Updated in May 2004

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

COUNTRY: MADAGASCAR

Date of submission: 28 May 2004……

Reporting period: Jan 2003-Dec 2004. *(Information provided in this report MUST refer to the previous calendar year)*

(Tick only one) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	X
Third annual progress report	ρ
Fourth annual progress report	ρ
Fifth annual progress report	ρ

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC). Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Funds are managed jointly be the Director of Family Health (currently known as the Department of Family Health) and the Head of the Immunization Service. These signatories have been designated by the Minister of Health. Fund utilization is determined by the EPI's Annual Work Plan (AWP), once the members of the ICC have validated the latter. This process sheds light on the partners' position with regard to the funding of activities. Quarterly reports on fund utilization are sent to the ICC members along with an annual report. On the periphery, funds are disbursed once the relevant requests have been studied by the Immunization Service. Such requests are sent by the Heads of District Health Services (DHSS) or by Provincial Health Directors (PHDS) to the Immunization Service or the Department of Family Health. As these officials manage credit on the peripheral level, they are the authorized signatories for the bank accounts. Here, it will be noted that a second signature is always required for projects. Funding is then sent directly via bank transfer to the bank accounts of the districts or provinces. A letter stating that funding has been dispatched and signed by the Head of the Immunization Service is sent, together with a copy of the bank transfer receipt, to the PHD Heads or Provincial Health Directors, along with a letter of commitment which they must return, duly signed, to the Immunization Service. A copy of the request, especially if it has been readjusted, is then sent to the Provincial Health Director or his superior in the hierarchy. The PHD or DHS concerned is informed by letter, and the letter of commitment must be signed by the beneficiary DHD.
The persons in charge at the Ministry of Health must audit the consolidated budgets at least once annually.
Once the corresponding activities have been completed, the supporting documents must be sent to the Immunization Service, with beneficiaries keeping a copy. If these documents have been received within six months after completion of activities, the Immunization Service or the Family Health Department sends reminders. No further funds are disbursed until such supporting documents have been received.
In 2003, the disbursement of funds for the periphery could not begin until the second quarter, as some DHDs had been replaced. Likewise, towards the beginning of the fourth quarter, there were some changes with regard to the DHDs, who are recruited by competitive examination. During the following

period, funds were only disbursed once a new director had been appointed.

1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year USD 233,500 or FMG 1,380,521,988
Remaining funds (carry over) from the previous year USD 169,320 or FMG 1,001,019,862

Table 1 : Use of funds during reported calendar year 2003_

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel (advanced strategy)	7131			7131	
Transportation	31960	22186	6119	3656	
Maintenance and overheads	11098	10802	296		
Training	35586	4871	22311	8404	
IEC / social mobilization	14837	10446		4391	
Outreach					
Supervision	13879		5502	8377	

Monitoring and evaluation	30007	4784	9264	15960	
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other : cold chain preventive maintenance *(specify)*	33931		10557	23374	
Mobile strategies (gas + staff)	11363			11363	
Gas procurement	15923			15923	
Storage supplies (casks)	389			389	
Total:	206105	53089	53754	99262	
Remaining funds for next year:	198654				

If no information is available because of block grants, please indicate under 'other'.

<u>Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed</u>.: 30 Jan 2003 and 26 Mar 2003

Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

EPI in Madagascar operated in an unfavorable context in Madagascar immediately following the presidential elections of 2001 and the crisis to which they led, which paralyzed the country for more than six months in 2002. The health sector was unable to implement all of the planned activities, despite the emergency plan introduced in March-April 2002. Immunization activities were considerably disrupted.
Consequently, in order to reach objectives, focusing on the promotion of mother and child health and relying on the commitment of senior Government officials, EPI partners, political and administrative authorities at all levels and the community, during the Polio National Immunization Days in September-October 2002, EPI rescheduled the following activities for 2003:

