June 2003

Progress Report

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

COUNTRY: ALBANIA

Date of submission: …20 October 2003……

Reporting period: 1/January – 31/December/2002
year)

(Tick only one) :

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

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.

On 2001 Albania was awarded from VF with 100,000 USD aiming at strengthening the immunisation services. During the year 2002 the grant became available and in the meeting of Inter-Agency Coordinating Committee of April 11, 2002 it was discussed on the activities to be supported. By the end of 2002 the requirements were prepare to start with the implementation of the activities (financial plan and narrative plan that are attached as Annex 1 and Annex 2, see1). An agreement amongst UNICEF and Ministry of Health was signed defining that the Institute of Public Health (IPH) would be responsible for the implementation of these activities and UNICEF would monitor them. Some of these activities started during 2003 and are actually being implemented, namely:

1 Hepatitis Case Based Surveillance in Tirana and Durres districts (in process)
2 Lab equipment for all surveys
3 Automatic power supply for national cold store (including the maintenance) - Completed
4 Pilot activities on strengthening vaccine preventable services in areas lacking health care workers (in process).
5 Introducing surveillance of Congenital Rubella Syndrome (CRS) in Tirana district (the training phase completed)
6 Survey of vaccination coverage in Tirana and Durres districts (Lot Quality Survey) – (completed)

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 _0_____

Remaining funds (carry over) from the previous year ___93,000 USD_____

Table 1 : Use of funds during reported calendar year 2002

All activities planned to strengthen the immunization activities and supported from GAVI/VF funds didn't start within the 2002 because of the incompleteness of all documentations required in advance such as a detailed financial plan for all activities (see Annex 1) and narrative report that should describe for each activity the why it is important to be developed, time frame that will require the fully implementation, institutions that should collaborate during the implementation process (see Annex 2) etc. As soon as this documentation was prepared, discussed with UNICEF and the agreement signed by both parties, the planned activities started (but this happened during 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					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ……. *(the whole grant has not been blocked)*	100,000				
Total:					
Remaining funds for next year:	93,000				

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

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.
The attachment concerning the minutes of ICC where the activities aiming at strengthening the immunization activities were discussed, is summarised in the following text box)
Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

The ICC meeting was held on April 11th 2002. Representatives from Ministry of Health, Institute of Public Health (IPH), UNICEF, WHO, USAID, Albanian Red Cross, and American Red Cross discussed about the activities to be supported with these funds. All the participants agreed that after high vaccination coverage rates, cold chain equipments and trainings performed in all levels, there was clear the need to qualitatively improve the immunization program.
Director of IPH (Silva Bino) presented to the participants the priorities for the strengthening of immunization services at central (national) and local (district) level, namely:
*1. Establishing the surveillance for **Hib** including meningitis, sepsis and severe pneumonia. Such a surveillance is considered a very critical step that should anticipate the introduction of Hib vaccine, planned for the year 2004.*
2. Assessing the burden of Viral Hepatitis in Albania. Such an assessment will be done through three minor activities: hepatitis surveillance, monitoring of vaccine coverage, and cross sectional survey for viral hepatitis occurrence in the pregnant women. Each activity will be implemented in various districts.
3. Strengthening Injection Safety, Cold Chain and Vaccination Coverage through the following activities: Introducing new reporting forms for vaccination coverage (pilot in few districts as first step); Maintenance of Cold Chain System (Automatic power supply for national cols store); Communication (TV spots, TV programs and posters).
4. Health promotion and education on vaccine preventable diseases through the following activities: Pilot activity on strengthening vaccine preventable services in areas lacking health care workers; Vaccination in practice (adaptation, translation, preparation and publication of a manual for vaccination program staff).
5. Introducing surveillance of Congenital Rubella Syndrome (CRS) in Tirana. This is to monitor such a syndrome after the national vaccination campaign for all country women of childbearing age, that took place in Albania during the 15-months period from October 2001 till December 2002 and resulted with a very high vaccination rate (96%).
6. Survey of vaccination coverage in Tirana and Durres districts (Lot Quality Survey - LQA). Such a survey, being selected due to its features as enough accurate and not very expensive, would help to get more reliable data concerning the vaccination coverage

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 ☐ NO ☒ X

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

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).

