



Partnering with The Vaccine Fund

June 2003

Progress Report

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

by the Government of

COUNTRY:

ARMENIA

Date of submission: 02.12.03

Reporting period: 2002

(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

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

- 1.1 Immunization Services Support (ISS)
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use if GAVI/The Vaccine Fund financial support (US\$100,000) for introduction of the new vaccine
- 1.3 Injection Safety
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
 - 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

2. Financial Sustainability

3. Request for new and under-used vaccine for year 2004

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year...
- 3.3 Confirmed/revised request for injection safety support for the year...

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

5. Checklist

6. Comments

7. Signatures

1. Report on progress made during the previous calendar year

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.

The total budget allocated by GAVI amounted in 160, 000 USD (60,000 ISS Funds and 100,000 Lump sum). The ICC meeting aimed to discuss the issue of effective and in-time utilization of 115 000 USD took place on March 22, 2002. The issue of utilization for the first 15 000 USD were discussed and budget breakdown was developed in 2001. The meeting resulted in development and approval of the ISS budget breakdown and timetable for its utilization. Approved ISS budget and proposed timetable were submitted to the Ministry of Finance for verification that lasted around three months. Since receiving the verification of the Ministry of Finance and up to date 38 600 USD were spent out of which 4950 USD were spent in 2002 and the remaining 33,350 USD were spent in the year 2003. There are also ISS Funds received in 2003(30,000) the budget breakdown of which and following to it procedures are not accomplished yet.

In compliance with the budget lines and based on the rules and regulations of the Government of Armenia on utilization of extra-budgetary account, the Finance Department of the Ministry of Health submits the application-request for a particular activity to the Ministry of Finance. In accordance with the established regulations of the Republic of Armenia if the amount of the expenditure exceeds 1500 USD, the Procurement Agency, of the Government of Armenia announces a tender for procurement of services or equipment for that budget. The tender procedure lasts for 90 days. Based on the results of the tender, the Procurement Agency submits the list of companies from which the service or equipment must be procured.

After the completion of services or procurement the utilization report is being submitted to the Ministry of Finance and ICC.

Major difficulties encountered

Taking into consideration that the majority of budget lines exceed the 1500 USD, every activity to be undertaken in the framework of the project pasts quite complicated procedure for implementation.

Besides, taking into consideration that the Funds are placed on the extra-budgetary account of the Ministry of Health ,according to established

rules and regulations for every expenditure has to be paid State VAT Taxes, that at the end results in a quite significant amount. The problem would have been solved if the budget of ISS will be placed on one of the UN agencies' bank accounts. The proposal with the ICC decision was sent to GAVI secretariat for consideration.

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 ...30,000.... (USD)

Remaining funds (carry over) from the previous year 120,450 (USD)

Table 1 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Marz	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads (22 Computers and LCD Projector)	24,500	4,500	20,000		
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles	8,100	8,100			
Cold chain equipment					
Other (Safety Injection Survey)	6,000				

Total:	38,600				
Remaining funds for next year:	121,400				

**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.

- *Safety injections survey (MOH, WHO, UNICEF)*
- *Strengthening of AFP surveillance (MOH)*
- *MLM training courses with support of the WHO*
- *Vaccines/supplies and cold chain indicators procurement (UNICEF and GAVI)*
- *HiB infection assessment in the Republic of Armenia (WHO)*
- *Preparation of the FSP (MOH, MOF, UNICEF, WHO internal and external experts)*
- *Preparation and implementation of the measles elimination program (MOH, WHO, UNICEF)*
- *Revision of the vaccine national schedule with introduction of MMR vaccine (MOH, UNICEF)*
- *Training for immunization nurses in three marzes of the country(MOH, UNICEF)*
- *Adaptation of WHO modules for doctors (UNICEF)*
- *Training of trainers on immunization for doctors (with UNICEF support 20 national experts passed the training course)*
- *Training of Paediatricians and Family Doctors on basic principles of Immunization in two marzes of the country(About 160 paediatricians and family attended the courses)(UNICEF)*
- *Production of TV programme series on well child care and immunization that was broadcast by one of the popular Armenia TV channels (UNICEF)*
- *Development and printing of two posters demonstrating the main Injection Safety practices for health care providers practicing at primary health care level.(UNICEF)*

Problems encountered

Delay in endorsement of Measles Elimination Strategy, that resulted in postponing of planned measles elimination activities

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

Immunization Data Quality Audit were not conducted in Armenia.

→ *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 DOA 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).*

Injection Safety Survey conducted in 2003

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.