- *Strengthening of routine activities via the introduction of a **plan for relaunching EPI,** with the introduction of efficient immunization services on all levels: - constant availability of sufficient high-quality EPI vaccines and materials **(transportation, storage** according to norms)*
  - *functional cold chain (**gas supply and preventive maintenance, maintenance training***
  - ***advanced and mobile strategies***
  - *implementation of the RAD approach (Reach Each District) in the districts targeted, with the establishment of a task force composed of a group of technicians within the ICC at the central level and provincial officials, who will provide peripheral officials with **microplanning training***
  - ***retraining of health agents** in vaccine management and EPI (computerized) data management*
- *Strengthening of epidemiological surveillance activities with awareness-building activities focusing on the reporting of AFP cases to health and community structures (preparation of **audiovisual aids**, drafting of guidelines), support of stop team)*
- *Promotion of community support with grassroots microplanning (district approach, training of community partners)*
- *External evaluations and reviews with the help of outside consultants*
- *Private-sector participation (certificates for fully immunized children, training and retraining for central-level EPI management officers*

The problems encountered in the implementation of the multi-year plan are as follows:

1. *Logicistical difficulties with outdated, insufficient rolling stock and cold chain equipment. The planned provision of cold chain equipment and vehicles by the Japanese Government (in 2004) will solve this problem to a certain extent*
2. *The remoteness of certain districts, with 40% of the population located more than 10 km away from health groups, hence the introduction of advanced and mobile strategies*
3. *Insufficient supervision owing to a shortage of human resources and the overlapping of activities (reviews and evaluations)*

1.1.3 Immunization Data Quality Audit (DQA) (*If it has been implemented in your country)*

→ *Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?*
If yes, please attach the plan.

YES [v] *NO* [ ]

→ *If yes, please attach the plan and report on the degree of its implementation.*

As the DQA was carried out in Madagascar in July 2003, the data studied is from 2002. The results show a verification factor of 62% and a system quality index of 49%. The quality index is average with regard to the districts (53.5%) and the CSB (45.2%).
Several recommendations were made. As was the case with other studies and evaluations conducted during 2003, an action plan for July-December 2003 was submitted and approved by the ICC in September 2003. The plan comprises six strategies, as follows:

1. Reinforcement of program management
2. Reinforcement of logistics and cold chain equipment
3. Reinforcement of the strategic communication plan
4. Preparation of the measles immunization campaign
5. Reinforcement of epidemiological surveillance
6. Follow-up / evaluation

Strategies 1, 5 and 6 are designed to improve the reporting system.

Implementation of the plan of action
Steps taken:

- **System design:** revision of the MRA (Monthly Report of Activities), scheduled for May 2004. EPI-related data has already reached the appropriate Service (Statistics and Evaluation Service)
- **Recording:** introduction of management tools (August-September 2003) with development of tools in July, training of IHMS officers (Information and Health Management System); training of EPI officers from the six provinces, the central level and from 12 start-up districts in computerized vaccine management; training of EPI officers from two PHD and 15 DHS sentinel sites in computerized management of EPI data and EPI INFO 2002 and introduction of the RED strategy (Reach Each District) in targeted districts
- Demographic and health survey underway (November 2003-July 2004) for purposes of population updating
- **Reporting and archiving:** memorandum sent to officers on the periphery concerning the need to safeguard data regularly and to file reports promptly. Transfer involving central-level computers with data updating. Training of BHC directors from 28 districts where RED was introduced on

how to use and fill in management tools: pre-reports, tally sheets

- **Monitoring and evaluation:** regular follow-up of vaccine stock status at the central level relying on graphs. Training of EPI officers from the PHD of Antananarivo and Fianarantsoa with EPI officers from the 23 districts of Antananarivo and from 9 DHS of Fianarantsoa in computerized management of EPI data, EPI INFO 2002 and introduction to EXCEL with USAID backing

All of these activities will be pursued and consolidated in 2004.

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

→ *Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).*

1. *Evaluation of vaccine management in February 2003*
2. *Inventory of cold chain and rolling stock*
3. *Rapid external review of EPI in June 2003*
4. *Data quality audit in July-August 2003*
5. *Evaluation of epidemiological surveillance of diseases in September 2003*
6. *Demographic and health survey in November 2003-July 2004*

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Start of immunization with new and under-used vaccine: December 2001

→ *Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.*

The DTP HepB vaccines came in four shipments:

1. *422,500 doses on 17 January 2003*
2. *398,000 doses on 28 August 2003*
3. *433,000 doses on 28 October 2003*
4. *395,000 doses on 19 December 2003*

1,648,500 doses in all.
Receipt of shipments was determined by the vaccine stock situation at the central level. In 2003, the central level did not encounter any problems in supplying the regional storage centers and the distribution centers. The same holds true for shipments sent by air to remote districts, as normal air traffic resumed.

