



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: **Armenia**

Date of submission: *17.05.04*.....

Reporting period: *November 2003 - May 2004*

(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.*

The total budget allocated by GAVI as of May 2004 amounted in 160 000 USD. However, the last portion of the GAVI instalment (30,000\$) received in May 2003, is submitted to the Ministry of Finance for verification and can be utilized after its approval. At the ICC meeting the issue of effective and timely utilization of 30 000 USD was discussed.

*In total 44,700 USD were spent –out of which
6,400 USD in 2004,
33,350 USD in 2003 and
4,950 USD were spent in 2002.*

The first budget breakdown for 2004 expenditure of GAVI funds is submitted to National Procurement Agency for organization and finalization of the procurement procedures. It is expected that at the end of May (after 90 days of submission) the tender will be completed. According to the mentioned budget breakdown it is planned that 50 refrigerators for rural health facilities will be procured and distributed (24,000 USD). The refrigerators will be delivered to remote villages, where because of their absences a number of problems connected with immunization usually occur.

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.

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.

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\$(currently submitted to the Ministry of Finance)

Remaining funds (carry over) from the previous year 121,400 \$

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

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation	600		600		
Maintenance and overheads (LCD projector)	2,700	2,700			
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation	750	750			
Epidemiological surveillance	1,000	200	800		
Vehicles (for rent)	500	500			
Cold chain equipment					
Other:					
• Stationary	150	50	100		
• Communication(include d)	700	700			
Total:	6,400	4,900	1,500		

Remaining funds for next year:	115,000				
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**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.

- *The chief epidemiologists and paediatricians of Marzes were equipped with computers for immunization monitoring and epidemiological surveillance(GAVI funds)*
- *Vaccines procurement and cold chain assessment (UNICEF, MOH)*
- *Revision of the surveillance forms*
- *Submission of the FSP*
- *Participation on AEFI workshop in Moscow (WHO, MOH)*
- *Allocation of funds for procurement of vaccines by the Government*
- *Strengthening of the measles diagnostic laboratory (MOH)*
- *Training for immunization nurses(UNICEF)*
- *Training for immunization doctors(UNICEF)*

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.

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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...November..... YEAR 1999.....

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. Compared

with the previous year a significant increase in the aspect of vaccination coverage was attained in 2003 –93,2%.

The doses of hepatitis B received by the country:

- *Year 2004: 46,500 doses of hepatitis B(the first stock for year 2004)*
- *Year 2003: 107,100 doses of hepatitis B*
- *Year 2002: 119,211 doses of hepatitis B*

Problems encountered:

- *The first stock of the hepatitis B vaccine delivered on January 2004 (46,500 doses)arrived with A and B windows of the monitoring card turned into blue*
- *Another problem is considered to be the social mobilization in this area since both doctors and people are not quite aware of significance of the problem, what will be emphasized in 2004.*

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.

- *Active promotion on social mobilization*
- *Inclusion of the separate course into the training syllabus for nurses and doctors*
- *Supply with the cold chain equipment (refrigerators)(planned for 2004)*
- *Implementation of the computer monitoring program(planned for 2004)*
- *Strengthening of the epidemiological surveillance (revision and introduction of new reporting form) (planned for 2004)*

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 are described in the section 1.1.2

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

According to PO the following quantities of injection safety supplies will be received in May 2004

- *0,5 ml syringes for immunization activities – 152,600*
- *2,0 ml syringes - 4100*
- *5,0 ml syringes – 10,100*
- *safety boxes – 2,275*
- *BCG syringes – 40,900*

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
<p>1. % of health facilities which use only AD syringes and safety boxes</p> <p>2. % of health facilities which are fully provided with cold chain equipment</p> <p>3. The percentage/proportion of trained health care providers on “Safety injection and waste disposal”.</p> <p>4. Number of abscesses following vaccination.</p> <p>5. Number of incinerators (to be considered after 2003</p>	<p>All health care facilities of the country</p> <p>All health care facilities</p> <p>All health care providers administering immunization</p> <p>0 abscesses</p>	<p>1.100 % achieved</p> <p>2.100 % of HCFs administering immunization are provided with vaccine carriers and about 50% are equipped with refrigerators</p> <p>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</p> <p>4. No abscesses were reported</p> <p>5. N/A</p>	<p>Lack of resources</p> <p>Special trainings on Injection Safety and waste management are planned to be conducted with revised WHO modules</p>	

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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:

NA

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 country has submitted the FSP in November 2003. Currently the country is in the process of developing and responding to FSP comments and recommendations.