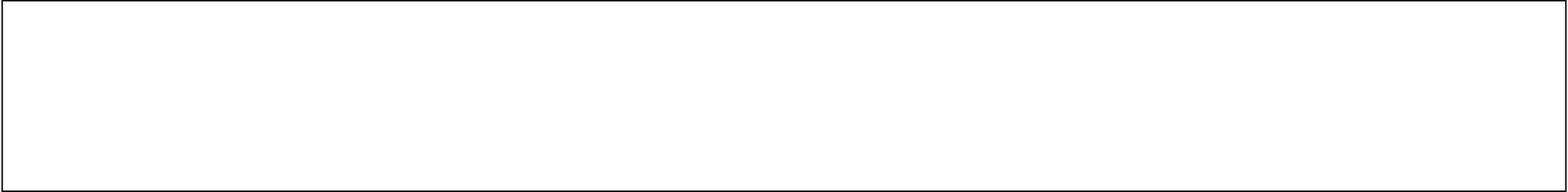
The vaccination with Hepatitis B vaccine has been started in 1999. It is already established and a smooth procedure. Overall the country has well-developed infrastructure and human resources for implementation of national immunization program and during the reporting period there were no major problems documented. In the country is observed increase of the Hep B coverage up to about 91.2 % in 2002 compared to 69.4% in 2001.

In 2002 the country with UNICEF support introduced MMR vaccine into National immunization Schedule, which according to revised schedule is provided in 12 month and 6 year of age.

1.2.2 **Major activities**

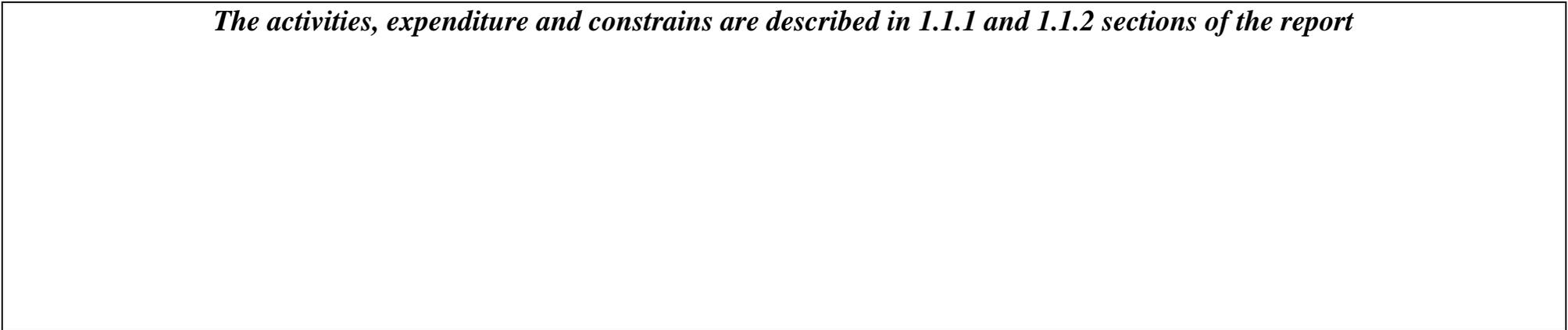
→ Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

- *Social mobilization aimed at increase of parents and caregivers awareness on immunization issues*
- *Inclusion of the separate topic related to new vaccines into the training syllabus for nurses and doctors*



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, expenditure and constrains are described in 1.1.1 and 1.1.2 sections of the report

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

Year 2002

- *0,5 ml AD syringes received for immunization activities – 1,852(box of 100)*
- *2,0 ml syringes – 50 (box of 100)*
- *5,0 ml syringes – 100 (box of 1000)*
- *safety boxes – 109 (box of 250)*
- *BCG syringes – 502(box of 100)*

Year 2003

- *0,5 ml AD syringes received for immunization activities – 1,504(box of 100)*
- *2,0 ml syringes – 51 (box of 100)*
- *5,0 ml syringes – 75 (box of 100)*
- *safety boxes – 90 (box of 25)*
- *BCG syringes – 405 (box of 100)*

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. % of health facilities which use only AD syringes and safety boxes 2. % of health facilities which are fully provided with cold chain equipment 3. The percentage/proportion of trained health care providers on “Safety injection and waste disposal”. 4. Number of abscesses following vaccination. 5. Number of incinerators (to be considered after 2003)	<i>All health care facilities of the country</i> <i>All health care facilities</i> <i>All health care providers administering immunization</i> <i>0 abscesses</i>	<i>1.100 % achieved</i> <i>2.100 % of HCFs administering immunization are provided with vaccine carriers and about 50% are equipped with refrigerators</i> <i>3.The topics on safety injections and waste management are included in the syllabus of EPI training sessions conducted with UNICEF support for nurses and paediatricians</i> <i>4. No abscesses were reported</i> <i>5. N/A</i>	<i>Lack of resources</i> <i>Special trainings on Injection Safety and waste management are planned to be conducted with revised WHO modules</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:

N/A

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 used for the development of the FSP (latest versions available on <http://www.gaviftf.org> and annexes).
and
and tools
<http://www.gaviftf.org> under FSP guidelines
Highlight assistance needed from partners at local, regional and/or global level

The Financial Sustainability Plan is developed and its Russian version is sent to GAVI Board , its English version with signatures of the Ministers of Finance and Health will be submitted within a month period

3. Request for new and under-used vaccines for year ...2004

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	33,593	34,277	32,380	34,000	34,200	34,500	35,000	35,300
Infants' deaths	540	500	450	500	500	500	500	500
Surviving infants	33,053	33,777	31,946	33,500	33,700	34,000	34,500	34,800
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	30,740	31,650	30,024	31,100	31,300	31,650	32,700	33,000

