



Partnering with The Vaccine Fund

Updated February 2004

Progress Report

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

by the Government of

COUNTRY: ALBANIA

Date of submission: May 14, 2004.....

Reporting period: January 1 – December 31, 2003

(Information provided in this report **MUST** refer to the previous calendar year)

(Tick only one) :

- Inception report
- First annual progress report
- Second annual progress report
- 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***

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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.*

No immunization services support was provided to Albania.

On 2001 Albania received only 100,000 USD from GAVI to strengthen the immunisation services for introduction of new vaccines.

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 _____

Remaining funds (carry over) from the previous year _____

Table 1 : Use of funds during reported calendar year _

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 (specify)					
Total:					
Remaining funds for next year:					

**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.

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

Four meetings were performed during the year 2003 by the ICC chaired by Deputy Minister of Health and secretary – the Director of Institute of Public Health, members – the representatives from Ministry of Health, Institute of Public Health, Tirana University Hospital Centre, UNICEF, WHO, USAID, World Bank, Albanian Red Cross,, American Red Cross, Greek Embassy, Italian Cooperation Fund and Swiss Cooperation),

January 27, 2003 – 1st ICC meeting minutes):
A detailed plan of the following activities was discussed and approved

1. Assessing the burden of Viral Hepatitis in Albania through the hepatitis case-based surveillance implementation in Tirana and Durrës districts (45% of

country population), enhancing the monitoring of vaccine coverage rates, and cross sectional surveys for viral hepatitis occurrence in pregnant women (Tirana, Durres, Shkodra and Vlora districts), health care worker and military recruits.

2. Assessing the burden of invasive Hib infections/diseases (meningitis, severe pneumonia, sepsis) in Albania through the Hib case-based surveillance implementation in Tirana and Durres districts; (such an assessment being considered as a very critical step towards the introduction (from the year 2005) of Hib vaccine in the national vaccination calendar).
3. Strengthening injection safety, cold chain and vaccination coverage through enhancing the monitoring of vaccination coverage throughout the country, enhancing the cold chain system maintenance both at national (automatic power supply) and district levels, enhancing the communication policy (TV spots, TV programs, posters).
4. Enhancing health promotion and education on vaccine-preventable diseases through activities aiming at strengthening vaccine-preventable services in areas lacking health care workers, updating the existing technical manual for medical vaccination staff.
5. Assessing the burden of Congenital Rubella Syndrome (CRS) in Albania through the CRS case-based surveillance implementation in Tirana district, in order to monitor such a syndrome after the national specific vaccination programme (October 2001-December 2002) for all country women of childbearing age (resulted with a very high vaccination rate (96%).

June 2003 – 2nd ICC meeting minutes:

1. Preparing the detailed annual Financial Sustainability Plan (FSP) for the period 2004-2013 according to GAVI requirements

A working group was established and approved as well the calendar of the activities.

2. Results of vaccination coverage of a subNID (mopping-up) for all National EPI antigens, namely OPV (3 doses), DTP/DT/Td (3 doses), HBV (3 doses) and MR (2 doses), carried out during the period January-July 2003 in

- all paediatric population (subjects aged less than 15 years old) of Mirdita district,

- and country Roma population (subjects of the same age group),

on the basis of the obtained findings of the active surveillance/monitoring of vaccination coverage at identifying the existing eventual risk groups on the matter.

The obtained results were discussed with different partners and a working plan on evaluating mountainous rural areas was decided to be prepared.

September 2003 – 3d ICC meeting minutes:

1. Results and conclusions of the survey on cold chain system throughout the country (carried out over the period February-August 2003). It was decided to review them and adapt and make the final editing.

2. Report on the cost-effectiveness of Hib vaccination programme. The draft report provided by WHO consultant Gary Gingsberg was discussed and the introduction of Hib vaccine was considered as cost-effective

December 2004 – 4th ICC meeting minutes:

1. Analysis and discussion of FSP 2004-2013. The data and the excel sheets of FSP were discussed. Questions were raised about the calculation of salaries. Representatives of the MoF were present.

2. *An inventory of cold chain was presented and different scenarios how to improve cold chain capacities in different areas were presented and discussed.*

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

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 report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

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 vaccinations with the new and under-used vaccine: MONTH YEAR 2001 (by GAVI)

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

The HBV vaccine is provided by GAVI for the Expanded Programme on Immunization since 2001. Based on our national immunization schedule HBV vaccine is 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 were based on the documentation approved in advance.

