh
08:45 – 09:00 Group II Bhutan
09:00 – 09:15 Group III DPR Korea
09:15 – 09:30 Group IV India
09:30 – 09:45 Group V Indonesia
09:45 – 10:15 Discussion on the country presentation
10:15 – 10:30 Coffee break
10:30 – 10:45 Group VI Maldives
10:45 – 11:00 Group VII Myanmar
11:00 – 11:15 Group VIII Nepal
11:15 – 11:30 Group IX Sri Lanka
11:30 – 11:45 Group X Thailand
11:45 – 12:00 Discussion on the country presentations

Afternoon: INTRODUCTION OF NEW VACCINES

Chair Dr. Craig Shapiro

01:00 – 01:30 Global and regional issues on Hepatitis B disease burden and introduction of HBV into routine immunization program. Dr. Craig Shapiro
01:30 – 02:00 Global and regional distribution of HiB and introduction of Hib vaccine into EPI. Dr. Chris Nelson
02:00 – 02:30 Japanese Encephalitis burden in SEARO. Dr. Singh
02:30 – 03:00 Cost effectiveness of HB and Hib. Dr. Ray Hutubessy
03:00 – 03:15 Discussion
03:15 – 03:30 Coffee break

Country experience

Chair - Dr. Craig Shapiro

03:30 – 04:00 Indonesia's experience: Benefits of introduction of Hepatitis B. Dr. Harun
04:00 – 04:30 India experience: planned introduction of HBV. Dr. S. Sarkar
04:30 – 05:00 Recent scientific findings and new developments in the area of new vaccines. Dr. Jay Wenger

05:00 – 05:30	Background information on development of country plan of action (country level data). Dr. A. Adish
05:30 – 06:00	Group facilitators meeting

Thursday July 27

Group discussions: INTRODUCTION OF NEW VACCINES GROUP DISCUSSION

Group I Bangladesh, Group II DPR Korea, Group III India, Group IV Myanmar, Group V Nepal and Group VI Sri Lanka.

Group VII – Hib and JE: Those countries that have already introduced HBV. Participants from Thailand, Indonesia, Maldives and Bhutan, will work on introduction of Hib and other new vaccines.

Country plan of actions will have to include the following information:

- Background information
 - Information on routine EPI activity
 - Burden of hepatitis B or Hib in the country
 - Justifications for the introduction of the new vaccine
 - Public and political commitment for the introduction of the new vaccine
- When can the new vaccine be introduced into the routine EPI?
- Would the introduction be phased or at the same time throughout the country?
- Costing of introduction of the new vaccine
- Local or regional production of the new vaccine
- Research needs on Hepatitis B or Hib
- Possible effects of introduction of the new vaccine on the routine EPI

Afternoon: INTRODUCTION OF NEW VACCINES

Chair – Dr. Jay Wenger

01:00 – 01:15	Group I Bangladesh: Presentation of action plan
01:15 – 01:30	Group II DPR Korea: Presentation of action plan
01:30 – 01:45	Group III India presentation of action plan
01:45 – 02:15	Questions and Discussion on country plan of action
02:15 – 02:30	Group IV Myanmar: Presentation of action plan
02:30 – 02:45	Group V Nepal: Presentation of action plan
02:45 – 03:30	Group VI Sri Lanka: Presentation of action plan
03:30 – 04:00	Discussion on country plan of action
04:00 – 04:15	Coffee break
04:15 – 04:45	Group VI: Country plan of introduction of Hib
04:45 – 05:00	Discussion on country plan actions

Annex E: List of Documents Distributed at Workshops

Kaddar, Miloud, Mona Khan, and Jo Dickison. *Immunization financing resources*. Health Reform Tools Series. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc. April 2000.

Kaddar, Miloud, Marty Makinen, and Mona Khan. *Financing Assessment Tool for Immunization Services: Guidelines for Performing a Country Assessment*. Health Reform Tools Series. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc. April 2000.

Levin, Ann and Denise DeRoeck. *Review of Financing of Immunization Programs in Developing and Transitional Countries*. Special Initiatives Report 12. Bethesda, MD. Partnerships for Health Reform, Abt Associates, Inc. December 1998.

Kaddar, Miloud, Vito L. Tanzi, and Leanne Dougherty. *Immunization Services in Côte d'Ivoire*. Special Initiatives Report 24. Bethesda, MD: Partnerships for Health Reform, Abt Associates Inc. Forthcoming May 2000.

Levin, Ann, Sushil Howlader, Syed Mizan Siddiqui, Izaz Razul, and Subrata Routh. *Case Study on the Costs and Financing of Immunization Services in Bangladesh*. Special Initiatives Report 21. Bethesda, MD: Partnerships for Health Reform, Abt Associates Inc. September 1998.