NEW VACCINES								
Infants vaccinated with __Hep B__	18,416	23,441	29,151	31,200	31,500	32,000	32,500	32,800
Wastage rate of ** Hep B	7 %	7 %	6 %	5%	5%	5%	5%	5%
INJECTION SAFETY								
Pregnant women vaccinated with TT	N/A							
Infants vaccinated with BCG	32,502	33,283	31,403	32,300	32,500	32,700	33,250	33,500
Infants vaccinated with Measles	36,176	33,312	20,194	31,100	31,300	31,650	32,700	33,000

* 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 changes of the target population and deriving from it changes of the data on required vaccine and supplies are related with the decrease of the number of births.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2004

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

The forecast for vaccines and supplies for 2004 and forthcoming years developed based on the target population and funds availability is sent to UNICEF Supply Division.

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

		Formula	For year 2004
A	Number of children to receive new vaccine		34,000*
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	$A \times B/100 \times C$	102,000
E	Estimated wastage factor	(see list in table 3)	1.05
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	107,100
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		5,000
I	Total vaccine doses requested	$F + G - H$	102,000
J	Number of doses per vial		1
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	107,670
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	113,220
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2,452

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 2004

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

		Formula	For year 2004	For year 2005
A	Target of children for BCG vaccination	#	34,200	34,500
B	Number of doses per child	#	1	1
C	Number of BCG doses	A x B	34,200	34,500
D	AD syringes (+10% wastage)	C x 1.11	37,962	38,295
E	AD syringes buffer stock ¹	D x 0.25	0	0
F	Total AD syringes	D + E	37,962	38,295
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	2.0	2.0
I	Number of reconstitution ² syringes (+10% wastage)	$C \times H \times 1.11 / G$	3,796	3,830
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	464	468

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

		Formula	For year 2004	For year 2005
A	Target of children for DPT vaccination	#	33,700	34,000
B	Number of doses per child	#	3	3
C	Number of DPT doses	A x B	101,100	102,000
D	AD syringes (+10% wastage)	C x 1.11	112,221	113,220
E	AD syringes buffer stock ³	D x 0.25	0	0
F	Total AD syringes	D + E	112,221	113,220
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ⁴ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1246	1257

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.

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 Measles (MMR)*

		Formula	For year 2004	For year 2005
A	Target of children for MMR vaccination	#	33,500	33,700
B	Number of doses per child	#	1	1
C	Number of MMR doses	A x B	33,500	33,700
D	AD syringes (+10% wastage)	C x 1.11	37,185	37,407
E	AD syringes buffer stock ⁵	D x 0.25	0	0
F	Total AD syringes	D + E	37,185	37,407
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	5,950	5,985
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	479	482

* - Two measles doses are incorporated into National Immunization Schedule, however based on GAVI policy on support to injection safety only one dose is mentioned in the table for injection safety supplies needs calculation

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 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	37,962	38,295	Decrease of birth rate
	for other vaccines	149,406	150,627	
Total of reconstitution syringes		9,746	9,815	
Total of safety boxes		2,189	2,207	

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.

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

Decrease of Birth Rate

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 of DPT3 vaccine	Children aged 0 to 12 month	93.3 % coverage (30,024 children vaccinated with DPT3)	Frequent use of contraindications by the health care providers	
Coverage of Hep B vaccine	Children aged 0 to 12 month	91.2 % coverage (29,151 children vaccinated with Hep B)	Insufficient knowledge of parents and caregivers on advantages of immunization	

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	02.12.03	
Reporting Period (consistent with previous calendar year)	2002	
Table 1 filled-in	X	
DQA reported on	X	
Reported on use of 100,000 US\$	X	
Injection Safety Reported on	X	

FSP Reported on (progress against country FSP indicators)	X	
Table 2 filled-in	X	
New Vaccine Request completed	X	
Revised request for injection safety completed (where applicable)	X	
ICC minutes attached to the report	X	
Government signatures	X	
ICC endorsed	X	

6. Comments

→ *ICC comments:*



7. Signatures

For the Government of *Armenia*.....

Signature:*Signed*.....

Title: ...*Minister of Health*.....

Date: *01.12.03*.....

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
MOH	N. Davidian- Minister of Health (chairperson)		signed	MOH	H. Grigoryan – Head of department of International Relations		signed
MOH	H. Darbinyan – Deputy Minister of Health		signed	MOH	S. Sukiasyan – Manager of National Immunization Program		signed
MOH	V. Davidyants – Chief State Sanitary Doctor		signed	WHO	E. Danielyan – Liaison Officer		signed
MOH	K. Saribekyan – Head of Department of Mother and Child Health Care		signed	World Bank	S. Hayrapetyan – Operations Officer, Human Development Sector		signed
MOH	G. Sayadyan – Head of the Staff, Ministry of Health		signed	UNICEF	L. Hovakimyan- OIC Health and Nutrition		signed
MOH	A. Vanyan – Head of the Sanitary Epidemiological Inspection		signed				

~ End ~