1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

The major activities undertaken to introduce the HepB vaccine and to reinforce services form part of the plan for relaunching EPI. Advanced and mobile strategies have been strengthened, and the monthly reviews at the district level have been used to help retrain the BHC directors. These activities will be followed up and evaluated at the quarterly provincial reviews bringing together all district officers.
Cold chain functioning has been improved via training for EPI officers and maintenance officers at the provincial and district level followed by preventive maintenance in the form of ***cold chain supervision at the provincial and district level.*** *The inventory of cold chain equipment and rolling stock provided a basis for preparing a plan for the allocation and replacement of cold chain equipment.*
The community approach has been beefed up in certain districts, above all those backed by USAID: IEC audiovisual aids have been prepared and distributed.
As far as EPI management is concerned, the RED approach has been introduced in selected districts with the introduction of a task force whose main job was to train provincial and district officers in bottom-up micro-planning.
Problems encountered

1. *The inventory of cold chain facilities and rolling stock showed that equipment was outdated and insufficient. The upcoming donation by the Japanese Government in 2004 of cold chain equipment and vehicles will solve this problem to a certain extent.*
2. *Some districts also have a problem with gas supply, because gas is purchased out of insufficient district operating budgets. Accordingly, the CRESAN II project of the World Bank has provided funding for needy districts; likewise, some districts have asked GAVI for extra funding to*

purchase gas.

3. *The delay in implementing the district approach, owing to the overlapping of activities, in particular the various surveys and evaluations conducted*
4. *Supplying remote districts with injection materials by air poses a freight problem, owing to the volume of shipments. This problem sometimes leads to stock shortages, particular with regard to districts in the North. Overland transport is only possible during the dry season.*

1.2.3 Use of GAVI/The Vaccine Fund financial support (US$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

All of these funds were used up in 2002. Against the backdrop of the social crisis in 2002 with the gas and fuel shortage, this money helped to secure a supply of vaccines, not only to the regional warehouses and the distribution centers at the district level but also to certain remote districts. Likewise, these funds were used to pay for part of the fuel needed to operate cold chain equipment in the basic health centers. This fuel/gas was then transported by land and by helicopter to remote districts.
GAVI's financial support was also used in connection with the Polio National Immunization Days for the transportation of vaccines, EPI supplies and management tools by private airplane and helicopter and to transport senior Government officials and the press for high-level social mobilization events.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

Receipt of 2,744,000 AD syringes and 18,500 safety boxes.
Supplying injection materials to remote districts by air poses a freight problem, owing to the volume of shipments. This difficulty sometimes leads to stock shortages, especially as far as districts in the North are concerned. Overland transport is only possible during the dry season.

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
- Utilization rate of AD syringes in advanced strategies in vaccinating health centers - Utilization rate of AD syringes in fixed strategies in vaccinating health centers	Ensure that, by the end of 2003, 90% of all vaccinating health centers use AD syringes for fixed strategies - Ensure that, by the end of 2002, 100% of all vaccinating health centers use only AD syringes in advanced strategies and mass campaigns	1. Use of AD syringes in fixed strategies, for DTP/HepB in the majority of BHCs 2. Use of AD syringes in advanced strategies and vaccine ripostes in the majority of the health districts of the six provinces for the measles, TT and BCG vaccines	1. Calculation of indicators: there is no reporting on the use of sterilizeable or AD syringes in basic health centers 2. It is difficult to supply the province of Antsiranana (located in the North) with AD syringes owing to its remoteness, the poor state of the roads and the low air freight carrying capacity	- *100% of all vaccinating health centers use AD syringes in advanced strategies and mass campaigns* - 90% of all vaccinating health centers use AD syringes in fixed strategies for TT, measles and BCG

An evaluation of injection safety and waste management will be conducted in April 2004, and will be followed by the preparation of a plan for injection safety and waste management, as well as a national policy in this respect.