Kaddar, Miloud, Ann Levin, Leanne Dougherty and Daniel Maceira. *Cost and Financing of Immunization Programs: Conclusions of Four Case Studies*. Special Initiatives Report 26. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc. May 2000.

Fairbank, Alan, Marty Makinen, Whitney Schott, and Bryn Sakagawa. *Poverty Reduction and Immunizations: Considering Immunizations in the Context of HIPC II Debt Relief*. Bethesda, MD: CVP at PATH, Abt Associates, Inc. June 2000.

Annex F: Priority Problems and Key Messages Provided at Douala Workshop

Priority Problems

Tchad

1. mobilisations sociale : faible adhesion des populations
2. mauvaise organisation des services
3. mauvaise utilisation des vaccins

RCA

1. insuffisance de la supervision
2. faible competence des agents
3. mauvaise organisation des strategies vaccinales

Guinee Equatoriale

1. programa de mobilizacion social debil
2. system logistic deficient
3. personal sanitario de vacunacion inmotivado

Nigeria

1. declining access
2. poor vaccine management
3. inadequate injection techniques

Guinee Conakry

1. faible competence agents vaccinateurs
2. relachement supervision central/ district faiblesse de la mobilisation sociale

Benin

1. insuffisance de formation du personnel
2. demotivation du pesonnel de terrain
3. reduction frequence supervision

Congo Brazzaville

1. personnel non forme
2. cdf inexistant dans 50% des cfv
3. supervisions abandonnees

RDC

1. difficulte de distribution des vaccins /intranant aux zones de sante
2. insuffisance (absence) du budget de fonctionnement et motivation du personnel
3. insuffisance de la supervison formative du personnel

Senegal

1. supervision / monitoring
2. gestion du vaccin
3. mobilisation sociale

Burkina Faso

1. demotivation du personnel
2. insuffisance approvisionnement en seringues
3. insuffisance supervision tous les niveaux

Mali

1. insuffisance supervision
2. mauvaise gestions des stocks de vaccins
3. deperdition dtcp1 – dtcp3 elevee

Niger

1. manque de supervision ecd →c.sante
2. faible implication de la communaute
3. nombreuses occasions manquees de vaccination

Mauritanie

1. l'expression de l'engagement politique
2. suivi des vaccineurs et motivation de ce personnel
3. competences insuffisantes de l'unite de coordination

Cote d'Ivoire

1. maintenance des equipements
2. insuffisance de la supervision a tous les niveaux
3. absence d'activites de mobilisation des communautes pour le pev

Cameroun

1. appropriation par la partie gouvernementale
2. relance de la supervision
3. deficiance offre de services en milieu urbain

Ttogo

1. chaine de froid vetuste
2. manque de "moyens" pour la supervision
3. personnel nouveau et non forme

Liberia

1. intensive supportive supervision
2. social mobilization
3. motivation of health workers

Key Messages

Polio Eradication Initiative

- Ensure quality of NIDs:
 - Emphasize door to door strategy
 - Monitor indicators of quality NIDs
 - Use the ICCs
- Reach & maintain certification level surveillance
- Implement NIDs according to Strategic Plan

Maternal and neonatal tetanus elimination

- Three properly spaced and targeted TT campaigns for CBA women in high risk districts will eliminate MNT
- Use the algorithm to identify high risk districts (i.e. compile and review surveillance and coverage data by district)
- Phase high risk approach implementation over 2 to 4 years and start in *few districts to gain experience*
- Resources are available at UNICEF for country Plans of action *to eliminate MNT cleared by ICC*

Vaccine Management

- Forecast needs using the method based on updated target populations.
- Place orders in July & August, & specify antigen, vial size, quantity & frequency of supplies
- Monitor vaccine management at all levels of the health system.

Measles Control Activities

- High coverage is key in measles control to achieve high impact and reduce the frequencies of campaigns
- Campaigns are needed in WACR to control measles
- Impact of campaigns depends on quality of:
 - Preparedness
 - Implementation
 - Evaluation
- Campaigns need to include large areas selected from epidemiological data

Vaccine Wastage

- Adopt immediately VVMs & MDVP as daily vaccine management tools, & reduce wastage rates to *10-15% on OPV, DPT, TT & HepB*
- Let health workers know that higher wastage rates will be accepted provided that coverage *increases for BCG, measles & YF*

Injection Safety

- No compromise can be accepted with safety of injections:
 - Both syringes that can be sterilized and A-D syringes *CAN ensure safety of injections*
- YOU MUST provide health workers with enough resources for them to *comply with correct use procedures*
- *YOU ARE RESPONSIBLE!!!!!!!!!!*

Health Sector Reform

- H.S.R. is unavoidable
- EPI Managers MUST involve themselves in the H.S.R. process
- Take the opportunity of H.S.R. to reinforce EPI

Improving routine immunization coverage

- Identify and target priority districts based upon a review of: coverage, drop out rates, availability of functioning cold chain, access, population size and potential for quality supervision
- Reducing drop out rates, monitoring it at all levels is a key strategy that does not require major resources

Linking Initiatives...

