Annual Progress Report 2007

Submitted by

The Government of

Lao PDR

Date of submission _____

Deadline for submission 15 May 2008

(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to:
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, rajkumar@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

This report reports on activities in 2007 and specifies requests for January – December 2009

Signatures Page for ISS, INS and NVS

For the Government of Lao PDR

Ministry of Health:

Title: Minister of Health

Signature: ……

Date: ……

Department of Budgetting (MoH)*

Title: Director, Mr Khamphet Manivong

Signature: ……

Date: ……

* The ICC is aware the standard procedure in Lao PDR is that the Director of Budgeting is responsible for decisions regarding all budget line items for health expeditures

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excelsheet. 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 Alliance 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 from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dr.	Ministry of Health		
Ms Laila Ismail Khan	UNICEF		
Dr Dong Il Ahn	World Health Organization		
Mr Hiroaki Takashima	JICA		

Signatures Page for HSS

For the Government of ……..……

Ministry of Health:

Title: ……

Signature: ……

Date: ……

Ministry of Finance:

Title: ……

Signature: ……

Date: ……

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the Health Systems Strengthening Programme. 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 Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

Progress Report Form: Table of Contents

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Lao received only investment in 2003 from GAVI in among of 1,500,000 US$, Lao did not pass the first DQA and therefore did not get any rewards. Lao is planning to conduct the DQA in 2008.
Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes
If yes, please explain in detail how it is reflected as MoH budget in the box below.
If not, explain why not and whether there is an intention to get them on-budget in the near future?

Yes, the ISS fund is reflected the financial need for health sector (unclear?) , but not clearly stated in the financial framework of the Ministry of Finance, due to ineffective financial planning of health sector at all levels. So far, budget to support EPI activities has relied on external support only.

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.

We applied the same procedures for management as previous years to manage the remaining funds from the first investment. The first investment from GAVI has been used to implement immunization program during the last five years and no further funds have been given from GAVI..

1.1.2 Use of Immunization Services Support

*In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.*

Funds received during 2007: **$0.00**
Remaining funds (carry over) from 2006: **$43,734.17**
Balance to be carried over to 2008: **$18,210.71**

Table 1: Use of funds during 2007*

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	**$ 10,205.25**	$ 10,205.25			
Transportation					
Maintenance and overheads	**$ 332**	$ 332			
Training					
IEC / social mobilization					
Outreach	**$ 11,595.71**		$1,029.50	$ 10,566.19	
Supervision	**$ 2,149.40**	$ 2,149.40			
Monitoring and evaluation	**$ 1,122.10**	$ 1,122.10			
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other: incentive to return filled safety boxes	**$ 119**	$ 119			
Total:	**$ 25,523.46**	$ 13,927.75	$ 1,029.50	$ 10,566.19	
Remaining funds for next year:	**$ 18,210.71**				

**** NIP decided not to use all the fund in 2007, in order to make it available for contingencies, because there are no additional funds available in 2008.***

Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed*.*

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

Activities to Strengthen Immunization

- Conducted activities to strengthen the use of fixed sites in 6 provinces
- DQS also conducted in 6 provinces
- The National Measles SIA was successfully completed with 96% coverage and more than 2,000,000 children 9 months to 15 years vaccinated
- The cold chain expansion plans are set and new equipment will arrive in 2008-2009 that will enable every health center to have a refrigerator and fixed site immunization
- There is renewed political commitment from the National Mother and Child Committee, Provincial Mother and Child Committee and District Mother and Child Committee
- Work has begun on a new integrated MCH/EPI strategy that focuses on integration of services which includes…..

