



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: Azerbaijan

Date of submission:

Reporting period: 2003 (Information provided in this report **MUST**
refer to the previous calendar year)

(Tick only one):

- Inception report ρ
- First annual progress report ρ
- Second annual progress report ρ
- Third annual progress report **V**
- Fourth annual progress report ρ
- Fifth annual progress report ρ

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.

Management of ISS funds is carrying out at the level of the Ministry of Health, with attraction of the senior experts. Distribution of support received from GAVI/VF is discussing on ICC (minutes of ICC meeting dated from October 2003).
ICC supported decision of the Ministry of Health to invest 16.000\$ for strengthening the cold chain and 17.000\$ for training of medical personnel in framework of the program on Elimination of the measles in the country until 2007 and realization of epidemiological surveillance over syndrome of congenital rubella.

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 33.000 \$

Remaining funds (carry over) from the previous year 495 \$

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					
Maintenance and overheads	495	495			
Training	17.000	17.000			
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment	16.000	16.000			
Other (specify)					
Total:					
Remaining funds for next year:					

**If no information is available because of block grants, please indicate under 'other'.*

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed. Minutes of ICC meeting dated from October 2003

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

Since June 2003 new MMR vaccine was introduced in Baku among 12 months children. From December 2003 MMR vaccination covered 12 month and 6 years old children all over the country.

Since November 2003 in Vitamin A was included in a vaccination calendar.

Training courses on EPI have been carried out in 5 pilot regions of MH/WB Health Reform Project and 150 medical workers were covered.

In addition to cold equipment purchased in 2003 with support of GAVI for amount 16.000 USD was purchased again by Vishnevskaya- Rostropovich Foundation 191-refrigerators, 191- generators, and 336 thermo- bags.

In framework of the "Program on Elimination of the measles in country until 2007 and epidemiological surveillance over syndrome of congenital rubella", in 2003 have been carried out the trainings among doctors: pediatricists, epidemiologists, gynecologists. 600 doctors were covered.

Main training questions:

--- Clinical description of measles, rubella. Complication.

--- Laboratory diagnostics of measles collection, storing and transportation models for diagnostics of measles.

--- The syndrome of congenital rubella (SCR). The tasks of epidemiological surveillance over the SCR.

--- Introduction reporting form of mobility of Measles, Mumps and Rubella and Syndrome of congenital rubella.

--- Introduction MMR vaccine in vaccination calendar instead measles vaccine for immunization the children under 12 month and 6 year old since December 2003.

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.

New birth and death registration certificates were introduced.
Every year we carry out correction of the demographic data presented by medical facilities with the data from Central Statistics Committee.
From 01.01. 2004 all cities and districts of Azerbaijan submit reporting forms about coverage of routine immunization to the Republican Center of Hygiene and Epidemiology and Information and Statistics department of the health Ministry on a monthly base (instead of quarterly reports)

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

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

Monitoring of implementation of EPI and plan of actions on safety immunization was carried out in 20 districts. The results have been discussed on the Executive Board of the Health Ministry. Erase immunization against all vaccine-preventable infections was carried out among children-refugees, immigrants and population of remote settlements. Thus the children were vaccinated as following: DPT- 8,896 children, DT- 5,333 children, OPV- 7,617 children, HB – 3,437 children, Measles- 4,818 children.

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 01.10 YEAR 2001 Hepatitis B

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

In 2003 received Hepatitis B vaccine:
2 doses – 88,000
10 doses – 185,000

There were not any problems with receiving and distribution of Hepatitis B vaccine

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.

Procurement of high-quality vaccines (DPT, DT, OPV, BCG) by the Ministry of Health, and also, whenever possible, self-distracted syringes. Support of cold chain, continuation of trainings on EPI for medical staff.

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.

In 22.01. 2002 was received second tranche for immunization support service in amount of 16,497 USD.
In 07.02. 2002 was received some more 100.000 USD.
That's why amount for ISS in 2002 was 116.989 USD and 492 USD left from first tranche used in 2001.

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

GAVI/VF support (16.000\$) is directed to strengthening of cold chain. The following items were purchased: 41- refrigerators, 41- generators. The equipment has been distributed to treatment-prevention facilities of districts of country responsible for vaccination work.

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 to 2007	Achievements	Constraints	Updated targets
1. Provision by self-distracted syringes	100%	42%		To 2013
2. Presence of containers for collection of used injection materials	100%	100%		
3. Presence of systems for destruction of used injection materials	100%	70%		

4. Supply by cold chain equipments	100%	60%		To 2013
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Achievement of 1 and 4 indicators up to 100% is planned to 2007. Since 2006 provision of immunization program will realize by government and because with some reasons it's difficult to guarantee it to 2007. Full providing of self- distracted syringes and cold equipment for EPI and all medical- prophylactic institution which responsible for vaccine work. That's why is supposed to achieve fulfillment indicators (100%) to 2013. Intermediate indicators were not planned to 2013 but priority- driven tasks are provision of EPI by self- distracted syringes and cold equipment already to 2007. Will be used as possible any assistance of international organization for acquisition of cold equipment and approaching 4 indicators to marked aim (100 %).

