



Annual Progress Report 2007

Submitted by

The Government of

ALBANIA

Date of submission ____13 May 2008____

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(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to:

GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, raj कुमार@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

This report reports on activities in 2007 and specifies requests for January – December 2009

Signatures Page for ISS, INS and NVS

For the Government of ALBANIA

.....
Ministry of Health: Nard Ndoka

Ministry of Finance:

Title: **Minister of Health**

Title:

Signature:

Signature:

Date:

Date:

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excelsheet. 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 Alliance 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 from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Arben Ivanaj	Ministry of Health Deputy Minister Head of ICC		
Gazmend Bejtja	Ministry of Health		
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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)

Please report on any problems encountered.

HepB mono support from GAVI ended in 2006, therefore no vaccines were received in 2007.

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 for introduction of new vaccines

1. Training of health care workers (doctors, nurses and epidemiologists) about introduction of new vaccine. Four rounds of trainings. The first round of training has occurred in February 2008.
2. Supervision and monitoring of transporting, implementation, administration and maintenance of introduction of new vaccines.
3. Evaluation of vaccination coverage including serosurveillance.
4. A guide for health care workers about introduction of new vaccine(Hib, penta) (already prepared)
5. A guide for parents about introduction of new vaccine (Hib, penta).
6. The preparation and publishing of the updated manual of immunization (The blue manual of immunization).
7. Updated guide for parents about immunization.
8. Other information, education and communication materials such posters, TV spots,etc.
9. Strengthening of cold chain system by procuring thermometers min/max, generators etc. to fill the existing gaps.
10. Cold chain system assessment to identify vaccine freezing during storage and transport.
11. Improve program management and administration by introducing new immunization registries and new vaccination cards.
12. Improve program management and administration by computerizing stock management system and vaccine coverage reporting form through special database.
13. Vaccine store management assessment
14. Strengthening case based surveillance system of bacterial meningitis and other severe childhood diseases (sepsis and pneumonia) through:
 - strengthening capacities of microbiology laboratory by procuring kits, reagents etc needed for diagnosis of Hib,Pneumo and Meningo
 - Training of microbiologists and lab technicians for diagnosis of Hib, Pneumo and Meningo infections
 - Expanding surveillance of bacterial meningitis and other severe childhood diseases (sepsis and pneumonia) in 36 districts.
 - Updated guide of diagnosis of bacterial meningitis (Hib, Pneumo and Meningococcus)

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: __27/08/2007__

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Until now we have not disbursed any amount of funds because the activities reported on under 1.2.2 were performed with Government funding. We have also been informed by the GAVI Secretariat that together with the change in presentation a new lump sum of \$100,000 will be made available. These US\$ 200,000 will be utilized to to perform the activities presented in 1.2.2..

A joint UNICEF-WHO mission early June 2008 will review the current cMYP to include the revised Hib introduction. Some of the abovementioned funds will be allocated to specific activities as per the needs identified.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in __30 April - 04 May 2007__

Please summarize the major recommendations from the EVSM/VMA

1. An emergency plan should be prepared with airport authorities to reduce vaccine damage risk in case of an airport cold store failure.
2. The table type temperature recording format given in the Model Quality Plan should be adopted.
3. Replacement batteries for the TTMs should be provided as soon as possible.
4. Current storage capacity should be preserved with good preventive maintenance provided by competent technicians.
5. Although there are data loggers to collect temperature data, a multi-channel computerized temperature monitoring device is advisable. These devices can process the live data and trigger alarm systems if temperatures breach the allowed limits. Same device, with proper sensors, can be used for tracking the humidity and ambient temperature levels for the dry store.
6. The Excel based stock management tool should be tested for minimum of 6 months. If found useful, the system can be adapted to sub-national stores.
7. A plan for preventive maintenance should be established with the allocation of a specific budget.
8. The preventive maintenance should be provided by qualified technicians.

9. New stock management system should be started at all levels of the system as soon as possible
10. Stock balances at the end of the distribution period should be reported by the districts, and be taken into account when preparing the distribution plans
11. Electronic freeze indicators should be purchased and used during storage and transportation of all freeze sensitive vaccines.

Was an action plan prepared following the EVSM/VMA: **Yes**

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

Yes, we prepared an action plan and till now we have fulfilled or near to fulfilment for 7 from 11 recommendations.

Referring to this action plan we did training for all vaccination staff in which we adopted the temperature recording format and we started the new stock management system. Districts now report on their stock balances and we take them into account before distribution of vaccines for each trimester.

Replacement batteries for Tiny Talk-s and Electronic Freeze indicators are already in place now. The Excel based stock management tool is tested now and we are ready to adapt it to sub-national stores

The next EVSM/VMA* will be conducted in: September 2010

***All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.**

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
<i>Expenditures by Category</i>				
Vaccines	407100	463815	534300	1022820
Injection supplies	31513	35678	41100	59780
Cold Chain equipment	0	0	304400	90000
Operational costs	130 000	139703	143894	148211
Other (Freight insurance + inspection, Handling fee, Buffer)	86322	95141	109600	114400
<i>Financing by Source</i>				
Government (incl. WB loans)	100%	100%		
GAVI Fund	0	0	0	482000
UNICEF and JICA	0	0	217400	0
WHO	0	0	0	0
Other (please specify)				
Total Expenditure	654935			
Total Financing		734337	1133294	1435211
Total Funding Gaps		79402	0	0

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination...