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

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

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

The HBV vaccine is being provided by GAVI for the Expanded Program on Immunization since 2001. Based on our national immunization schedule HBV vaccine is going to be implemented for all children born in Albania with three shots: immediately after birth, at 2 months of age and at 6 months of age respectively. In order to avoid any interruption of this schedule, because of any eventual cold chain failure in central level, the shipments for HBV, as for all other antigens, have been scheduled twice per year. The shipment dates and quantities arrived have been correct based on the documentation approved in advance.
Our comments concerning such a issue are as follows:
1 For safety reasons, we would prefer to have some reliable Freeze-Watches accompanying the HBV shipping boxes in order to better monitor any harmful exposition of the vaccine towards freezer temperatures.
2 For the same safety reasons, we would prefer to have HBV vaccine with VVM label attached in the vials. This will help the health staff at local level to manage the vials even out the cold chain, especially during outreach activities.

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.

Activities based on GAVI/VF new and under used vaccine support have been planned for the next year (2003).

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.

During the year 2002 there was only one activity taking place, namely Lot Quality Survey in suburban areas of Tirana ad Durres districts (two biggest districts in Albania). This activity, aiming at providing more accurate data of vaccination coverage in suburban area of these two districts, was considered very important because of the very high rate of internal migration of population mainly from the Northern and North-Eastern parts of Albania towards Tirana and Durres. There were two antigens to be used to estimate the real vaccination coverage in the target population of children 0-2 years old: OPV (because poliomyelitis is already eliminated in Albania as indigenous infection) and Measles and Rubella (because of the regional target concerning the elimination of Measles by the year 2010 and elimination of Rubella after 2010).
The results of LQA survey have been used from the local health authorities in order to improve the quality of the immunization activities in these high risk areas (see Annex 3).

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

Albanian government application for Injection Safety was conditional from the Independent Review Committee during the round of May 2002.As part of the official response received from this Committee, the National Policy for Injection Safety and guidelines to regulate the activities to be nation-wide implemented for ensuring the injection safety among vaccination targets (children or whoever), vaccine providers (health staff) and the community, were missing in our application. In order to meet the recommended requirements we skipped the November round for Injection Safety application, with the aim to develop in meantime the national policy and prepare and distribute official guidelines, in order to apply in the round of May 2003.

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

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

The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

As explained in the text box of paragraph 1.3.1., the Albanian government application for injection safety specifies that the needs of Expanded Program on Immunization imply AD syringes for BCG vaccine (0.05 cc), AD syringes for all injectable antigens (0.5 cc), diluting syringes (plastic single use) for freeze dried vaccine (as 2 cc for BCG vaccine and 5 cc for Measles-Rubella vaccine), safety boxes (cartoon puncture proof).

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.
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.
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

Financial Sustainable Plan should be prepared and submit to GAVI secretariat within November 30, 2003

3. Request for new and under-used vaccines for year 2003.. *(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. Up-dated 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 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births		44,896	42,216	48,000	48,000	48,000	48,000	48,000
Infants' deaths		673	633	620	600	576	552	528
Surviving infants		44,223	41,583	47,376	47,400	47,424	47,448	47,472
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form		49,918	53,026	45,600	45,600	45,600	45,600	45,600
NEW VACCINES								
Infants vaccinated with **HBV 3** * (use one row per new vaccine)		48,628	52,128	45,600	45,600	45,600	45,600	45,600
Wastage rate of ** HBV3….. *(new vaccine)*		15%	15%	20%	20%	20%	20%	20%
INJECTION SAFETY								
Pregnant women vaccinated with TT		37,680	26,453	36,000	36,000	36,000	36,000	36,000
Infants vaccinated with BCG		37,668	39,683	45,600	45,600	45,600	45,600	45,600
Infants vaccinated with Measles		30,063	50,704	45,007	45,030	45,053	45,076	45,098

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

→ *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.*

The vaccine presentation has not changed comparing the previous reported years. Concerning the other data like the population target and wastage rate for different antigens there are the necessary justification.

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for the year** ***2003*** *(indicate forthcoming year)*

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

The different quantities for each antigen and injection supply equipment based on the updated data concerning the population target and wastage rate, have been discussed within the EPI office (in Institute of Public Health) and then with UNICEF Tirana Office.
After such a plan has been discussed within the EPI office and then with UNICEF people, there has been not any problem concerning the implementation of those quantities on the dates and quantities agreed previously with them.
During the year 2002 there have been two shipments per year for each antigen and one shipment per year for injection supplies. The only problem has been encountered with the shipping documents that accompany the vaccine shipments. These docs should normally arrive at least 5 working days before the vaccine arrival. Mostly part of time, during 200, such a requirement has not been met. But anyway, the vaccine arrived in the airport was never obliged to stay over night over there though the shipping documents incompleteness.

