GAVI
THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION
Partnering with The Vaccine Fund

Updated February 2004

Revised Progress Report

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

by the Government of

COUNTRY: Lao People's Democratic Republic

Date of submission: 29 July 2004

Reporting period: 2003

(Tick only one) :

Inception report	
First annual progress report	
Second annual progress report	
Third annual progress report	X
Fourth annual progress report	
Fifth annual progress report	

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
Unless otherwise specified, documents may be shared with the GAVI partners and collaborators

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

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 first utilization of ISS funds occurred in 2002. A Master Plan for the use of ISS funding was developed for 2002-2004, and a 3-month work plan and budget (quarterly since Sept-Nov 2002) was developed as the basis of an EPI request for receiving ISS funds from the MOH. On 29 August 2002 the MOH Steering Committee approved both the Master Plan and the 3-month work plan and budget. ISS funds were first made available to the EPI in September 2002.

Since September 2002 the three-month plan was approved by the Steering Committee for each subsequent quarter and the same procedures have been followed as described in previous reports. The same process has been made monthly by the Technical Working Group, and by quarterly ICC meetings in preparation for the Ministry of Health Steering Committee. With Ministry of Health Steering Committee review, debate, revision, agreement and approval of the next three months plan, funds are released from the MOH account to the EPI account and planned activities are implemented under the responsibility and guidance of the EPI manager.

After learning from previous years experience the process has become familiar and smoother for each administrative body. After initial delays in the program processes and expenditures, the administration has become streamlined and delays are no longer experienced. Internal procedures for financial control were started after WHO financial management consultancy (March 2003) that helped streamline the approval and disbursement process. In addition, a Price Waterhouse Coopers external review of GAVI Immunisation Funds to Lao PDR was done in 2003.

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 $ 357,800.00
Remaining funds (carry over) from the previous year $ 526,200.00

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 32250 vials	$ 327,319.77				
Injection supplies	$ 136,487.76				
Personnel	$ 9,462.60				
Transportation	$ 952.38	$ 3,837			
Maintenance and overheads	$ 7,952.02				
Training	$ 26,829.43				
IEC / social mobilization					
Outreach	$ 27,641.65				
Supervision	$ 35,883.43				
Monitoring and evaluation	(inc. supervision cost)				
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ..... *(specify)*		$ 5,968	$ 12,995	$ 12,594	NA
Total:	$ 572,529.04	$ 9,805	$ 12,995	$ 12,594	NA
Remaining funds for next year:	$ 884,000.00				

**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 FOR ICC MEETINGS INCLUDING PRESENTATIONS AND REPORTS ARE ATTACHED IN GAVI.ZIP FOLDER.

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

Lao PDR has with intensive efforts since mid 2003 successfully introduced DTP/HepB and AD syringes in 12 provinces and planned completion in all by 2004 by following the phased approach outlined in 2002. Among them, two provinces have conducted micro planning exercises. After each training in the province, approximately one month later a follow up visit was conducted to monitor the practice of the new vaccines and AD syringes. Some months later we planned to conduct the micro planning exercise. After each on site training we learned some experience that can be applied for the improvement of our method. The introduction provided an opportunity to improve general training and techniques in addition to train vaccinators in new techniques.

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.
PLAN ATTACHE IN GAVI.ZIP FOLDER

YES [x] NO [ ]

If yes, please attach the plan and report on the degree of its implementation.
This is contained in MNTE Plan of Action that introduced micro planning methods.

Improvements in data quality based on the DQA and the Price Waterhouse Cooper assessment in addition to other consultants' reports are continually being addressed in the TWG and ICC formats. Efforts were planned in 2003 to introduce improved data quality in the micro planning initiatives. This was piloted

in Khammuan province, the first province to introduce Hep-B DPT in 2002 and extended throughout 2003 to the other provinces.

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).

No coverage surveys were done in 2003

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

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

Start of vaccinations with the new and under-used vaccine: MONTH January YEAR 2003

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

322,500 doses were received in 2003. No problems have been encountered with respect to vaccine shipment from manufacturer to Lao PDR. Vaccines were received in good order and put into the EPI central vaccine store in Vientiane. The only problem with the vaccine has been the operational one of progressing with introduction of the new vaccine into the routine immunization schedule. This was no longer a problem by the end of 2003.