Constraints

- Not enough operational funds secured for 11 of 17 provinces that has resulted in a decline in coverage for 2007
- There were some stock-outs of OPV in the initial months of 2007 due to late arrival of national stocks because funding for 2007 was secured late
- The new MCH/EPI strategy that will make policy greater integration and use of fixed sites has not yet been finalized
- Difficult geography and poor infrastructure makes access quite difficult for many communities. This is also compounded by the population having many diverse ethnic groups with low education thus do not have a good understanding of the value of immunization and other public health interventions

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for: To be determined after GAVI ISS evaluation May 12-22, 2008

**If no DQA has been passed, when will the DQA be conducted?*
**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*
**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

1. *Key metrics such as immunization coverag,e drop out rate and vaccine wastage rate should be routinely calculated, displayed, and monitored.*
2. *Number of vaccination target group (infants) should be consistent between national and provincial/district level and health unit levels.*
3. *Improve and integrate Standard operating procedures for immunization with Health Information System*
4. *Target group needs to be breakdown according to fixed, outreach and mobile strategy*
5. *District Map and monitoring chart of immunization coverage and drop out rate displayed in EPI office at district level and Health unit level.*
6. *Improved supervision and monitoring system.*
7. *Tally sheets, Children and Mother registers should be kept in health unit level and properly filed.*
8. *Mechanism should be in place to track defaulters.*

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?

YES [X] *NO* [ ]

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

Recording and reporting forms on immunization had been revised in 2005-2006 and distributed to all provinces. In 2006, all Health staffs at all levels were trained on how to use these new EPI forms. Further, the quality of recording and reporting system was closely monitored and assessed through close supervision and Data Quality Self Assessment (DQS). A WHO consultancy has confirmed the fact that improvements have taken place.

Nothing to report for other improvements in 2007?

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

None

1.1.4. ICC meetings

How many times did the ICC meet in 2007? ***Please attach all minutes.***
Are any Civil Society Organizations members of the ICC and if yes, which ones?

The ICC met 4 times in 2007. There were no CSO participating, only government, bi-lateral and multi-national organizations.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
DTP-Hep B	**10**	**640,600**	**2002**	**5 February 2007**
Hep B	**2**	**28,600**	**2002**	**5 February 2007**
DTP-Hep B	**10**	**280,000**	**2002**	**October 2007**

Please report on any problems encountered.

No problems encountered.

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.

- .Expansion of Hep B birth dose in 13 hospitals: 3 central hospitals and 10 provincial hospitals in May 2007.

- Expansion of Hep B birth dose to the remaining 7 provincial and 141 district hospitals in May/June 2008

- Introduction plan made including costing for the planned introduction of DPT-HB-HIB vaccine in January 2009. The plan will include:

- development of training materials for health workers
- revision of immunization record cards
- development of IEC materials and social mobilization plan for the introduction
- plan for use of tetravalent vaccine stocks before introduction
- monitoring and evaluation of new vaccine introduction implementation
- sentinel site surveillance for meningo-encephalitis to measure impact

- There will be an expanison of the cold chain funded by Government of Janpan/UNICEF and Government of Luxembourg to all health centers by the end of 2009. This will include accompanying training in cold chain maintenance and vaccine supply management.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: 2003

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Already reported in 2003

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in 2005

Please summarize the major recommendations from the EVSM/VMA

1. All documents related to an individual shipment, from pre-advice, through to the LRC from the NRA, should be filed in one place
2. Regular temperature monitoring
3. Provide specification to JICA according recommendations (12 channel PC based temperature monitoring system to be installed. Install audible alarms for all equipment for negative as well as positive temperatures. Place sun blockers on the windows in the vaccine packing area in the new cold/freezer room building. Develop and implement a preventive maintenance plan for the new cold and freezer rooms.
4. Diluents should not be stored outside but within the building housing the cold room.
5. introducing inventory stock card system.
6. A new computerized stock control system should be introduced
7. Physical inventories of vaccines and diluents should be conducted on a monthly basis to routinely verify/adjust stock records
8. Record all vaccine stocks in doses
9. The distribution plan should be specific in terms of quantities and dates and regularly reviewed and adjusted to match field requirements.
10. Effective conditioning of ice packs and use of Chilled water packs
11. Freeze indicators should be used in every transport box for freeze sensitive vaccines.
12. Write and implement SOPs for vaccine arrival, storage and distribution, based on the WHO/UNICEF Model Quality Plan