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Not applicable

2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Report :	Report progress on steps taken and update timetable for improving financial sustainability Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

GAVI received the corresponding Financial Sustainability Plan in November 2003. This instrument covers 2003-2013.
As far as program funding is concerned, the governmental process offers better guarantees for optimum resource allocation. Financial sustainability is ensured by having the Government of Madagascar participate in the funding of immunization activities, the payment of salaries and wages of healthcare personnel, upkeep of health infrastructures, day-to-day management of the immunization program on all levels, and the ability to mobilize additional resources within the framework of bilateral and multilateral cooperation and cooperation with profit-making and non-profit-making private institutions from the private sector.
In the short and medium term, the Government will gradually take over the burden of vaccine procurement and cold chain functioning as it moves towards vaccine independence. The necessary funds will come out of the operating budget of the Immunization Service as far as vaccines are concerned and out of the districts' budgets as far as gas is concerned. However, with regard to vaccines, the Government played a limited role in the years examined. More than 90% of funding for vaccines comes from partners.
The financial partners for EPI are as follows: **UNICEF, WHO, USAID and Japanese development cooperation.**

Analysis of gaps
The preparation of the Financial Sustainability Plan has given rise to the projection of resource requirements over the next ten years. Between 2003 and 2013, the program will need USD 152,783,524, of which USD 80,952,983 (53%) is secure or probable, leaving a real gap of USD 72,830,541 (47%). The gap varies from year to year and depending on the categories requiring funding. The "vaccines" heading requires special attention, above all if GAVI does not provide funding in support of the introduction of Hib in 2006.

1 – The largest gap is in the area of **vaccine funding**, in particular the introduction of the Hib vaccine in 2006. This gap in vaccine funding tends to increase over time, from 60% in 2006 to 92% in 2008 and thereafter, except in 2009, when the gap is estimated at 84%. Starting with 2007, the first year after the phasing-out of GAVI support, the bulk of the gap is due to the fact that no institution has promised or pledged to cover the expenditure linked to the new vaccine and immunization supplies. Moreover, there will probably be a gap from 2007 onwards as far as Government funding of recurrent expenses is concerned.

2 – A year-by-year examination of data reveals that before 2006, the **recurrent expenses** headings where funding difficulties may arise are disease monitoring and surveillance and other routine costs. It can also be seen that from 2006 onwards, in addition to the gap in Hib funding, donors are lacking for injection supplies, staff-related costs of advanced strategy, vehicles (maintenance) and cold chain equipment.

3 – **In investments**, there is a gap with regard to the simultaneous renewal of rolling stock, cold chain equipment and other computer and office supplies throughout the entire period, in particular during 2010 and 2021.
Funding of construction, which consists of installing cold rooms for vaccine conservation at the national level and EPI office space, tends to widen the gap with regard to routine immunization in 2004, as such construction accounts for 29% of this gap. This element is capital in terms of proper program management. It is also a priority for submission to the program of public investment in building while seeking outside cooperation for specific facilities.

4 – A large gap can be seen for **supplemental immunization activities (SIA).** For example, in 2004 and 2008, the measles immunization campaign will require considerable funding: the SIA funding gaps for these two years are 54% and 65%, respectively. Likewise, with regard to the campaigns for the elimination of maternal and neonatal tetanus in 2005 and 2006, which also require extra support, the funding gaps for these activities are 65% and 58%, respectively. The funding strategy for these activities does not allow us at present to pinpoint the amount of potential funding. As far as the 2004 measles immunization campaign is concerned, the funding gap has narrowed to USD 754,434, which corresponds to 10% of costs, following adjustment of costs (USD 6,603,500).

II – Data collection methods

2-1. Commissioning of a consulting firm from December 2002 to April 2003, with the following terms of reference: collect the necessary data and information for the preparation of the FSP and prepare the preliminary draft of the FSP under the guidance and with the support of the Technical ICC.

2-2. Recruitment of 2 WHO and UNICEF international consultants with the following terms of reference: inform the members of the Technical ICC about the new GAVI guidelines for the preparation of the FSP (a briefing for ICC members took place in September 2002); and finalize the preliminary draft of the FSP, thereby assisting the small committee for the preparation of the FSP, composed of the enlarged Technical ICC, with the team of the DAFA (Department for Administrative and Financial Affairs) and the DSP (Department for Studies and Planning) of the Ministry of Health and the representatives of the Ministry of Finance, Budget and Planning. The FSP was finalized in the course of two workshops.

