June 2003

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ACCINES & IMMUNIZATION

Partnesing with The Vaccine Food

Progress Report

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

by the Government of

COUNTRY: Azerbaijan

Date of submission: ...01.10.03.....

Reporting period: 2002...... (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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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

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.

Management of ISS funds is carried out by Health Ministry, involving senior specialists. Then it is brought up to the discussion of Interagency Coordination Committee with the adoption of appropriate recommendations.

The problem was arisen in the process of taking decision re the use of part of fund for the missing vaccines: DTP and DT not supplied on the line of UNICEF. During the discussion of this question on ICC, representatives of UNICEF pledged to supply missing vaccines (which was done) and ISS funs was applied on assignment.

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 __16497\$, 99997\$ Remaining funds (carry over) from the previous year _495\$__ [TX/RX NO 8001]

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Table 1 Use of funds during reported calendar year 2002

		Amount of funds								
Area of Immunization	Total amount in		PRIVATE							
Services Support	US \$	Central	Region/State/Province	District	SECTOR &					
Vaccines					Walter					
Injection supplies	57.335	57.335								
Personnel										
Transportation										
Maintenance and overheads	732	732								
Training										
IEC / social mobilization										
Outreach										
Supervision										
Monitoring and evaluation										
Epidemiological surveillance	8.383	8.383								
Vehicles	8.450	8.450								
Cold chain equipment										
Other (specify)	22.147	22.147								
Total:	116.989	116.989								
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.

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The programme for struggle against poverty for 2003-2007 was developed and the government undertook the financing from 2003 purchase of all vaccines except vaccines against Hepatitis B and MMR vaccines.

From 2003 new vaccine – MMR for vaccination of children of 12 month and 6 years of age provided by Vishnevskaya-Rostropovich Foundation was inserted to the vaccination calendar.

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.

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

- New forms of birth and mortality registration was introduced.

- From second half of 2003 quarterly reporting form about the routine immunization coverage recommended by WHO was implemented everywhere, that will be monthly submitted by regions from 01.01.2004.

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

Monitoring of cold chain carried out in 2001 with support of UNICEF, and in 2002 with support of GAVI in 54 districts and regions had the following results: cod storages of Centre's of Hygiene and Epidemiology are fully provided with cold equipments (on line of UNICEF), refrigerators and freezers are high quality with their technical parameters and they provide required temperature regime and safe keeping of bacteriological preparations provided that secure power provision. In vaccination rooms of medical facilities of different level 70% of refrigerators were morally and physically time-

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worn, their exploitation life was over 15 years. Health reforms and support from GAVI and State Budget allowed to renew 5% of cold chain equipments. Over 50% of medical facilities are in need for thermo-bags.

By the decision of ICC part of the fund was directed to the support of cold chain.

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

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

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

In 2002, 280.000 vaccines were received. There was not problems with receipt (deliver) and distribution of vaccines from GAVI.

Major activities 1.2.2

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.

Deliver of 30% 2-doses Hepatitis B vaccines from all applied quantity allowed to decrease wastage by 50%. 2-doses vaccines were provided for sparsely populated stations.

Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine 1.2.3

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.

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	Syringes: BCG - 57335 \$
2)	Cold chain equipments: refrigerators – 3.621\$
,	Generators – 2.615\$
	aggregate for destruction of contaminated materials - 10 ones - 22.147\$
4)	vehicle (cross country vehicle) - 8450 \$

5) monitoring of cold chain in 24 regions - 5.100\$

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

- Purchased: self-destroyable syringes 500.000 ones
- Aggregates for destruction of used injective materials 10 ones

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)Provision of self	100%			By year of 2013
destroyable syringes				
2) availability of containers				
for collecting used syringes	100%			
3) availability of system for				
destruction of used syringes	100%			
and needles				

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By year of 2013

: 336		
02 2003 12	4) provision of cold chain equipments	100%

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

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:

- 1) Training of medical personnel in relation with introduction of Hepatitis B vaccine
- Strengthening of cold chain 2)

3) Progress monitoring of Expanded Immunization Programme (in 2003)

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 <u>Submit</u> completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
Second Annual Progress Report :	Append financial sustainability action plan and describe any progress to date. Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
Subsequent reports:	Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible. Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools

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

Sustainable financial plan of immunization programme is on the process of development. Sections 3 and 4 are prepared and now on the consideration of Ministry of Finance Course of sustainable financing plan was discussed in the meeting of ICC

3 Request for new and under-used vaccines for year 2002. Condicate torficoming year

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

3.1. Up-dated immunization targets

Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with <u>those reported in the WHO/UNICEF Joint Reporting Forms</u>. 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						1			
Births	116.994	110.356	110.715	113.898	115.103	116.035	116.975	117.922	
Infants' deaths	3306	3270	3292	3324	3.361	3.388	3.416	3.443	
Surviving infants	113.688	107.086	107.423	110.565	111.742	112.647	113.559	114.479	

Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	103.038	97.702	93.421	93.980	98.333	101.382	104.475	106.466
NEW VACCINES				•				
Infants vaccinated with * (use one row per new vaccine)		22.345	93.223	96.000	100.568	103.635	104.475	106.466
Wastage rate of ** (new vaccine)		25%	25%	25%	25%	25%	25%	20%
INJECTION SAFETY								
Pregnant women vaccinated with TT								
Infants vaccinated with BCG	114.537	108.700	107.390	111.620	100.568	103.635	105.610	107.610
Infants vaccinated with Measles	112.324	105.908	103.112	75% - measles				
Infants vaccinated with MMR	I			25% - MMR	100.568	101.382	104.475	105.321

* 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.

