GAVI
THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

January 2006

Progress Report

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

by the Government of

COUNTRY: INDIA

Date of submission: .....

Reporting period: 2005 *(Information provided in this report **MUST** refer to 2005 activities)*

(Tick only one) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	ρ
Third annual progress report	ρ
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 GAVI partners and collaborators

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1. Report on progress made during 2005

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS) Not Applicable

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.

Not Applicable

1.1.2 Use of Immunization Services Support

In 2004, the following major areas of activities have been funded with the GAVI/Vaccine Fund ***Immunization Services Support*** *contribution.*

Funds received during 2005 _____
Remaining funds (carry over) from 2004 _____

Table 1: Use of funds during 2005

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					
Training					
IEC / social mobilization					
Outreach					

Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
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.

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

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 report on the degree of its implementation.

Not Applicable

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 2005 (for example, coverage surveys).

- *Monthly progress reports are prepared in the states and send to statistical division of Ministry of Health and Family Welfare. The Central Bureau of Health Education (CBHE) compiles and analyse these reports at the National level. They also find out the Disease burden of all the diseases in the country.*
- *The field supervisory visits are done by the technical staff of GoI,, Partners and state officers also.*
- *One week training cum workshop on DQS was conducted in Tamil Naidu & Uttar Pradesh with support from WHO.*
- *A computer based monitoring system - Routine Immunization Monitoring system (RIMS) is developed. In this data can be entered at the district level and reports in the form of tables, graphs and maps will be generated to analyse immunization programme and s3end feed backs at District, State as well as Centre levels.,*

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

1.2.1 Receipt of new and under-used vaccines during 2005

Continuous supply of Hep B vaccines **MONTH *Jan. to Dec*** ***YEAR 2005*** ***for all 14* Cities & 33 Districts***

** Out of the 15 cities Hep B could not be implemented in the city of Patna due to their preoccupation in Polio eradication. Further it is unlikely that we will be able to implement it there.*

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

The requirement of the HepB doses was calculated as per 100% coverage. The actual coverage was less than that. There fore, UNICEF was asked to defer the last quarter supply of Hepatitis B in the Month of January. Accordingly the Vaccine was supplied to all the MSD in last week of January.

Supply of Hepatitis B and AD Syringes:

	Quantity in doses	Quantity in Vials	0.5 ml AD syringe requirement
Total supply	**7,637,000**	**763,700**	**8,400,700**

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.

- *The areas under the pilot project will be covered by GoI from 2007 April.*
- *An application for expansion of Hepatitis B in the 11 good performing states (having DPT coverage >80%) under phase II of GAVI has already been submitted to GAVI. For this feedback from GAVI is yet to be received.*
- *Training for Hepatitis B is incorporated in the revised module for ANM (Immunization Hand Book for Health Workers Females). This is part of regular training of the ANMs under RCH Programme.*

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.

India has received US $ 40 million for introduction of Hepatitis B as pilot project in 15 cities & 33 districts and support for injection safety in the form of AD Syringes (0.1ml & 0.5ml) & 5ml Disposable syringes from GAVI. No other financial support has been received by GoI from GAVI.

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

AD Syringes are supplied by GAVI through UNICEF.

	0.1 ml AD Syringe	***0.5 ml AD Syringe***	***5 ml disposable with needle***
Supply by UNICEF in 2005	***17,933,900***	***96,197,600***	***5,910,400***

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharp waste

The first supply of AD Syringes was received in June 2005. India is a large country hence it took 3 months time to distribute these upto the districts through concerned States. Therefore, the introduction of AD Syringes actually started in 4th Quarter of 2005 for vaccination.

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
Hepatitis B 3 Coverage	*2345258*	Hep B 3 – 1605570	*Till 2004 the Hep B coverage was in Urban Slums only and from 2005 the Hep B Coverage was expanded to cover whole cities.* *Coverage was low due to:* • *Delay in implementation of decision of expanding to whole city from urban slums* • *Time taken to mobilise staff for service delivery in urban areas*	

** Targets taken are for 14 complete cities and 33 districts..*

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:

Not Applicable

2. Financial sustainability

Inception Report: Outline timetable and process for the development of a financial sustainability plan. Describe assistance that may be needed for developing a financial sustainability plan.

First Annual Progress Report: Submit completed financial sustainability plan by given deadline. Describe major strategies for improving financial sustainability.

India finances over 95% of routine immunization services, including operational costs and vaccines. This level of financing reflects the sustained commitment to immunization on part of the government. As such, supporting the cost of continuing the Hepatitis B vaccination in the existing 15* cities & 33 districts under the project could be easily absorbed under the regular Immunization Program of the country after the support from GAVI ceases at the end of five years.