Several activities were conducted in this respect:

*Review of documents: DSRP, EPI Five-year Program, annual action plans of the various partners, reports of activities, the Business Plan, the Official Gazettes of the Republic of Madagascar, the survey documents (EDS, MICS, EPM) and the cooperation programs,

*Interviews of partners and officials heading up the departments and services of the ministries concerned

*The reconstruction of information on program funding and expenditure for past years. For example, with regard to the Government, personnel costs were better understood on the basis of past Government spending, VAT expenses and import duties as the Government's contribution were included in the different items for which they were paid, for example, vaccines, injection supplies, vehicles, cold chain equipment, etc. Partners' data was also reviewed based on final spending documents made available to the team preparing the FSP (for example, UNICEF; USAID/JSI, etc).

*Use of calculation sheets according to GAVI guidelines for previous expenditure and projected future costs

*Projections for 2004 to 2013 were calculated according to an annual inflation coefficient estimated at 2% on the basis of:

- The IS three-year plan for 2003, 2004 and 2005;
- The funding plan agreed with the partners
- The IS business plan for 2003-2006

With a view to determining resource requirements for coming years and bearing policy orientations in mind, four different scenarios involving various combinations of strategies and objectives were tested.
Overall, depending on the methodology used, program needs increase gradually over the years. This rise is due to the increase in vaccine coverage goals, the inflation rate factored in, population growth and specific activities.

The calculation of available funding over the next ten years is based on the three-year plan and the business plan for 2003-2005 that incorporate projected support from partners.
These projections have been updated on the basis of recent information provided by the partners. For 2004 to 2013, funding from partners is based on their recent statements. It is difficult to reconstruct information on program funding, especially as far as expenditure in past years is concerned. Not all EPI institutions and partners were able to provide data on their funding in the past. Moreover, certain costs seem to be underestimated with regard to the results achieved by the Program. With updated data for 2003 and proper follow-up in coming years, the situation should change quite a bit. The data set out in this Financial Sustainability Plan differs from the data provided along with Madagascar's application to GAVI simply because a review of documents containing information on expenditure by Government and by certain partners has made it possible to incorporate the changes reflected in the new figures.
The different partners for EPI funding who were unable to make a firm commitment as to the amount of future funding until 2013 are UNICEF, USAID and WHO. The level of participation for each of these partners will depend on the way the program develops and the parameters of the domestic and international socio-economic environment.

<u>III. The three indicators used to ensure FSP follow-up</u>
<u>Baseline year: 2002</u>
1 – Self-sufficiency: EPI cost per capital in 2002 = USD 0.36
2 – Resource reliability: Available vs budgeted funds:

Available/**Government: USD 1,126,258; UNICEF: USD 2,961,317; WHO: USD 1,245,110; USAID/JSI: USD 205,893; JICA: USD 1,492; GAVI: USD 2,416,290; UNFIP: USD 14,000 – for a total of : USD 8,523,362 out of the USD 10,071,388 budgeted in the 2002 AWP of the Immunization Service, with the following technical and financial partners: IPM, JICA, JSI/USAID, WHO, ROTARY, UNICEF, USAID.**
3 – Adequate resource utilization: DTP3 vaccine coverage rate of 61.8% for 2002.

Second Annual Progress Report : Append financial sustainability action plan and describe any progress to date.
Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.