Was an action plan prepared following the EVSM/VMA: Yes

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

During 2007 the following activities were conducted to improve EVSM/VMA:

- A national cold chain inventory/assessment was conducted with assistance from UNICEF in 2007 and finalized in the first quarter of 2008
- Vaccine Management Assessment Tool (VMAT) was used to assess 34 facilities from national level, 11 provinces and 22 districts in 2007
- A training needs assessment was also conducted in the same areas
- Multi-dose vaccine policy has now been adopted and now being implemented
- EVSM/cold chain maintenance training for all districts will be conducted in mid-2008
- UNICEF has noted that in 2007 during their national cold chain assessment that " remarkable progress" in completion of vaccine arrival reports (VAR) has been achieved.

**All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.*

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

Injection Safety Material	Quantity	Date received
AD syringes	**50,100**	**27/11/07**
Safety Boxes	**600**	**27/11/07**

Please report on any problems encountered.

None

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

If support has ended, please report how injection safety supplies are funded.

With the availability of Comprehensive Multi Year Plan 2007-2011, all resource requirements (including EPI supplies for safe injections) for routine immunization program have been incorporated and used for planning and fund raising.

Please report how sharps waste is being disposed of.

No major problems have been reported and observed. The current system, instituted since 2003 of providing incentive for vaccinators which is 50 cent per safety box disposed is working very well. AD syringes have been used in all times for routine immunization.

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

A large number of safety boxes were accumulated during the implementation of the national measles SIA in November 2007. Some provinces experienced a backlog at their incinerator to destroy all the safety boxes in a timely manner. Now almost all the used injection material has been destroyed.

The more pressing problem is what to do with the larger volume of health facility used injection materials and other medical waste.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category				
Vaccines	$1,006,300	$1,006,300	$1,038,490	$2,523,485
Injection supplies	$181,873	$181,873	$208,171	$214,375
Cold Chain equipment	$514,387	$514,387	$396,570	$522,647
Operational costs	$1,390,601	$1,690,601	$2,061,662	$2,553,414
Other (training, IEC, surveillance, SIA, vehicles and other capital costs)	$2,192,535	$3,139,913	$1,108,875	$1,506,598
Financing by Source				
Government (incl. WB loans)	$467,554	$317,554	$335,000	$632,092
GAVI Fund	$703,044	$703,044	$749,478	$1,875,811
UNICEF	$1,963,498	$1,963,498	$1,782,000	$1,874,718
WHO	$371,448	$221,448	$100,000	$100,000
Other (Governments of Luxembourg, Korea, Asian Development Bank)	$1,059,798	$800,00	$1,075,000	$1,844,000
Total Expenditure	$5,285,696*	$6,533,074	$4,813,768	$7,320,519
Total Financing	$4,565,342	$4,005,544	$4,041,478	$6,326,621
Total Funding Gaps	$720,354	$2,527,530	$772,290	$993,898

*** Several activities such as outreach/supervision, vehicles and other items were not implemented or purchased as planned**

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination…

Lao PDR has been dependent on donors for all its vaccine supplies since the start of EPI in the country. JICA supplied all the traditional vaccines until 2006, then it withdrew its support from 2007 after supporting EPI for almost 16 years. The Government of Laos PDR (GoL) committed funds for the first time for the purchase of vaccines in 2007, covering about 20% of vaccine costs (I would also state the amount. Is it the $467,544 above? Also, would state the contribution for 2008).

Would add a sentence here explaining why planned funding gap was 2.5 million, but actual was $720K, ie, successful resource mobilisation.