The immunization infrastructure is established in all states. There is also a reinforcement of Government commitment to Routine Immunization by way of establishment of *National Technical Advisory Group on Immunization. A Multi Year Plan for Immunization (2005-10) has been prepared by GoI and accordingly States Programme Implementation Plan (PIP) has been prepared by State Governments.*

** Out of the 15 cities Hep B could not be implemented in the city of Patna due to their preoccupation in Polio eradication. Further it is unlikely that we will be able to implement it there.*

Subsequent Progress Reports: According to current GAVI rules, support for new and under-used vaccines is covering the total quantity required to meet country targets (assumed to be equal to DTP3 targets) over a five year period (100% x 5 years = 500%). If the requested amount of new vaccines does not target the full country in a given year (for example, a phasing in of 25%), the country is allowed to request the remaining (in that same example: 75%) in a later year. In an attempt to help countries find sources of funding in order to attain financial sustainability by slowly phasing out GAVI/VF support, they are encouraged to begin contributing a portion of the vaccine quantity required. Therefore, GAVI/VF support can be spread out over a maximum of ten years after the initial approval, but will not exceed the 500% limit (see figure 4 in the GAVI Handbook for further clarification). In table 2.1, specify the annual proportion of five year GAVI/VF support for new vaccines that is planned to be spread-out over a maximum of ten years and co-funded with other

sources. **Please add the three rows (Proportion funded by GAVI/VF (%), Proportion funded by the Government and other sources (%), Total funding for ..... *(New vaccine))* For each new vaccine.**

Table 2.1: Sources (planned) of financing of new vaccine ..... *(specify)*

Proportion of vaccines supported by *	Annual proportion of vaccines									
	2002*^	20003^	2004^	2005^	2006	20..	20..	20..	20..	20..
A: Proportion funded by GAVI/VF (%) ***	100%	100%	100%	100%						
B: Proportion funded by the Government and other sources (%)	Nil	Nil	Nil	Nil						
C: 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.*
** *The first year should be the year of GAVI/VF new vaccine introduction*
*** Row A *should total 500% at the end of GAVI/VF support*
^ Pilot project with total financial support of US $ 40 million was implemented in first phase.

The vaccine is procured by UNICEF and supplied to GoI and funds are transferred directly to UNICEF from GAVI.

In table 2.2 below, describe progress made against major financial sustainability strategies and corresponding indicators.

Table 2.2: Progress against major financial sustainability strategies and corresponding indicators

Financial Sustainability Strategy	Specific Actions Taken Towards Achieving Strategy	Progress Achieved	Problems Encountered	Baseline Value of Progress Indicator	Current Value of Progress Indicator	Proposed Changes To Financial Sustainability Strategy
1.						
2.						
3.						
4.						

3. Request for new and under-used vaccines for year 2006

*Section 3 is related to the request for new and under used vaccines and injection safety for **2006**.*

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 (in millions)								
	2004	2005	2006	2007	2008	2009	2010	2011	2012
DENOMINATORS									
Births (Total)		27.34	27.86	28.40					
Infants' deaths		1.45	1.48	1.28[1]					
Surviving infants		25.89	26.39	27.12					
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with **1st dose** of DTP (DTP1)*		2.59 [2]	2.64	2.69					
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with **3rd dose** of DTP (DTP3)*		2.59	2.64	2.69					
NEW VACCINES **									
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with **1st dose** of DTP (DTP1)* ..... *(new vaccine)*		2.59 [2]	2.64	2.69					
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with **3rd dose** of..... *(new vaccine)*		2.59	2.64	2.69					
Wastage rate in 2004 and plan for 2005 beyond*** ..... *(new vaccine)*		25	25	20					
INJECTION SAFETY****									
Pregnant women vaccinated in 2005 (JRF) / to be vaccinated in 2006 and beyond with TT2			29.02	29.83					

Infants vaccinated in 2005 (JRF) / to be vaccinated in 2006 and beyond with BCG *										
Infants vaccinated in 2005 (JRF) / to be vaccinated in 2006 and beyond with Measles *										

* Indicate actual number of children vaccinated in 2005 and updated targets (with either DTP alone or combined)
** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

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.

Notes:

1. The Population of the country, Birth Rate & Infant Mortality Rate projected for year 2002 to 2016 by the office of Registrar General of India have been used (*Reference SRS Bulletin Oct. 2002 & Projection tables*) for calculating no. of births & Infant deaths stated in the above table.

2. In consultation with ICC the Govt. of India has planned to cover all the non slum infants of the city also from year 2005. This will help to ensure equity among all the infants & to improve the coverage of infants by expanding the provision of Hepatitis B vaccination from health care facilities in the non slum areas also. The target of 2.59 million infants in year 2005 has been reached by adding 80% coverage of non slum infants in 15 project cities that is target of 0.94 million to the existing target of 1.61 million infants in 33 districts & slum infants in 15 project cities, & applying the factor of population increase. The targets for year 2006 & 2007 have been derived by applying the factor of population increase to the no. of target infants for year 2005. However in last two years the vaccination coverage has improved & it may improve further in coming years at faster pace. Hence keeping in mind the best case scenario, if immunization coverage in all the project cities & districts reaches above 80%, additional doses of vaccine may be required.