Table 2: (Projected) funding sources for the new DTPHep* vaccine from 2004 to 2005, then DTPHib with HepB as a single dose from 2006 onwards

Proportion of vaccines funded by	**Annual proportion of vaccines**									
	2004	**2005..**	**2006..**	**2007..**	**2008..**	**2009..**	**2010..**	**2011..**	**2012..**	**2013..**
Proportion funded by GAVI/VF (%)	100	100	35	**50**	50	50	50	50		
Proportion funded by Govt. and by other sources (%)	0			6		9				
Total funding for …. *(new vaccine)* *	1989550	2181608	6301003	6647431	6612428	6689099	7049590	7034911	7231889	7603345

** Percentage of coverage by DTP3 (or by the measles vaccine in the case of YF) being the immunization goal with a new or under-used vaccine*

Subsequent reports: Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.
Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values.
Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gaviftf.org under FSP guidelines and annexes).
Highlight assistance needed from partners at local, regional and/or global level

3. Request for new and under-used vaccines for year …….. *(indicate forthcoming year)*

Section 3 is related to the request for new and under used vaccines and injection safety for the ***forthcoming year****.*

3.1. Updated immunization targets

→ Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10) . Targets for future years **MUST** be provided.

Table 3 : Baseline and annual targets

Number of	Baseline and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births	632337	651308	620105	639626	657947	675947	694873	714329	734331
Infants' deaths	60704	62526	54569	56287	57863	59483	61149	62861	64621
Surviving infants	571633	588782	565536	583339	599672	616463	633724	651468	669710
Infants vaccinated with / to be vaccinated with **1st** dose of DTP (DTP3) *									
Infants vaccinated with / to be vaccinated with **3rd** dose of DTP (DTP3)*	474409	466767							
NEW VACCINES									
Infants vaccinated with / to be vaccinated with **1st dose** of *(new vaccine)*				576 258	527 712	542 488	532 328	547 234	590 684

Infants vaccinated with / to be vaccinated with **3rd dose** of *(new vaccine)*			349 615	506 991	479 738	493 171	506 979	521 175	562 556
Wastage rate of ** …….. *(new vaccine)*			13.8	12	12	12	12	12	10
INJECTION SAFETY									
Pregnant women vaccinated with TT	269 916	251 624	267 651	609 133	591 782	653 978	703 559	723 259	760 032
Infants vaccinated with BCG	603 074	548 343	454 846	616 175	512 878	540 757	583 693	600 037	616 838
Infants vaccinated with Measles	479 8423	478 198	346 303	505 233	467 744	493 171	532 328	573 292	602 739

* Indicate actual number of children vaccinated in past years and updated targets
** Use three lines for each new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert the necessary lines

→ *Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.*

There have been changes to baseline and targets since 2003: we have taken the denominators from the Service of Health Statistics of the Ministry of Health for live births, in accordance with the consensus reached with this service that is responsible for health statistics at the Ministry of Health.
- Rate of increase: 2.8%
- Infant mortality rate: 88 per 1,000
- Vaccine coverage goal: 80% (readjusted in relation to the FSP because the rate obtained in 2003 was already 89% /JFR of 24/05/2004)
- Wastage rate for DTPHepB: 12% (rate obtained in 2003)

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for the year 2005**... *(indicate forthcoming year)*

→ *Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.*

Table 4: Estimated number of doses of *DTPHepB…* vaccine *(specify for one presentation only)* : *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For year 2005…
A	**Number of children to receive the 1st dose of DTPHep vaccine**		542 488
B	**Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan**	*%*	100
C	**Number of doses per child**		3
D	**Number of doses**	*A x B/100 x C*	1 627 464
E	**Estimated wastage factor**	*(see list in table 3)*	1.16
F	**Number of doses (incl. wastage)**	*A x C x E x B/100*	1 839 033
G	**Vaccines buffer stock**	*F x 0.25*	0
H	**Anticipated vaccines in stock at start of year ….**		519 500
I	**Total vaccine doses requested**	*F + G - H*	1 319 533
J	**Number of doses per vial**		10
K	**Number of AD syringes (+ 10% wastage)**	*(D + G – H) x 1.11*	1 229 839
L	**Reconstitution syringes (+ 10% wastage)**	*I / J x 1.11*	NA
M	**Total of safety boxes (+ 10% of extra need)**	*(K + L) / 100 x 1.11*	13 651

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year… ….:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 5 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

**Please report the same figure as in table 3.*

3.3 Confirmed/revised request for injection safety support for the year …… *(indicate forthcoming year)*

Table 6: Estimated supplies for safety of vaccination for the next two years with …… *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