We have some concerns which are linked with the recent results of cold chain survey as follows:

- 1 For safety reasons, we would prefer to have some reliable Freeze-Watches accompanying the HBV shipping boxes in order to improve monitoring of any harmful exposition of the vaccine towards freezing 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 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.

- 1. Introduction of case based surveillance for Viral Hepatitis, cross sectional surveys for VH in pregnant women, health care workers, military recruits, and children 0-5 yo.*
- 2. Introduction of Hib case based surveillance in the framework of establishing surveillance for severe paediatric diseases (meningitis, sepsis and*

severe pneumonia

3. *Cost effectiveness of Hib vaccine introduction*
4. *Strengthening cold chain and injection safety*
5. *Health promotion and education on vaccine preventable diseases*
6. *Improving monitoring of vaccination coverage*
7. *A LQA survey for monitoring vaccination coverage in areas experiencing high internal migration such as Tirana and Durres*
6. *Evaluation of burden of disease for mumps and establishing CRS surveillance*

The activities were carried out as they were foreseen and all difficulties from late disbursement of funds were overcome.

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.

The activities undertaken during the year 2003 under GAVI/VF support are:

- 1 Analysis and conclusions of Lot Quality Assessment Survey on vaccination coverage in Tirana and Durres districts (carried out by the end of 2002) - 6,424USD
2. Automatic power supply for EPI national cold store (including the maintenance) inventory and maintenance of cold chain - 10,000USD
3. Establishing Congenital Rubella Syndrome (CRS) Surveillance in Tirana district - 7443USD
4. Establishing Hepatitis Case-Based Surveillance in Tirana and Durres districts and Cross-sectional sero-survey on Viral Hepatitis in pregnant women in Tirana, Durres, Vlore and Shkoder districts, health care workers etc. - 13,000USD
6. Establishing *Haemophilus influenzae b* Case-Based Surveillance (hospitalised infants with meningitis/severe pneumonia/sepsis) in Tirana and Durres districts - 10,562USD
7. Lab equipment (lab diagnosis component) for CRS case-based surveillance, Viral Hepatitis case-based surveillance and Viral Hepatitis sero-survey, and Hib case-based surveillance - 22,100USD
8. Health promotion and education on vaccine preventable diseases including new vaccines - 11,716USD
9. Preparation of the detailed annual Financial Sustainability Plan (FSP) for the period 2004-2013 according to GAVI requirements.
10. Mopping-up/SNID activities for all National EPI antigens, namely OPV (3 doses), DTP/DT/Td (3 doses), HBV (3 doses) and MR (2 doses) in all paediatric population (subjects aged less than 15 years old) of Mirdita district, and country Roma population (subjects of the same age group)

Funds were available for program use during 2003. A delay was seen during the procurement of lab equipment but it was overcome due to the assistance of MoH.

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 approved on May 2003.

The National Plan for Injection Safety (May 2003) contains the detailed plan of action, namely the activities to be undertaken, the respective time frame and expected results.

No problems were encountered with the arrival, distribution or quality of AD syringe and safety boxes

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. <i>Proportion of health facilities provided with Ads.</i>	100%	100%	-	
2. <i>Proportion of health</i>	100%	100%	-	

<i>facilities provided with reconstitution disposable syringes</i>				
3. <i>Proportion of health facilities with one month stock of ADs</i>	100%	100%	-	
4. <i>Proportion of health facilities with adequate quality and sterility of injection equipment</i>	100%	100%	-	
5. <i>Proportion of health facilities provided with adequate quantity of safety boxes</i>	100%	100%	-	
6. <i>Availability of an incinerator or non incineration of safe facility</i>	100%	80%	<i>Lack of funding at central and district level</i>	90% in 2004
7. <i>Proportion of health facilities with presence of used syringes and needles in garbage, dumping area or close to the health facility</i>	0%	20%	<i>Lack of incinerators or non incinerators due to lack of funding</i>	10% in 2005
8. <i>Number of abscesses following injection reported</i>	0%	0%	-	
9. <i>Proportion of immunization injections observed</i>	95%	95%	-	

<i>with following of aseptic injection techniques (supervision reports, SIP assessment)</i>				

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:

Some of funds for introduction of new vaccines have been used for strengthening injection safety.