3.2 Availability of revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for 2006**

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

Request for New and under used vaccines to UNICEF for year 2006 under GAVI support by GoI under ongoing the pilot project

No. of Doses of Hep B (packing of 10 dose vial) 6,500,000 Doses

No. of AD Syringes	6,000,000 pieces

Table 4: Estimated number of doses of *Hep B* vaccine in the new application submitted to GAVI under Phase II *(specify for one presentation only):* *Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For 2006 Quantity in Millions
A	Infants vaccinated/to be vaccinated with 1st dose of ..... (new vaccine)*		2.64
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child	3	3
D	Number of doses	*A x B/100 x C*	7.92
E	Estimated wastage factor	*(see list in table 3)*	20%
F	Number of doses (incl. Wastage)	*D+E*D*	9.50
G	Vaccines buffer stock	*F x 0.25*	
H	Anticipated vaccines in stock at start of year 2006 (including balance of buffer stock)		
I	Total vaccine doses requested	*F + G - H*	9.5
J	Number of doses per vial		10
K	Number of AD syringes (+10% wastage)	*(D + G – H) x 1.11*	8.8
L	Reconstitution syringes(+10% wastage)	*I / J x 1.11*	
M	Total safety boxes (+10% of extra need)	*(K + L) / 100 x 1.11*	0

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 a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement
- **Anticipated vaccines in stock at start of year 2006:** It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, 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

*Please report the same figure as in table 3

***Explanatory Note**: To avoid the over stocking of vaccine ,in addition to using the standard calculations stated above, the vaccine requirement has also been calculated on the basis of available data on vaccine utilization. The requirement calculated on vaccine utilization with wastage & buffer works out to be 7.54 million doses after reducing the available stock of 1.92 million doses. Hence in place of 8.41 million doses expected by using the standard calculations (10.33-1.92=8.41), the figure of 7.54 million doses has been stated.*

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

3.3 Confirmed/revised request for injection safety support for the years 2006 -2007

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)*

Table - 4 Estimated requirement of Syringes for Injection Safety		
	For 2006 pieces	For 2007 pieces
No. of AD Syringe for BCG (0.1 ml)	14,623,700	
Total AD syringes (0.5 ML)	78,902,100	
Total disposable syringes for recontitution (5 ml)	4,819,700	

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	Achievements	Constraints	Updated targets
Hepatitis B 3 Coverage	*2345258*	Hep B 3 – 1605570	*Till 2004 the Hep B coverage was in Urban Slums only and from 2005*	*Same*

			the Hep B Coverage was expanded to cover whole of cities. The expansion programme had some teething problems resulting in low coverage.	

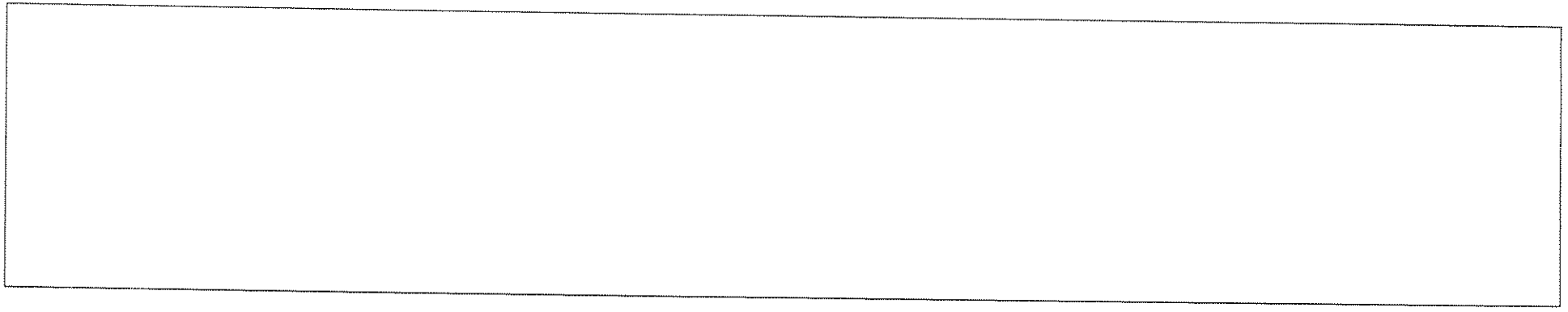
5. Checklist

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 ....India....

Signature: .....

Title: ....Joint Secretary....

Date: ....23/05/2006....

(अमरजीत सिन्हा)
(AMARJEET SINHA)
संयुक्त सचिव/Joint Secretary
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & F. W.
नई दिल्ली/New Delhi

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
DFID	Dr. Joanna Reid Senior Health Advisor	15/5/06	Joanna M. Reid
EUROPEAN COMMISSION TA	Dr. Karan Singh Programme Advisor		
Gates Children's Vaccine Programme at PATH	Dr. Raj Kumar Project Manager		
UNICEF	Mr. Cecilio Adorna Country Representative		

Agency/Organisation	Name/Title	Date	Signature
USAID	Dr. Robert Clay Director PHN	May 15, 2006	
WHO, INDIA	Dr Paramita Sudharto, Acting WR, WHO, India	15/05/06	
WORLD BANK	Dr. G.N.V. Ramana Senior Public Health Specialist		

~ End ~