IN the process of sustainable financial plan development demographic figures were corrected based on the data from Sate Statistical Committee.	

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3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year ... (indicate forthcoming year)
Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.



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		* 115.103
В	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
С	Number of doses per child		3
D	Number of doses	A x B/100 x C	345.309
E	Estimated wastage factor	(see list in table 3)	1.33
F	Number of doses (incl. wastage)	A x C x E x B/100	459.261
G	Vaccines buffer stock	F x 0.25	0
н	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	F+G-H	459.261

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Remarks

<u>Phasing:</u> 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

<u>Wastage of vaccines:</u> 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.

<u>Anticipated vaccines in stock at start of year...</u> 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

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J	Number of doses per vial	2-doses 10-doses	68.890 32.149
K	Number of AD syringes (+ 10% wastage)	(D+G-H) x 1.11	383.293
L	Reconstitution syringes (+ 10% wastage)	I/Jx1.11	0
M	Total of safety boxes (+ 10% of extra need)	(K+L)/100 x 1.11	4.255

doses requested from the Fund, excluding the wastage of vaccines.

Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines.

<u>Safety boxes</u>: A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1,05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

*Please report the same figure as in table 1.

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

 Table 4: 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 2004	For year 2005
A	Target of children for MMR vaccination (for TT : target of pregnant women) ¹	. #	111.742	112.647
в	Number of doses per child (for TT woman)	#	1	1
С	Number of doses	AxB	111.742	112.647
D	AD syringes (+10% wastage)	C x 1.11	124.033	125.038

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).

E	AD syringes buffer stock ²	D x 0.25	0	0
F	Total AD syringes	D + E	124.033	125.038
G	Number of doses per vial		12.403	12.503
Н	Vaccine wastage factor 4	Either 2 or 1.6	1.6	1.6
1	Number of reconstitution ³ syringes (+10% wastage)	C x H x 1.11/G	19.845	20.006
J	Number of safety boxes (+10% of extra need)	$(F+I) \times 1.11 / 100$		1610
		Formula	For year 2004	For year 2005
A	Target of children for BCG vaccination (for TT : target of pregnant women) ⁴	#	115.103	116.035
в	Number of doses per child (for TT woman)	#	1	-
С	Number of doses	AxB		
6				F

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 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).

Ε	AD syringes buffer stock ⁵	D x 0.25	0	0
F	Total AD syringes		127.765	
	Number of doses per vial		12.776	12.879
	Vaccine wastage factor 4	Either 2 or 1.6	2	2
1	Number of reconstitution ⁶ syringes (+10% wastage)	C x H x 1.11/G	25.553	28.594
J	Number of safety boxes (+10% of extra need)	(F+1) x 1.11/100	1702	1747
		Formula	For year 2004	For year 2005
A	Target of children for DTP vaccination (for TT : target of pregnant women) ⁷	#	115.103	116.035
B	Number of doses per child (for TT woman)	#	3	3
С	Number of doses	AxB	345.309	348.105
D	AD syringes (+10% wastage)	C x 1.11	383.243	386.396
Ε	AD syringes buffer stock ⁸	D x 0.25	0	0
F	Total AD syringes	D+E	383.293	386.396
G	Number of doses per vial	10- doses	38.329	38.639
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1.6	1.6
1	Number of reconstitution ⁹ syringes (+10% wastage)	C x H x 1.11/G	61.327	61.823
	Number of safety boxes (+10% of extra need)	(F+I) x 1.11/100	4.935	4.975

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 Jus		Justification of changes from originally approved supply:			
Total AD syringes	for BCG	122.765	128.799				

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.

⁷ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

⁸ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁹ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

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	for other vaccines	890.619	897.830	
Total of reconstitution syringes		1.018.384	1.026.629	a second
Total of safety boxes		12.489	13.307	and the second and the second

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



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
		· · · · · · · · · · · · · · · · · · ·	1 45 187 181 . 15	1

Since the indicators were included to the EIP only in 2002 there is not possibility to talk about the progress. We will talk about that in 2003.

In 2002, 670 medical personnel were trained in relation with introduction of Hepatitis B vaccine. Monitoring of cold chain was carried out in 45% of all districts. Provision with containers for collection of used injection materials was 100%. IN 70% of districts in the republic debugged system for destruction of used injection materials is functioning.

5. – Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	And the second	
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	A STAR STATES
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 comments:

7. / Signatures

For the Government of Azerbaijan, Dr Abbas Valibayov

NWW.Y

Signature:

Date:

Title: Deputy

01.10.2003.

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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
					••••••		