Until now no major gaps were identified. The Government has started supporting cold chain since 2008 and other funds on cold chain were received due to vaccine pandemic preparedness by UNICEF and JICA with technical support of UNICEF and WHO. The current co financing within the price of Hepatitis B about Pentavalent Vaccine (DTP,-HepB-Hib) introduction is already planned under Government funding. The amount of funds saved by Government with the introduction of pentavalent will be used for complementary immunization activities.

Table 2.2: Country Co-Financing (in US\$)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (DTP-HepB-Hib)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government			0	0.20
Other sources (please specify)				
Total Co-Financing (US\$ per dose)			0	0.20

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI awarded vaccine.

As informed by the GAVI Secretariat, with the change from Hib Mono to Pentavalent, Albania will be asked to co-finance the HepB component of the DTP-HepB-Hib 1 dose liquid vaccine. Albania used to get Hep-B mono 10 dose vials and therefore the co-financing amount per dose comes to \$0.20.

For 2 nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 2nd GAVI awarded vaccine.

Table 2.3: Country Co-Financing (in US\$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	√	DTP, HepB, BCG, MMR, DT, Td, OPV	Government
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
1st Awarded Vaccine (specify)	September 2008	
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	Yes, there is a budget line for vaccines
National health sector plan	Albania pays for all non-GAVI vaccines
National health budget	Albania pays for all non-GAVI vaccines
Medium-term expenditure framework	Albania pays for all non-GAVI vaccines
SWAp	
cMYP Cost & Financing Analysis	Will be updated in first week of June 2008
Annual immunization plan	Yes and will be updated in first week of June 2008
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1.
2.
3.
4.
5.

3. Request for new and under-used vaccines for year 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for 2009.

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. Targets for future years **MUST** be provided.*

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.

During 2007 we had an unexpected low number of infant deaths contrary to what was projected. Projections of infant deaths for the coming years are based on previous estimates which will be monitored in the coming years.

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	38,402	35,458	35,350	35,350	35,350	35,350	35,350	35,350	35,350	35,350
Infants' deaths	640	228	350	350	350	350	350	350	350	350
Surviving infants	37,762	35,230	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*	36,078	34,701	34,650	34,650	34,650	34,650	34,650	34,650	34,650	34,650
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*	36,717	34,666	34,650	34,650	34,650	34,650	34,650	34,650	34,650	34,650
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP-HepB-Hib (new vaccine)				34,650	34,650	34,650	34,650	34,650	34,650	34,650
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP-HepB-Hib... (new vaccine)				34,650	34,650	34,650	34,650	34,650	34,650	34,650
Wastage rate till 2007 and plan for 2008 beyond*** (new vaccine)				5%	5%	5%	5%	5%	5%	5%
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	31,918	30, 606	33, 725	33, 725	33, 725	33, 725	33, 725	33, 725	33, 725	33, 725
Infants vaccinated / to be vaccinated with BCG	35,797	34, 750	35, 000	35, 000	35, 000	35, 000	35, 000	35, 000	35, 000	35, 000
Infants vaccinated / to be vaccinated with Measles (1 st dose)	37,202	36, 717	35, 230	35, 230	35, 230	35, 230	35, 230	35, 230	35, 230	35, 230

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

** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

In coordination with UNICEF Supply Division due to unavailability of Hib mono and based on further discussion within the National Advisory Committee and previous plan for Hib introduction and FSP, the ICC decided to change the presentation to Pentavalent vaccine and to be introduced starting January 2009. This will allow Albania to finalize its vaccine procurement for the second half of 2008 and plan for its vaccine procurement for 2009.

Please provide the Excel sheet for calculating vaccine request duly completed

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 a 2-dose vial, 5% for any vaccine in 1 dose vial liquid. ▪ Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ Anticipated vaccines in stock at start of year 2009: It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines. ▪ AD syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> 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 7: 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

3.3 Confirmed/revised request for injection safety support for the year 2009

Table 8: 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 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		Formula	2009	2010
A	Target if children for ... DTP-HepB-Hib.. Vaccination	#		
B	Number of doses per child	#		
C	Number ofdoses	$A \times B \times H$		
D	AD syringes (+10% wastage)	$C \times 1.11$		
E	AD syringes buffer stock (2)	$D \times 0.25$		
F	Total AD syringes	$D + E$		
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	$C \times H \times 1.11/G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11/100$		

- 1 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.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

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

4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: _____

Current Health Systems Support will end in:

Funds received in 2007: Yes/No
If yes, date received: (dd/mm/yyyy)
If Yes, total amount: US\$

Funds disbursed to date: US\$ _____

Balance of installment left:	US\$
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Requested amount to be disbursed for 2009 US\$

*Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No
If not, why not? How will it be ensured that funds will be on-budget? Please provide details.*

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Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 <i>(In case there is a change in the 2009 request, please justify in the narrative above)</i>			
Area for support	2007 (Expenditure)	2007 (Balance)	2009 (Request)
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activities in 2007	
Major Activities	2007
Objective 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Baseline indicators <i>(Add other indicators according to the HSS proposal)</i>						
Indicator	Data Source	Baseline Value¹	Source²	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

¹ If baseline data is not available indicate whether baseline data collection is planned and when

² Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	
Reporting Period (consistent with previous calendar year)	X	
Government signatures	X	
ICC endorsed	X	
ISS reported on		NA
DQA reported on		NA
Reported on use of Vaccine introduction grant	X	
Injection Safety Reported on		NA
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		NA
New Vaccine Request including co-financing completed and Excel sheet attached	X	
Revised request for injection safety completed (where applicable)		NA
HSS reported on		NA
ICC minutes attached to the report	X	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		NA

6. Comments

ICC/HSCC comments:

~ End ~