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:

GAVI/VF support (33.000\$) was used for strengthening of cold chain and training of medical staff on Program of measles elimination to 2007 and epidemiological surveillance over syndrome of congenital rubella.

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 Financial Sustainability Plan has been prepared and sent to GAVI/VF on January, 2004. Comments and recommendations this plan received from GAVI have been discussed in the Ministry of Health and ICC. ICC decided to invite GAVI consultant to revise this plan with the aim to complete it by November, 2004.

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

**Table 2 : Sources (planned) of financing of new vaccine GAVI/VF- Hepatitis B; Vishnevskaya- Rostropovich Fund- MMR.....
(specify)**

Proportion of vaccines supported by	Annual proportion of vaccines									
	2003..	2004..	20..	20..	20..	20..	20..	20..	20..	20..
Proportion funded by GAVI/VF (%) Hepatitis B	38%	16%								
Proportion funded by the Government and other sources (%) (VRF) MMR	62%	84%								
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.gavittf.org> under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

3. Request for new and under-used vaccines for year ...2005..... (indicate forthcoming year)

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

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births	116,994	110,356	110,715	113,898	115,103	116,035	116,975	117,922	
Infants' deaths	3,306	3,270	3,292	3,324	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 / to be vaccinated with 1st dose of DTP (DTP1)*				96,937					
Infants vaccinated / to be vaccinated with 3rd dose of DTP (DTP3)*	103,038	97,702	93,421	96,261*					
NEW VACCINES ** Hepatitis B									
Infants vaccinated / to be vaccinated with 1st dose of (<i>new vaccine</i>)				98,626					
Infants vaccinated / to be vaccinated with 3rd dose of (<i>new vaccine</i>)		22,345	93,223	96,701*					

Wastage rate of *** ...25%..... (new vaccine)		1.33	1.33	1.33					
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT									
Infants vaccinated / to be vaccinated with BCG									
Infants vaccinated / to be vaccinated with Measles									

* 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

* The difference between coverage of children by DPT 3 and HB 3 vaccine is explained by parents refusal after the first vaccination of DPT because of post vaccination reaction.(DPT vaccine, made in India- Serum Institute.)

Please provide justification on changes to baseline, target s, 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.

Change of targets: according to the data from State Statistic Committee in 2003:

Was born - 113,500 children

Died – 2,902

Survived new-borns – 110,996.

Denominator which was presented in Joint Reporting Form (JRF) WHO/UNISEF is total figure of number of child born which presented by medical institutions of the cities and regions. Different between denominators of SSC and JRF is explained like outside migration and incomplete report on occupied areas.

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 4: 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 2005
A	Infants vaccinated / to be vaccinated with 1 st dose of Hepatitis B..... (new vaccine)		*116,035

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

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	$A \times B/100 \times C$	348,105
E	Estimated wastage factor	(see list in table 3)	1.33
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	462,980
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	462,980
J	Number of doses per vial	1 doses 10 doses	30% 70%
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	386,397
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	4,928
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	4,290

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.*

The accepting measures about coverage of immunization to direct at achievement 100% coverage of Hepatitis B3.

3.3 Confirmed/revised request for injection safety support for the year 2005-2006 (indicate forthcoming year)

Table 6: Estimated supplies for safety of vaccination for the next two years with 2005 (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

	Formula	For year 2005	For year 2006

A	Target of children for ...BCG... vaccination (for TT : target of pregnant women)¹	#	116,035	116,975
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	116,035	116,975
D	AD syringes (+10% wastage)	C x 1.11	128,799	129,843
E	AD syringes buffer stock ²	D x 0.25	0	0
F	Total AD syringes	D + E	128,799	129,843
G	Number of doses per vial	#	10 doses	10 doses
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	25,759	25,968
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1,715	1,729

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

Table 6: Estimated supplies for safety of vaccination for the next two years with 2005 (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2005	For year 2006
A	Target of children for DPT..... vaccination (for TT : target of pregnant women)⁴	#	112,647	113,559

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/The0 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 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/The0 Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

B	Number of doses per child (for TT woman)	#	3	3
C	Number of doses	A x B	337,941	340,677
D	AD syringes (+10% wastage)	C x 1.11	375,115	378,152
E	AD syringes buffer stock ⁵	D x 0.25	0	0
F	Total AD syringes	D + E	375,115	378,152
G	Number of doses per vial	#	10 doses	10 doses
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	0	0
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4,164	4,198

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

In calculations a number of surviving infants is corrected in accordance with information from State Statistic Committee.