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 Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

The FSP (Financial Sustainability Plan) for the period 2004-2013 was prepared by Albanian specialists (Institute of Public Health, Ministry of Health), was analysed and discussed in ICC meeting of December 2003. The ICC meeting decided that FSP has to be reviewed by a WHO and World Bank consultant before submission to GAVI Secretariat. Following the approval of such a decision, the prepared 2004-2013 FSP was reviewed by WHO and World Bank consultants (May 2004) and will be submitted by June 15, 2004 (See attachment 1)

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Table 2 : Sources (planned) of financing of new vaccine ...VHB (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Proportion funded by GAVI/VF (%)	100	70	0	0	0	0	0	0	0	0
Proportion funded by the Government and other sources (%)	0	30	100	100	100	100	100	100	100	100
Total funding for VHB (new vaccine) *	100	100	100	100	100	100	100	100	100	100

* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.

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.gavittf.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 ...2005... (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 approved with country application: 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 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births	57,948	44,896	42,216	44,042	48,000	48,000	48,000	48,000	48,000
Infants' deaths	708	673	633	669	660	600	576	552	528
Surviving infants	57,240	44,223	41,583	43,373	47,340	47,400	47,424	47,448	47,472
Infants vaccinated / to be vaccinated with 1 st dose of DTP (DTP1)*	52,345	48,874	47,044	42,902	48,000	48,000	48,000	48,000	48,000
Infants vaccinated / to be vaccinated with 3 rd dose of DTP (DTP3)*	55,890	49,918	53,026	39,870	47,340	47,400	47,424	47,448	47,472
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1 st dose of HBV * (new vaccine)	55,678	44,400	41,793	43,322	48,000	48,000	48,000	48,000	48,000
Infants vaccinated / to be vaccinated with 3 rd dose of** HBV3..... (new vaccine)	56,673	48,628	52,128	39,188	47,340	47,400	47,424	47,448	47,472
Wastage rate of *** ** HBV3..... (new vaccine)	10%	15%	15%	20%	10%	10%	10%	10%	10%
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	47,234	37,680	26,453	33,301	49,000	49,000	49,000	49,000	49,000
Infants vaccinated / to be vaccinated with BCG	45,678	37,668	39,683	41,883	48,000	48,000	48,000	48,000	48,000
Infants vaccinated / to be vaccinated with Measles	49,456	30,063	50,704	41,020	47,340	47,000	47,424	47,448	47,472

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

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.

Albania has been trying to reach high coverage rates based on an open vial policy in a country where high internal migration has left scarce population in rural areas.

At the same time the reliability of denominator figures in vaccine coverage estimates has been and continues to be a big challenge in Albania due to the ongoing very high and even unpredictable rates of population mobility (both internal migration and immigration)

UNDP annual projection (1996-2006 decade) of Albania population resulted to be not adequate.

During the last (year 2002) population census (Institute of Statistics) gave a figure of 3,067,416 about population of Albania (emigrants being excluded), that is, lower compared to the 1989's population figure (3,187,985 population).

The district local offices continue to be unable of giving the real annual estimates of the respective existing inhabitants in general and the paediatric age groups (population aged less than 15 years) in particular.

The figures provided by Ministry of Health and EPI programme are very different compared with INSTAT ones.

Very often UNICEF and other international organisations base their calculation on MoH figures as they are more reliable and especially EPI ones due to door to door calculations.

At the same time there is a high migration recently of fertile ages, decrease of number of births and increase use of family planning methods. This is the reason why the population numbers are changing very quickly

The figures provided for GAVI in 2001 were from INSTAT.

As a consequence of such matters of fact, the inconsistency of data on denominator figures (births, population

according to age-structure, etc) is derived, thus explaining for instance the small difference between the expected figure of births in 2003 (GAVI Progress Report for the year 2002) and the observed one in 2003 (GAVI Progress Report for the year 2003).

Also in the first two reports vaccination linked with previous year was reported during the current reporting year. The current reporting has included only children till 1year old.

Meanwhile a process of new vaccination coverage reporting forms is in the process of distribution all over the country.

A training about new reporting forms took place very recently in terms to improve the vaccination coverage reporting by districts.

A new policy of single and multiple vial distribution of vaccines was taken into consideration to improve wastage rate and it was decided to have half of vaccines (mainly for rural areas) as single vials and for urban areas as multiple vials.