The GoL also successfully mobilized other donors such as UNICEF and the Governments of Luxembourg and Government of Korea to finance a significant portion of the traditional vaccine costs from 2008 to 2010. In addition, GoL commits itself to start co-financing of pentavalent vaccine from 2008 at the rate of $0.20 per dose. GoL hopes that GAVI will continue to finance the rest of the cost of pentavalent vaccine until the market price comes down substantially to become affordable by the government. Besides financing the costs of vaccine from the national budget, the GoL is struggling to fund the cost of outreach (per diem and transportation costs) which is needed to reach it remote thinly spread out population. These activities were previously supported by GAVI ISS funds.

Immunization is considered a priority programs by the GoL. The Health Strategy towards 2020 and in its health sector plan, EPI is one of the eight components of the primary health care package, and the Government is committed to maintain and increase the coverage of immunization services. To improve the program GoL plans to introduce new vaccines and improve the service delivery both at health facilities and by outreach to remote inaccessible population. A key financial sustainability strategy is to continue its efforts to increase domestic budget towards meeting the vaccine and operational cost of immunization services. **Government of Lao will continue to provide at least 15% of routine vaccine costs in addition to co-financing required for pentavalent vaccine.** Laos is working very actively to work with all the existing donor partners and new partners to mobilize additional funding for both vaccines and operational costs especially for outreach services. This requires consulting with the ICC to raise the awareness of program shortfalls and the possibilities to decrease the funding gaps.

Also the Government realizes that there needs to be re-organization and greater integration of other public health services to make immunization more efficient and cost effective. A new integrated MCH/EPI package to be adopted in 2008 will make it able to reduce operational costs in the future. good

Table 2.2: Country Co-Financing (in US$)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (DTP-HepB, then DTP-HepB-HIB)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)				
Government	0	0	0	$97,000
Other sources (please specify)				
Total Co-Financing (US$ per dose)				$.20

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI awarded vaccine.

GoL commits itself to start co-financing of pentavalent vaccine from 2008 at the rate of $0.20 per dose. GoL hopes that GAVI will continue to finance the rest of the cost of pentavalent vaccine until the market price comes down substantially to become affordable by the government.

Additionally, GoL will purchase its own supply of monovalent Hepatits B vaccine following the last year of GAVI support.(define year)

For 2nd GAVI awarded vaccine. Please specify which vaccine (HepB)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)				
Government	0	0	0	0
Other sources (please specify)				
Total Co-Financing (US$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 2nd GAVI awarded vaccine.

GoL will purchase its own supply of monovalent Hepatits B vaccine following the last year of GAVI support

Table 2.3: Country Co-Financing (in US$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	x	BCG,OPV,MCV,TT, DTP-HepB	GOJ,GOLUX, GOL, GOK,UNICEF
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?

	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	Yes
National health sector plan	Yes
National health budget	Yes
Medium-term expenditure framework	
SWAp	
cMYP Cost & Financing Analysis	Yes
Annual immunization plan	Yes
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1. Revenues from infrastructure projects will not be available until 2010 according to MOF.
2. Line budget for vaccines has not yet been increased. However there is a plan to increase it.
3. Rising prices for fuel and other resources have decreased government budget
4.
5.

3. Request for new and under-used vaccines for year 2009

*Section 3 is related to the request for new and under-used vaccines and injection safety for **2009**.*

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. Targets for future years **MUST** be provided.

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.

Due to extension of family planning program in Lao PDR, more Child Bearing Age Women are now getting better access to the family planning service. This resulted in reduction of birth cohorts. Similarly, the NSC (define) projection for CBR (define) decreased from 34.7% in 2005 to 32.6% in 2007. (see Population Census 2005, NSC page 142).
In the previous report of GAVI APR 2006 and JRF 2007, the total population in 2008 was calculated by adding the surviving infants to the population of 2007.
Further to calculate the births and surviving infants in 2008, the projection of the CBR, the growth rate and the IMR (define) were taken from the 2008 projection figures.