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.

See 1.1.1 above. A revised introduction strategy was implemented in 2003 based on the revision accepted in the Second Progress Report, training with

immediate implementation, monitored by Central Level staff and followed-up as possible. By end of 2003 introduction was extended to 9 provinces representing 75% of total target population nationally. It is further expected that introduction will be full completed by mid-2004 (and has been to date). Problems: Debate of training methodology (classroom vs. on-the-job) was a serious constraint for introduction activities in 2002. Many of the delays were related to this issue. In 2003 this issue was resolved and the implementation was actually intensified. During 2003 there was not enough meaningful follow-up of activities after training (only 12 times) ; but increased follow up activities is anticipated in 2004. This has further been addressed by implementation of micro planning training introduced in 2004.In 2003 micro-planning could be conducted in only one province.

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 Lao PDR the $100,000 lump sum amount and the ISS cash grant are pooled. They are both being used to support introduction and improvement of immunization services, as these two activities are being combined.

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

Shortage of AD syringes has been an ongoing issue. Analysis showed that a misunderstanding of all parties involved was that AD syringes provided by GAVI should be used exclusively for DPT-HepB. However, instead vaccinators used AD syringes for other antigens as well and hence the supply shortage. Some vaccinators have difficulty changing from old practices of re-capping to direct disposal into safety boxes. Some vaccinators in vary remote areas request to dispose of safety boxes on site due to sever terrain difficulties returning them to district for transport to provincial incinerators. To improve this situation we have established an incentive system to each level including transportation costs. In 2003 nearly all provinces have been equipped with appropriate technology incinerators, staff trained in their use and maintenance. Enabling the readiness for introducing HepB-DPT to the entire country. For devices for BCG vaccines, the target population is higher than in the plan (Progress Report to GAVI, September 2003),

because the plan concerns only children under one, but EPI programme in fact also gives BCG to children until 23 months (for children who have not received it during their first year). For DPT-Hepatitis B vaccines: the target population in 2004 is higher than in the plan (Progress Report to GAVI, September 2003) because the introduction has been accelerated and now covers the whole country (142 districts) since March 2004. The need of vaccines is higher than in the plan.

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
-Phased intro of ADs for all injectable EPI antigens -Installation of incinerators in provinces before intro of ADs -Pilot exchange strategy -Increase HW knowledge improve HW practice -Increase community awareness	All provinces	Achieved	Sustainable funding for vaccine safety especially AD Syringes. The situation becomes critical after GAVI phase out of its support. There is a shortage of AD syringes.	To seek secure funding for AD syringes and safety boxes, to monitor present safety use of AD syringes and incinerators.

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:

WHO (with extra budgetary funding, especially from AusAID) funded the installation of high-temperature, auto-combustion incinerators in all provinces. Installation must be completed in a province before introduction of AD syringes into routine immunization activities can begin and was completed in January 2004.

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.

An ongoing focus of work has been on improving the financial management capacity of the national immunization programme and establishing improved processes to enable funds to be released and acquittals and reports received. Ongoing work is planned to improve the use and tracking of funds and to eventually link financial and programmatic data continuing building on previous work. Staff has been employed to help with working accounting systems.

Lao PDR has opted to gradually phase in the new vaccine and is spreading the 5-year commitments over 7 to 8 years. The values for vaccines and supplies in the FSP are different as these were estimated based on the needs and adjusted coverage targets and much higher wastage rates for the DTP/HepB vaccine

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 .....DPT-HepB..... *(specify)*

Proportion of vaccines supported by	Annual proportion of vaccines									
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Proportion funded by GAVI/VF (%)		25.27%	41.25%	49.46%						

Proportion funded by the Government and other sources (%) UNICEF, WHO, JICA, AUSAID, Rotary		74.73%	58.75%	50.54%						
Total funding for DPT-HepB . *(new vaccine)* *		$ 297,914.00	$ 322,500.00	$ 263,257.00						