The figures used in this reported are provided by MoH and are considered as the most accurate. Also the number of births for next years includes immigrants to neighbouring countries. As many of them are illegal ones and due to different immigration policies of such countries we have taken them into consideration to prevent lack of their vaccination.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for the year 2004** (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 (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 2003 there have been two shipments per year for each antigen and one shipment per year for injection supplies.*

Table 4: 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 2005
A	Infants vaccinated / to be vaccinated with 1 st dose of (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	$A \times B/100 \times C$	144,000
E	Estimated wastage factor	(see list in table 3)	1.11
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	159,840
G	Vaccines buffer stock	$F \times 0.25$	45,000
H	Anticipated vaccines in stock at start of year 2003		39,960
I	Total vaccine doses requested	$F + G - H$	159,800
J	Number of doses per vial		50% 10/ 50% 1
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	159,796
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	0

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:** Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **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.

M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	1,780
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▪ **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 **2005** (indicate forthcoming year)

Table 6.1.: Estimated supplies for safety of vaccination for the next two years with **BCG** (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 6.1 to 6.4)

		Formula	For year ...2004...	For year ...2005...
A	Target of children for BCG vaccination (for TT : target of pregnant women) ¹	#	48,000	48,000
B	Number of doses per child (for TT woman)	#	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 ²	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 ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	7,992	7,992
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	828	828

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

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.

Table 6.2: Estimated supplies for safety of vaccination for the next two years with DTP

		Formula	For year 2004	For year 2005
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 ⁴	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	<i>Either 2 or 1.6</i>	1.33	1.33
I	Number of reconstitution ⁵ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	2,957	2,957

⁴ 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.

⁵ 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 6.3: Estimated supplies for safety of vaccination for the next two years with MR

		Formula	For year 2004	For year 2005
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 ⁶	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 ⁷ syringes (+10% wastage)	$C \times H \times 1.11 / G$	16,410	16,410
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1,661	1,661

⁶ 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.

⁷ 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 6.4: Estimated supplies for safety of vaccination for the next two years with TT

		Formula	For year 2004	For year 2005
A	Target of children for TT vaccination (for TT : target of pregnant women) ⁸	#	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 ⁹	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 ¹⁰ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1,479	1,479

⁸ 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).

⁹ 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.

¹⁰ 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.

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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	81,245US\$ already used 2002-2003
Injection Safety Reported on	YES	
FSP Reported on (progress against country FSP indicators)	YES	
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	YES	
ICC endorsed	YES	

6. Comments

→ *ICC/RWG comments:*

7. Signatures

For the Government of Republic of ALBANIA: Mr Eduard HASHORVA

Signature:

Title: Deputy Minister of Health (Ministry of Health – MoH), Head of ICC

Date: 14 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
Ministry of Health (MoH) Tirana, Albania	Mr. Agim SHEHI Director of PHC Directory	14/05/2004		USAID Office, Tirana, Albania	Mrs. Zhaneta SHATRI Health Project Manager	14/05/2004	
Institute of Public Health (IPH), Tirana, Albania	Mrs. Silva BINO Director	14/05/2004		Albanian Red Cross, Tirana, Albania	Mr. Zamir MUÇA Secretary General	14/05/2004	
WHO Emergency Office, Tirana, Albania	Mr. Santino SEVERONI Head	14/05/2004		Albanian Red Cross, Tirana, Albania	Mrs. Arjana DELJANA Responsible for health projects	14/05/2004	
WHO Office, MoH, Tirana, Albania	Mr. Vasil MIHO Liaison Officer	14/05/2004		Ministry of Health (MoH) Tirana, Albania	Mr. Jorgo KOSTA Specialist in PHC Directory	14/05/2004	
UNICEF Office, Tirana, Albania	Mr. Lenin GUZMAN Copordinator	14/05/2004		Institute of Public Health (IPH), Tirana, Albania	Mrs. Ilirjana KADARE Specialist, EPI staff	14/05/2004	
UNICEF Office, Tirana, Albania	Mrs. Marjana BUKLI Health Project Manager	14/05/2004		Institute of Public Health (IPH), Tirana, Albania	Mrs. Nadia FRASHERI Head of National Regulator Authority	14/05/2004	
American Red Cross, Tirana, Albania	Mrs. Ermira BRASHA Coordinator	14/05/2004		World Bank, Tirana, Albania	Mrs. Lorena Kostallari	14/05/2004	
Institute of Public Health (IPH), Tirana, Albania	Mr. Eduard KAKARRIQI EPI National Coordinator	14/05/2004					

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