In contrast, in this GAVI APR 2007 we calculate:

1. *Total population in 2007 by using the projection of growth rates for 2007 of XX%.*
2. *The number of live births and surviving infants are calculated by using the projection of CBR and IMR of 2007 figures.*
3. *The wastage rates for DTP-HepB-HIB to be introduced in 2009 is only 5% because of use of single dose vials*

To be more precise and consistent, the population figures in Table 5 is used in line with the population figures in Comprehensive Multi year Plan Lao PDR 2007-2011.

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
DENOMINATORS										
Births	**193,647**	**191,323**	**189,287**	**187,595**	**186,283**	**183,480**	**181,689**	**181,998**	**175,364**	**170,730**
Infants' deaths	13013	12321	11698	11106	10544	9617	9284	8753	8137	7512
Surviving infants	**180,634**	**179,002**	**177,589**	**176,490**	**175,739**	**173,554**	**175,739**	**170,245**	**167,228**	**163,218**
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)*	127,940	105,900	150,951	153,546	158,165	159,670	161,680	156,625	153,850	150,161
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of DTP (DTP3)*	**106,403**	**90,311**	**142,071**	**144,722**	**149,378**	**156,199**	**158,165**	**153,220**	**150,505**	**146,896**
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)* ……. *(new vaccine)*	127,940	105,900	150,951	153,546	158,165	159,670	161,680	156,625	153,850	150,361
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of DTP-HepB, DTP-HepB-HIB)	**106,403**	**90,311**	**142,071**	**144,722**	**149,378**	**156,199**	**158,165**	**153,220**	**150,505**	**146,896**
Wastage rate till 2007 and plan for 2008 beyond*** …… *(new vaccine)*	40%	40%	40%	5%	5%	5%	5%	5%	5%	5%
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	65,273	50,666	145,751	144,448	153,683	161,463	159,702	160,158	192,900	187,803
Infants vaccinated / to be vaccinated with BCG	123,522	106,398	160,894	163,208	167,655	168,802	167,154	167,438	161,335	157,071
Infants vaccinated / to be vaccinated with Measles (1st dose)	90,630	70,989	142,071	144,722	149,378	156,199	158,165	153,221	150,505	146,896

* Indicate actual number of children vaccinated in past years 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

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* for 2009

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.

- The National EPI currently has a stock of 572,600 doses of DTP-HepB vaccine (April 2008) and this with the stock already in provinces should be adequate for the remainder of 2008. The plan is to introduce pentavalent DTP-HepB-HIB with GAVI support from January 2009 therefore the DTP-HepB vaccine will no longer be required after 2008 unless GOL application is rejected by GAVI
- The GOL will be submit an application for GAVI new vaccine support for pentavalent DTP-HepB-HIB before the May 2, 2008 deadline
- **The plan is to receive the pentavalent vaccine early in the last quarter of 2008 to ensure distribution to all the provinces in advance of the January 2009 introduction**
- However, if the GAVI application for the new vaccine is not approved by the June GAVI IRC or if GAVI/UNICEF Supply Division indicate its inability to supply the pentavalent vaccine on time for the January 2009 introduction then GOL will send a revised request for tetravalent vaccine procurement for 2009
- Lao PDR has established in the previous application and annual progress reports, a birth dose is necessary and birth dose coverage needs to rapidly scale up. Lao PDR has some obstacles to delivering a high coverage through health facilities
  - An estimated 81% of births are at home, mostly without skilled attendants
  -4,000 of 11,000 villages are without road access

Therefore the MOH would like to change from two dose to one dose presentation to reduce wastage and afford more opportunities for access to infants in remote areas

- **GOL would like to request 150,200 doses of monovalent Hepatitis B vaccine in one-dose vials. This represents 65% coverage of the live births (187,595) plus 5% wastage and buffer stock. The increase from previous levels is due to the expansion of the birth dose to all provincial and district hospitals and selected health centers. The vaccine also will be given in outreach and the new maternity waiting homes in some areas.**

