Progress Report

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

by the Government of

COUNTRY: Malawi

Date of submission: 30th September, 2003

Reporting period: November 2002 to September, 2003 *(Information provided in this report MUST refer to the previous calendar year)*

(Tick only one) :

Inception report	❒
First annual progress report	❒
Second annual progress report	√
Third annual progress report	❒
Fourth annual progress report	❒
Fifth annual progress report	❒

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

Progress Report Form: Table of Contents

7. Signatures

1. Report on progress made during the previous calendar year

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

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC). Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Malawi did not qualify for ISS funds.

1.1.2 Use of Immunization Services Support

In the <u>past year</u>, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year: NA
Remaining funds (carry over) from the previous year _____

Table 1 : Use of funds during <u>reported</u> 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	4,906,850	NA	NA	NA	NA
Injection supplies	139,830				
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.

NA

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* ☒ X

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

Malawi did not qualify for window two support. DQA was therefore not conducted

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

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

Malawi conducted Effective Vaccine Store Management study from 28th July to 1st August, 2003. The study was conducted by the WHO consultant. Major recommendations were improvement of recording system and construction of additional dry store.

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

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

The pentavalent DPT-HepB+Hib vaccine delivery schedule could have negatively affected the stock levels had the 300,000 additional (buffer stock) vials not been delivered after intense negotiations with GAVI/VF secretariat.

A total of 997,000 vials of DPT-HepB+Hib were received between October 2002 to June 2003. The vaccines were received in good conditions and as has been the case for the past year, there was good communication about the arrival of vaccines. The following are the details of date of vaccine receipts:
11/02/03: 198,500 vials of 2 doses
20/05/03: 100,000 vials of 2 doses
03/06/03: 200,000 vials of 2 doses
Note: There is an e-mail notification from UNICEF Supply Unit, Copenhagen that 2003 last delivery of 512,800 doses will arrive on 8th October 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.

- *Supportive supervisory visits to districts*
- *Training of health workers on mid level management will be conducted as one way of strengthening capacity building at operational levels.*
- *Monitoring of vaccine wastage has been strengthened at all health facilities and measures to reduce the DPT-HepB+Hib wastage are in place.*
- *Conducted micro-planning meetings with all the districts*
- *Conducted Annual review meeting and Programme Plan of Action (PPA) review*
- *District based disease surveillance meetings were conducted in all the districts.*

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.

- US$27,000.00 has been set aside for supportive supervision to health facilities in the last quarter of 2003 and first half of 2004.

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

- The safe injection proposal was submitted in May, 2002 and received a conditional approval. One of the conditions was the development of the Strategic Safe Injection and Waste Management Plan of Action This study has been conducted and the Document will be finalized soon. The country will re-submit its application after finalization of the document.

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
Number of health facilities using AD syringes for routine immunization services	By January, 2002	All health facilities introduced AD syringes by January, 2002 except for BCG. By January 2003, all health facilities introduced BCG ADs	There was no formal training on ADs for BCG and some health workers experienced problems at the beginning.	

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 as the country has to re-submit its application .

2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Report :	Report progress on steps taken and update timetable for improving financial sustainability Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
Second Annual Progress Report :	Append financial sustainability action plan and describe any progress to date. Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
Subsequent reports:	Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible. Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gaviftf.org under FSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level

The country is to re-submit its application by 30th November 2003.

3. Request for new and under-used vaccines for year 2004 *(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 (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10) . Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**
DENOMINATORS								
Births	562210	576944	587903	599074	621445	633252	645284	657544
Infants' deaths	58470	60002	61142	62304	64630	65858	67110	68385
Surviving infants	509248	522594	532522	542637	562903	573798	584496	595601
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	382587	469660						
NEW VACCINES								
Infants vaccinated with DPT-HepB+Hib3 * (use one row per new vaccine)			386772					
Wastage rate of ** …….. *(new vaccine)*			16					
INJECTION SAFETY								
Pregnant women vaccinated with TT	311373	407842	354573					
Infants vaccinated with BCG	422863	533654	457607					
Infants vaccinated with Measles	369707	430887	368294					

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

→ *Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.*

The wastage rate used in the vaccine forecast for 2004 requirement for pentavalent is 10% basing on 2002 national wastage rate. This has been explained in the forecast. However efforts have been made to reduce the wastage rate from 10% to at least 5% by mid 2004

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

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

UNICEF supply division has not yet assured the availability of the vaccines basing on the 10% wastage rate. The changes have just been communicated to them in their vaccine forecast document.

Table 3: Estimated number of doses of …… vaccine *(specify for one presentation only)* : *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For year 2004
A	**Number of children to receive new vaccine**		562903
B	**Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan**	*%*	100
C	**Number of doses per child**		3
D	**Number of doses**	*A x B/100 x C*	1688709
E	**Estimated wastage factor**	*(see list in table 3)*	1.11
F	**Number of doses (incl. wastage)**	*A x C x E x B/100*	1874467
G	**Vaccines buffer stock**	*F x 0.25*	
H	**Anticipated vaccines in stock at start of year ….**		430,000
I	**Total vaccine doses requested**	*F + G - H*	1444467
J	**Number of doses per vial**		2
K	**Number of AD syringes (+ 10% wastage)**	*(D + G – H) x 1.11*	1397167
L	**Reconstitution syringes (+ 10% wastage)**	*I / J x 1.11*	801679
M	**Total of safety boxes (+ 10% of extra need)**	*(K + L) / 100 x 1.11*	24407

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:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year… …..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine 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 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

**Please report the same figure as in table 1.*

3.4 Confirmed/revised request for injection safety support for the year 2004 *(indicate forthcoming year)*

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

		Formula	For year 2004	For year 2005
A	**Target of children for BCG vaccination (for TT : target of pregnant women)[1]**	#	621445	633252
B	**Number of doses per child (for TT woman)**	#	1	1
C	**Number of …… doses**	A x B	621445	633252
D	**AD syringes (+10% wastage)**	C x 1.11	689804	702910
E	**AD syringes buffer stock [2]**	D x 0.25		
F	**Total AD syringes**	D + E	689804	702910
G	**Number of doses per vial**	#	20	20
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*	68980	78023
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	8423	8669

[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).