No… 4: BCG

		Formula	For year 2005……	For year 2006……
A	**Target of children for BCG vaccination [1]**	#	540 757	583 693
B	**Number of doses per child (for TT woman)**	#	1	1
C	**Number of …… doses**	A x B	540 757	583 693
D	**AD syringes (+10% wastage)**	C x 1.11	600 240	647 900
E	**AD syringes buffer stock [2]**	D x 0.25	150 060	161 975
F	**Total AD syringes**	D + E	750 300	809 875
G	**Number of doses per vial**	#	20	20
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	2	2
I	**Number of reconstitution [3] syringes (+10% wastage)**	*C x H x 1.11 / G*	60 024	64 790
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	8 995	9 709

[1] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[2] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[3] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

No… 5: MEASLES

		Formula	For year 2005…	For year 2006…
A	**Target of children for …… vaccination (for TT : target of pregnant women)[4]**	#	493 171	532 328
B	**Number of doses per child (for TT woman)**	#	1	1
C	**Number of …… doses**	A x B	493 171	532 328
D	**AD syringes (+10% wastage)**	C x 1.11	547 420	590 884
E	**AD syringes buffer stock [5]**	D x 0.25	136 855	147 721
F	**Total AD syringes**	D + E	684 275	738 606
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.18	1.18
I	**Number of reconstitution [6] syringes (+10% wastage)**	*C x H x 1.11 / G*	64 596	69 724
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	8 312	8 971

No… 6: TT

		Formula	For year 2005…	For year 2006…
A	**Target of children for …… vaccination (for TT : target of pregnant women)[7]**	#	653 978	703 559
B	**Number of doses per child (for TT woman)**	#	2	2
C	**Number of …… doses**	A x B	1 307 956	1 407 118
D	**AD syringes (+10% wastage)**	C x 1.11	1 451 831	1 561 901

[4] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[5] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[6] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

[7] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

E	**AD syringes buffer stock** [8]	D x 0.25	362 958	390 475
F	**Total AD syringes**	D + E	1 814 790	1 952 376
G	**Number of doses per vial**	#	20	20
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.18	1.18
I	**Number of reconstitution** [9] **syringes (+10% wastage)**	*C x H x 1.11 / G*	85 658	92 152
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	21 095	22 694

→ *Please provide justification if the figure given here differs from the one specified in the GAVI letter of approval.*

There have been changes to baseline and targets since 2003: we have taken the denominators from the Service of Health Statistics of the Ministry of Health for live births, in accordance with the consensus reached with this service that is responsible for health statistics at the Ministry of Health.
1. Rate of increase: 2.8%
2. Infant mortality rate: 88 per 1,000
3. Vaccine coverage goal: 80% (readjusted in relation to the FSP because the rate obtained in 2003 was already 89% /JFR of 24/05/2004)
4. Wastage rate: 12% already obtained in 2003

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
Coverage rate for DTP3HepB	2003: VCR DTP3 = 75%	VCR DTP3: 89%: data for Jan-Dec 2003; reporting rate: 93.5%	Problem with reporting promptness	Rate for 2004: DTP3 = 80%

[8] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.
[9] Only for lyophilized vaccines. Write zero for other vaccines
4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	27/05/04	
Reporting Period (consistent with previous calendar year)	2003	
Table 1 filled-in	Yes	
DQA reported on	Yes	
Reported on use of 100,000 US$	Yes	
Injection Safety Reported on	No	Awaiting the injection safety plan after the evaluation scheduled for 2004
FSP Reported on (progress against country FSP indicators)	Yes	(FSP submitted in November 2003) Internal revision of the FSP relating to the methodologies used for data collection; choice of three indicators for FSP follow-up, correction of figures in tables in relation to figures in texts
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	NA	Request to be made in October 2004
ICC minutes attached to the report	Yes	
Government signatures	Yes	
ICC endorsed	Yes	Members' signatures

6. Comments

ICC comments:

7. Signatures

For the Government of MADAGASCAR……..……

Signature: Prof. A. RASAVINDRAKOTROKA……...……...

Title: Minister of Health…….…….

Date: 18 May 2004…….…….

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
JICA	ResRep	24/05/04					
World Health Organization							
UNICEF	Bashige B. BASHIZI Program Coordinator						
USAID	Wendy Benazerga Director, Bureau of Health, Population and Nutrition	25/05/04					

~ End ~