Hep B (Monovalent)

Vaccine (in doses) 150,200 (round up from 150,105 doses).
AD syringes 159,900 (round up from 159,900)
Safety boxes: 1,775 (round up from 1,774)

Vaccine :HepB	2009	2010	2011
Total doses required	150,200	139,200	146,400
Doses to be funded by GAVI	150,200	139,200	146.400
Doses to be funded by country	0	0	0
Country co-pay in US$/dose*	0	0	0
Total co-pay	0	0	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 a 2-dose vial, 5% for any vaccine in 1 dose vial liquid.
- **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement
- **Anticipated vaccines in stock at start of year 2009:** 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

Table 7: 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 year 2009

Table 8: 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 8a, 8b, 8c, etc. Please use same targets as in Table 5)*

Table 8a:

TT

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) *(1)*	#	187,595	186,283
B	Number of doses per child (for TT: target of pregnant women)	#	2	2
C	Number of ….doses	A x B	375,190	372,566
D	AD syringes (+10% wastage)	C x 1.11	416,461	413,548
E	AD syringes buffer stock *(2)*	D x 0.25	104,115	103,387
F	Total AD syringes	D + E	520,576	516,935
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor *(3)*	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	5,778	5,738

1 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.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

Table 8b: BCG

BCG

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) (*1)*	#	187,595	186,283
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number of ….doses	A x B	187,595	186,283
D	AD syringes (+10% wastage)	C x 1.11	208,230	206,774
E	AD syringes buffer stock *(2)*	D x 0.25	52,058	51,694
F	Total AD syringes	D + E	260,288	258,468
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	20,823	20,677
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	3,120	3,099

1 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.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

Table 8c: DTP-HepB-HIB

DTP-HepB-HIB

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) (*1)*	#	176,490	175,739
B	Number of doses per child (for TT: target of pregnant women)	#	3	3
C	Number of ….doses	A x B	529,470	527,217
D	AD syringes (+10% wastage)	C x 1.11	587,712	585,211
E	AD syringes buffer stock *(2)*	D x 0.25	146,928	146,303
F	Total AD syringes	D + E	734,640	731,514
G	Number of doses per vial	#	1	1
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	1	1
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	8,154	8,120

1 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.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

Table 8d: Measles

Measles

A	Target if children for ….. Vaccination (for TT: target of pregnant women) *(1)*	#	176,490	175,739
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number of ….doses	A x B	176,490	175,739
D	AD syringes (+10% wastage)	C x 1.11	195,904	195,070
E	AD syringes buffer stock *(2)*	D x 0.25	48,976	48,768
F	Total AD syringes	D + E	244,880	243,838
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	27,368	26,882
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	3,022	3,005

1 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.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

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

4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: _____

Current Health Systems Support will end in: _____

Funds received in 2007:	Yes/No	
	If yes, date received: (dd/mm/yyyy)	
	If Yes, total amount:	US$ _____
Funds disbursed to date:		US$ _____
Balance of installment left:		US$ _____

Requested amount to be disbursed for 2009 US$ _____

Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No
If not, why not? How will it be ensured that funds will be on-budget? Please provide details.

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 (*In case there is a change in the 2009 request, please justify in the narrative above)*			
Area for support	**2007 (Expenditure)**	**2007 (Balance)**	**2009 (Request)**
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activities in 2007	
Major Activities	**2007**
Objective 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Baseline indicators *(Add other indicators according to the HSS proposal)*						
Indicator	**Data Source**	**Baseline Value[1]**	**Source[2]**	**Date of Baseline**	**Target**	**Date for Target**
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

[1] If baseline data is not available indicate whether baseline data collection is planned and when
[2] Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

6. Comments

ICC/HSCC comments:

~ End ~