* *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.gaviltf.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 ..... *(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	175,373	179,582	183,892	188,306	192,825	197,453	202,192	207,044	212013
Infants' deaths	14,381	14,367	14,160	13,935	13,883	13,822	13,749	13,665	13,581
Surviving infants	160,993	165,216	169,773	174,371	178,942	183,631	188,443	193,379	198,020
Infants vaccinated / to be vaccinated with 1st dose of DTP (DTP1)*	175,373	179,582	183,892	188,306	192,825	197,453	202,192	207,044	212,013
Infants vaccinated / to be vaccinated with 3rd dose of DTP (DTP3)*	101,515	94,773	87,829	63,000	0				
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1st dose of ..... *DPT/HepB*		198	6752						
Infants vaccinated / to be vaccinated with 3rd dose of ..... *(new vaccine)*	101,515	94,773		86,950	154,260	157,962	161,754	165,635	169,610
Wastage rate of 35%		3%	35%	35%	35%	30%	25%	20%	20%
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	103,801	93,937	109,148	113,000	125,300	148,000	161,750	165,600	
Infants vaccinated / to be vaccinated with BCG	114,146	113,837	125,728	131,800	144,620	157,960	161,750	165,600	
Infants vaccinated / to be vaccinated with Measles	71,161	137,212	129,405	95,900	107,300	128,500	132,000	135,000	

* 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.

Delay of new vaccine introduction due to efforts to diminish vaccine wastage, improve training and financial mechanisms, and slow arrival of

supplies required adjustments to the original implementation plan. It is well described in past Progress Reports that a phased approach introduction was scheduled to be completed throughout the country by the end of 2003 and again revised to be completed by mid-2004 (Progress Report 2, Sept 2003) this also extended the program three years until 2007. In fact, due to intensive efforts since mid 2003, this goal has been met in April 2004. There has been no accelerated plan of introduction, Lao PDR EPI simply caught up to the revised implementation plan.

Prior adjustments in target numbers due to delayed implementation had been made in consideration of the backlog of vaccine supplied in 2001 and 2003 (268000 and 322500 doses). In May 2004 misunderstanding arose regarding the perceived reduced target number of 92,800 from this prior adjustment and use of the term "additional request" as well as "stock out" and "accelerate". Concerns of a possible vaccine shortage legitimately were anticipated by the end of the year. As the scheduled June 214,300 doses arrived in March, current stock available (as of 18 June 2004) will reach 75 % of targeted children by December 2004 with stock out and no buffer. Current stock will provide 80% target coverage until November 2004. It is proposed that the remaining stock of DPT be used until new DPT-HepB stock arrives and can be distributed, as needed, with the acknowledgement that confusion in reporting will be created against the obvious undesirable alternative of coverage gaps. UNICEF has agreed to provide interim vaccine safety supplies (AD syringes and safety boxes) until the end of 2005.

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

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

The UNICEF country office is in communication with Copenhagen on this. This is an urgent request for additional vaccine supplies for the remainder of 2004. The estimated coverage was too low on the original request.

Table 4: Estimated number of doses of ...DPT-HepB... vaccine ***(specify for one presentation only)*** **:** ***(Please repeat this table for any other vaccine presentation requested from GAVI The Vaccine Fund***

	DPT-Hepatitis B	Formula	For year 2004
A	Infants vaccinated / to be vaccinated with 1st dose of DPT-Hepatitis B		183,631

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	*%*	70
C	Number of doses per child		3
D	Number of doses	*A x B/100 x C*	385,625
E	Estimated wastage factor	*(see list in table 3)*	1.54
F	Number of doses (incl. wastage)	*A x C x E x B/100*	593,863
G	Vaccines buffer stock	*F x 0.25*	148,466
H	Anticipated vaccines in stock at present		0
H 1	Remainder of year 2004 needed	*Fx8/12*	440,915
I	Total vaccine doses requested	*H1 + G - H*	742,328
J	Number of doses per vial	*10*	
K	Number of AD syringes (+ 10% wastage) for 8 months remainder of 2004	*(D + G – H) x 1.11*	272,151?
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	N/a?
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	3,021?

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

* *P*

lease report the same figure as in table 3.