Table 3: Estimated number of doses of *HBV* vaccine *(specify for one presentation only)* : *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For year ……
A	**Number of children to receive new vaccine**		48,000*
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*	144,000
E	**Estimated wastage factor**	*(see list in table 3)*	1.25
F	**Number of doses (incl. wastage)**	*A x C x E x B/100*	180,000
G	**Vaccines buffer stock**	*F x 0.25*	45,000
H	**Anticipated vaccines in stock at start of year 2002**		40,000
I	**Total vaccine doses requested**	*F + G - H*	185,000
J	**Number of doses per vial**		10
K	**Number of AD syringes (+ 10% wastage)**	*(D + G – H) x 1.11*	165,390
L	**Reconstitution syringes (+ 10% wastage)**	*I / J x 1.11*	0
M	**Total of safety boxes (+ 10% of extra need)**	*(K + L) / 100 x 1.11*	2,100

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 3 : 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 1.*

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

Table 4.1: Estimated supplies for safety of vaccination for the next two years with BCG

		Formula	For year 2003	For year 2004
A	**Target of children for BCG vaccination**	#	48,000	48,000
B	**Number of doses per child**	#	1	1
C	**Number of BCG doses**	A x B	48,000	48,000
D	**AD syringes (+10% wastage)**	C x 1.11	53,280	53,280
E	**AD syringes buffer stock** [1]	D x 0.25	13,320	13,320
F	**Total AD syringes**	D + E	66,600	66,600
G	**Number of doses per vial**	#	20	20
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	3.0	3.0
I	**Number of reconstitution** [2] **syringes (+10% wastage)**	*C x H x 1.11 / G*	7,992	7,992
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	828	828

[1] 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.
[2] 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.

Table 4.2: Estimated supplies for safety of vaccination for the next two years with DTP

		Formula	For year 2003	For year 2004
A	**Target of children for DTP vaccination**	#	48,000	48,000
B	**Number of doses per child**	#	4	4
C	**Number of DTP doses**	A x B	192,000	192,000
D	**AD syringes (+10% wastage)**	C x 1.11	213,120	213,120
E	**AD syringes buffer stock** [3]	D x 0.25	53,280	53,280
F	**Total AD syringes**	D + E	266,400	266,400
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.33	1.33
I	**Number of reconstitution** [4] **syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	2,957	2,957

[3] 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.

[4] 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.

Table 4.3: Estimated supplies for safety of vaccination for the next two years with MR

		Formula	For year 2003	For year 2004
A	**Target of children for MR vaccination**	#	48,000	48,000
B	**Number of doses per child**	#	2	2
C	**Number of MR doses**	A x B	96,000	96,000
D	**AD syringes (+10% wastage)**	C x 1.11	106,560	106,560
E	**AD syringes buffer stock** [5]	D x 0.25	26,640	26,640
F	**Total AD syringes**	D + E	133,200	133,200
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1,54	1,54
I	**Number of reconstitution** [6] **syringes (+10% wastage)**	*C x H x 1.11 / G*	16,410	16,410
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	1,661	1,661

[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.

Table 4.4: Estimated supplies for safety of vaccination for the next two years with TT

		Formula	For year 2003	For year 2004
A	Target of children for TT vaccination (for TT : target of pregnant women)[7]	#	48,000	48,000
B	Number of doses per child (for TT woman)	#	2	2
C	Number of TT doses	A x B	96,000	96,000
D	AD syringes (+10% wastage)	C x 1.11	106,560	106,560
E	AD syringes buffer stock [8]	D x 0.25	26,640	26,640
F	Total AD syringes	D + E	133,200	133,200
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor [4]	*Either 2 or 1.6*	1.33	1.33
I	Number of reconstitution [9] syringes (+10% wastage)	*C x H x 1.11 / G*	0	0
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	1,479	1,479

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year 2003	For the year 2004	Justification of changes from originally approved supply:
Total AD syringes	for BCG	66,600	66,600	
	for other vaccines	532,800	532,800	
Total of reconstitution syringes		24,502	24,502	
Total of safety boxes		6,925	6,925	

→ *If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.*

[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).

[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.

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

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	YES	
Reporting Period (consistent with previous calendar year)	YES	
Table 1 filled-in	YES	
DQA reported on	NO	
Reported on use of 100,000 US$	YES	Only 7,000 US$ (for LQA implementation)
Injection Safety Reported on	YES	
FSP Reported on (progress against country FSP indicators)	NO	
Table 2 filled-in	YES	
New Vaccine Request completed	YES	
Revised request for injection safety completed (where applicable)	YES	
ICC minutes attached to the report	YES	
Government signatures	NO	
ICC endorsed	NO	

6. Comments

ICC comments:

7. Signatures

For the Government of ……..……

Signature: ……...……...

Title: ……..…….

Date: ……..…….

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

~ End ~