- 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 vaccineNA..... (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	20..	20..	20..	20..	20..	20..	20..	20..	20..	20..
Proportion funded by GAVI/VF (%)										
Proportion funded by the Government and other sources (%)										
Total funding for (new vaccine) *										

* 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.gaviff.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

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	33,593	34,277	32,380	36,538	37,000	37,500	38,000		
Infants' deaths	540	500	450	298	300	500	500		
Surviving infants	33,053	33,777	31,946	36,240	36,700	37,000	37,500		
Infants vaccinated / to be vaccinated with 1 st dose of DTP (DTP1)*									
Infants vaccinated / to be vaccinated with 3 rd dose of DTP (DTP3)*	30,740	31,650	30,024	33,993	34,200	34,400	34,900		
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1 st dose of (<i>new vaccine</i>)									
Infants vaccinated / to be vaccinated with 3 rd dose of (<i>Hepatitis B</i>)	18,416	23,441	29,151	33,775	34,200	34,800	35,300		
Wastage rate of *** (<i>Hepatitis B</i>)	7 %	7 %	6 %	6 %	5 %	5 %	5 %		
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	N/A	N/A	N/A	NA	NA	NA	NA		
Infants vaccinated / to be vaccinated with BCG	32,502	33,283	31,403	33,652	33,800	34,500	35,000		
Infants vaccinated / to be vaccinated with Measles	36,176	33,312	20,194	30,782	31,000	34,700	35,200		

* 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.

The baseline target is changed due to increase of birth rate in 2003.

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

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 2005 and forthcoming years developed based on the target population and funds availability is sent to UNICEF Supply Division and will be revised in September 2004.

Table 4: Estimated number of doses of hepatitis B vaccine :
GAVI/The Vaccine Fund

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 1 st dose of (new vaccine)		*37,500
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	$A \times B/100 \times C$	112,500
E	Estimated wastage factor	(see list in table 3)	1,05
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	118,125
G	Vaccines buffer stock	$F \times 0.25$	29,532
H	Anticipated vaccines in stock at start of year		10,000
I	Total vaccine doses requested	$F + G - H$	137,657
J	Number of doses per vial		1
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	146,556
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	1,627

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.
- **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 NA , The Country will not receive Injection Safety Support

in 2005

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

		Formula	For year	For year
A	Target of children for vaccination (for TT : target of pregnant women)¹	#		
B	Number of doses per child (for TT woman)	#		
C	Number of doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock ²	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor ⁴	Either 2 or 1.6		
I	Number of reconstitution ³ syringes (+10% wastage)	C x H x 1.11 / G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100		

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.

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
<i>Coverage of DPT3 vaccine</i>	<i>Children aged 0 to 12 month</i>	<i>93.8 % coverage (33,993 children vaccinated with DPT3)</i>	<i>Frequent use of contraindications by the health care providers</i>	
<i>Coverage of Hep B vaccine</i>	<i>Children aged 0 to 12 month</i>	<i>93.2 % coverage (33,776 children vaccinated with Hep B)</i>	<i>Insufficient knowledge of parents and caregivers on advantages of immunization</i>	

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Table 1 filled-in		
DQA reported on		
Reported on use of 100,000 US\$		
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in		
New Vaccine Request completed		

Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		
Government signatures		
ICC endorsed		

6. Comments

→ *ICC/RWG comments:*



7. Signatures

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

Signature:*Signed*.....

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

Date:*14.05.04*.....

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	H. Darbinyan	14.05.04	signed	MOH	S. Sukisyan	14.05.04	signed
MOH	V. Davidyants	14.05.04	signed	MOH	A. Bisharyan	14.05.04	signed
MOH	A. Vanyan	13.05.04	signed	USAID	A. Grigoryan	14.05.04	signed
MOH	H. Grigoryan	14.05.04	signed	WHO	E. Danielyan	14.05.04	signed
MOH	V. Poghosyan	14.05.04	signed	UNICEF	N. Yeritsyan	14.05.04	signed

~ End ~