- Every initiative is an opportunity to support other health interventions or initiatives
- Effective support can only occur if it is properly and timely assessed and planned for...

Cost & Financing

- Cost analysis is one essential component for choice & decision making
- Rationalize the use of existing resources before demanding the mobilization of new resources
- Privilege the mobilization of local resources before looking for external resources
- Develop performance evaluation at every level & link it to resource allocation

Annex G: Priority Problems Provided at Delhi Workshop

DPR Korea

1. Problem of cold chain security at lower level
2. Inadequate capacity to manage EPI
3. Unrealistic vaccine requirement estimation
4. Occasional halting of producing some kind of vaccines
5. Inadequate use of mass-media

Sri Lanka

1. IEC/Social Mobilization
2. Vehicles-rearrange the vehicles for better organization
3. Better planning for logistics
4. Training is needed for para-medical staff
5. Better planning to minimize wastage

Nepal

1. Low motivation of grassroot-level health workers
2. Supervision/monitoring
3. Social mobilization
4. Training
5. Management

Bhutan

1. Need for qualified and competent personnel in the programme
2. Shortage of manpower
3. Increased IEC to the unreached pockets of the population in the language/medium they understand
4. Lack of adequate appropriate transport
5. Need to increasingly involve communities and extend outreach clinic services with the intention of building up ownership in the long run

Thailand

1. Inconvenience for parents in some areas
2. Inadequate vaccine coverage information in some areas
3. Limited knowledge on cold chain and immunization techniques
4. Less effective media
5. Up to date training modules are unavailable

Bangladesh

1. Reduce gap between valid and crude coverage by improving the screening for age and reduce early vaccinations
2. Improve communication with mothers (currently vaccine providers usually don't talk to them) in informing them when to come next, this will reduce the drop out

3. Realistic planning and recording of routine EPI activity – from monthly they can move to bi-monthly visit
4. Identify hard to reach/high risk areas and organize special rounds with all antigens 5 times a year outside rainy season
5. Timely procurement-order-delivery-distribution

Annex H: Recommendations of Participants at WHO/SEARO Meeting

1. A formal GAVI task force should be instituted for the WHO/SEARO region.
2. Countries should establish realistic timelines to prepare their proposals to the Global Fund for Children's Vaccines. Because the GAVI board reviews proposals three times a year, countries should not feel pressured to submit a proposal without appropriate analysis and planning. Of primary importance is that proposals are complete, well thought out and include identification of funding sources to ensure sustained support of immunization programmes following the 5-year FAVI funding period.
3. In preparation of proposals, countries need to adequately review their existing EPI infrastructure (e.g., personnel, level of training, cold-chain capacity, injection safety, logistics). If gaps are identified, proposals should include a clearly defined plan to improve the existing EPI infrastructure and delivery system.
4. Proposals should include the country's strategy and timeline to introduce new vaccine(s). Important considerations include:
 - Realistic strategy for introduction of vaccine(s) (e.g. phased, postponed)
 - Infrastructure support, including cold chain capacity, need for training of personnel, revision of forms, guidelines, IEC, etc.
5. Proposals should include a thorough financial assessment and analysis of the financial impact of strengthening EPI systems and introducing new vaccine(s). Given that the time horizon for GAVI funding support is currently 5-years, the proposal should include the request for 5-years of funding as a part of a longer term (5-10year) plan toward programme sustainability. Possible longer-term funding sources might include national governments, external donors, and /or loans, and will ensure that needed vaccines and supplies can be purchased beyond the initial period of GAVI support. The Immunization Financing Tool distributed at the meeting, may be used as a model for preparation of a proper financial assessment. Countries are encouraged to request technical assistance in conducting these assessments, if needed.
6. In polio-endemic countries, proposals plus five-year plans should reflect evidence of adequate support to ensure that the polio eradication goal is on target. If gaps exist in polio eradication activities (immunization and surveillance), these may be included for support in the proposal to GAVI. Introduction of a new vaccine should not jeopardize reaching the goal of polio eradication in polio-endemic countries.