[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.

Table 5: Estimated supplies for safety of vaccination for the next two years with DTP-HepB+Hib *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2004	For year 2005
A	**Target of children for DTP-HepB+Hib vaccination (for TT : target of pregnant women)[4]**	#	562903	573598
B	**Number of doses per child (for TT woman)**	#	3	3
C	**Number of …… doses**	A x B	1688709	1720794
D	**AD syringes (+10% wastage)**	C x 1.11	1874467	1910081
E	**AD syringes buffer stock [5]**	D x 0.25		
F	**Total AD syringes**	D + E	1874467	1910081
G	**Number of doses per vial**	#	2	2
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.11	1.11
I	**Number of reconstitution [6] syringes (+10% wastage)**	*C x H x 1.11 / G*	1040329	1060095
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	32354	32969

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

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

[6] Only for lyophilized vaccines. Write zero for other vaccines

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

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

		Formula	For year 2004	For year 2005
A	**Target of children for Measles vaccination (for TT : target of pregnant women)**[7]	#	562903	573598
B	**Number of doses per child (for TT woman)**	#	1	1
C	**Number of …… doses**	A x B	562903	573598
D	**AD syringes (+10% wastage)**	C x 1.11	624822	636694
E	**AD syringes buffer stock** [8]	D x 0.25		
F	**Total AD syringes**	D + E	624822	636694
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.33	1.33
I	**Number of reconstitution** [9] **syringes (+10% wastage)**	*C x H x 1.11 / G*	83101	84680
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	7858	8007

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

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

[9] Only for lyophilized vaccines. Write zero for other vaccines

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

Table 7: Estimated supplies for safety of vaccination for the next two years with TT *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2004	For year 2005
A	**Target of children for TT vaccination (for TT : target of pregnant women)[10]**	#	621445	633252
B	**Number of doses per child (for TT woman)**	#	2	2
C	**Number of …… doses**	A x B	1242892	1266504
D	**AD syringes (+10% wastage)**	C x 1.11	1379610	1405819
E	**AD syringes buffer stock [11]**	D x 0.25		
F	**Total AD syringes**	D + E	1379610	1405819
G	**Number of doses per vial**	#	20	20
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.33	1.33
I	**Number of safety boxes (+10% of extra need)**	*(F x 1.11 / 100*	15314	15605

[10] 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).

[11] 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.

Table 8: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year2004	For the year2005	Justification of changes from originally approved supply:
Total AD syringes	**for BCG**	**689804**	**702910**	Application for safe Injection materials awaiting re-submission
	for other vaccines	**3878899**	**3952594**	
Total of reconstitution syringes		1192410	1222798	
Total of safety boxes		63949	65250	

→ *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
• Number of health facilities introducing AD syringes in routine and supplemental immunization activities	• Jan, 2002	• All health facilities introduced AD syringes in routine immunization services	• BCG AD syringes were not yet available by Jan, 2002	
• Reduction of cancelled immunization clinics	• 10% reduction by 2003	• Number reduced from 16% to 9%		
• AFP detection rate	• 1 AFP per 100,000 >15 yrs pop.	• Sustained AFP detection rate of 1 per 100,000 >15 yrs pop		

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	Y	
Reporting Period (consistent with previous calendar year)	Y	
Table 1 filled-in	Y	
DQA reported on	NA	
Reported on use of 100,000 US$	Y	
Injection Safety Reported on	Y	
FSP Reported on (progress against country FSP indicators)	NA	Application to be finalized later for re-submission
Table 2 filled-in	Y	
New Vaccine Request completed	NA	
Revised request for injection safety completed (where applicable)	NA	Application to be finalized later for re-submission
ICC minutes attached to the report	Y	To be attached later
Government signatures	Y	To be done later
ICC endorsed	Y	Later

6. Comments

ICC comments:

The ICC Members endorse the report with the following comments:

1. The implementation of EPI services that include pentavalent vaccinations has been impressive in 2003. Having intervened with micro planning, increased frequency of supervision and follow up in five EPI low performing districts, there is great anticipation of increased coverage of pentavalent this year.

2. The ICC, however, urges the MOHP to:

- Expedite completion and submission of the Financial Sustainability Plan and Injection Safety Policy.
- Utilise those funds advanced by GAVI to facilitate the introduction of the new vaccine to strengthen health facility supportive supervision as proposed.
- Take all necessary measures to reduce vaccine waste rate to 5% in order to avoid vaccine stock out.

7. Signatures (Please see the PDF, NORAD Signature will be secured later in the week because the signatory is not in the office)

For the Government of **Malawi**

Signature: ……...……...

Title: Director of Preventive Health Services

Date: September, 2003

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date Signature	Agency/Organisation	Name/Title	Date Signature

~ End ~