Table 6: Estimated supplies for safety of vaccination for the next two years with 2005 *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2005	For year 2006
A	Target of children for MMR..... vaccination (for TT : target of pregnant women)⁷	#	112,647	113,559

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/The0 Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	112,647	113,559
D	AD syringes (+10% wastage)	C x 1.11	125,038	126,051
E	AD syringes buffer stock ⁸	D x 0.25	0	0
F	Total AD syringes	D + E	125,038	126,051
G	Number of doses per vial	#	10 doses	10 doses
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	20,006	20,168
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1,610	1,623

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

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 to 2007	Achievements	Constraints	Updated targets
1. Provision by self-distracted syringes	100%	42%		To 2013
2. Presence of containers				

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.

for collection of used injection materials	100%	100%		
3. Presence of systems for destruction of used injection materials	100%	70%		
4. Supply by cold chain equipments	100%	60%		To 2013

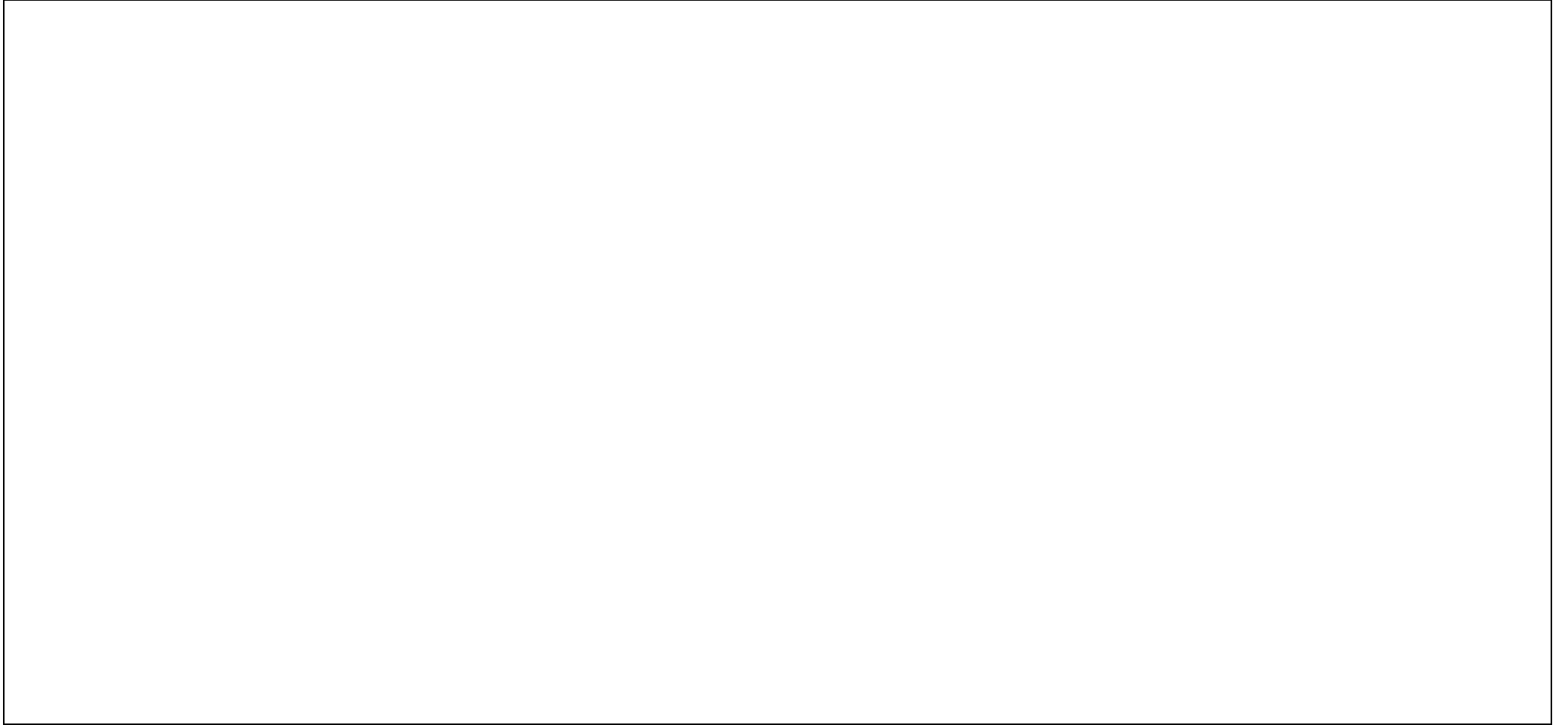
5. Checklist

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

Signature:

Title:

Date:

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

~ End ~