	BCG AD Syringes for 2004	Formula	For year .....
A	Infants vaccinated / to be vaccinated with 1st dose of BCG for 8 months of 2004		192,825

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	%	70
C	Number of doses per child		1
D	Number of doses	*A x B/100 x C*	134,978
E	Estimated wastage factor	*(see list in table 3)*	4
F	Number of doses (incl wastage)	*A x C x E x B/100*	539,912
G	Vaccines buffer stock	*F x 0.25*	134,978
H	Anticipated vaccines in stock at start of year		Na
I	Total vaccine doses requested	*F + G - H*	0
J	Number of doses per vial		20
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	NA
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	NA
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	NA
	Measles Reconstitution Syringes	**Formula**	**For year .....**
A	Infants vaccinated / to be vaccinated with 1st dose of Measles Reconstitution Syringes		178,942

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	%	80
C	Number of doses per child		1
D	Number of doses	*A x B/100 x C*	143,154
E	Estimated wastage factor	*(see list in table 3)*	2
F	Number of doses (incl. wastage)	*A x C x E x B/100*	286,308
G	Vaccines buffer stock	*F x 0.25*	71,577
H	Anticipated vaccines in stock at start of year		4,154
I	Total vaccine doses for 8/12 of 2004		262,449
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	Na
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	19,078
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	212

3.3 Confirmed/revised request for injection safety support for the year *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)*

	Table 4	Formula	For year 2005	For year 2006
A	**Target of children for ..... vaccination (for TT : target of pregnant women)[1]**	#	157962	161754
B	**Number of doses per child (for TT woman)**	#	2	2
C	**Number of ..... doses**	A x B	315925	323507

[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). With 80% coverage assumption.

D	AD syringes (+10% wastage)	C x 1.11	350676	359093
E	AD syringes buffer stock [2]	D x 0.25	87669	89773
F	Total AD syringes	D + E	438345	448866
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor [4]	*Either 2 or 1.6*	2	2
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*	4866	4982

	Table 5 BCG	Formula	For year 2005	For year 2006
A	Target of children for ..... BCG	#	157962	161754
B	Number of doses per child	#	1	1
C	Number of ..... doses	A x B	157962	161754
D	AD syringes (+10% wastage)	C x 1.11	175338	179547
E	AD syringes buffer stock [4]	D x 0.25	43834	44887
F	Total AD syringes	D + E	219172	224434
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor [4]	*Either 2 or 1.6*	2	2
I	Number of reconstitution [5] syringes (+10% wastage)	*C x H x 1.11 / G*	17534	17955
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	2627	2691

	Table 6	Formula	For year 2005	For year 2006
A	Target of children for ..... DPT	#	0	0
B	Number of doses per child	#	3	3
C	Number of ..... doses	A x B	0	0
D	AD syringes (+10% wastage)	C x 1.11	0	0

[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] 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.
[5] 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.

E	AD syringes buffer stock [6]	D x 0.25	0	0
F	Total AD syringes	D + E	0	0
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor [4]	*Either 2 or 1.6*	2	2
I	Number of reconstitution [7] syringes (+10% wastage)	*C x H x 1.11 / G*	0	0
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	0	0

	Table 7 Measles	Formula	For year 2005	For year 2006
A	Target of children for ..... Measles	#	183,631	188,443
B	Number of doses per child	#	1	1
C	Number of ..... doses	A x B	183,631	188443
D	AD syringes (+10% wastage)	C x 1.11	203830	209172
E	AD syringes buffer stock [8]	D x 0.25	50958	52293
F	Total AD syringes	D + E	254788	261465
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor [4]	*Either 2 or 1.6*	2	2
I	Number of reconstitution [9] syringes (+10% wastage)	*C x H x 1.11 / G*	40766	41834
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	3280	3367

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

The previous assumptions of coverage of target populations in the past have been too low. We have used 80% in these calculations.

[6] 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.
[7] 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.
[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.

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
Indicators were not included in the proposal.				

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		

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
WHO	Dean Shuey, OIC	3/8/04	Dean Shuey
UNICEF	W. Pickardt, OIC	5/8/04	

Agency/Organisation	Name/Title	Date	Signature
JICA	H. Nishiwaki R.R.	Aug. 3.04	
Ministry of Health	Penmek DALALOY Minister		

~ End ~

Dr. Penmek DALALOY