



Partnering with The Vaccine Fund

Updated February 2004

Progress Report

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

by the Government of

COUNTRY:

Date of submission: **10 May 2004**

Reporting period: **2003**

(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

1. Report on progress made during the previous calendar year

- 1.1 Immunization Services Support (ISS)
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use if GAVI/The Vaccine Fund financial support (US\$100,000) for introduction of the new vaccine
- 1.3 Injection Safety
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
 - 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

2. Financial Sustainability

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

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year...
- 3.3 Confirmed/revised request for injection safety support for the year...

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

5. Checklist

6. Comments

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.*

No ISS funds were received in 2003. A Memorandum of understanding was signed between the World Health Organization and the Ministry of Health, Government of the Union of Myanmar, on 20 January 2004. Funds should flow into Myanmar through WHO during 2004.

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 2003	Nil
Remaining funds (carry over) from the previous year	Nil

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
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.

No ISS funds were received, hence no activities funded with ISS funds were conducted.

1.1.3 Immunization Data Quality Audit (DQA) *(If it has been implemented in your country)*

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

If yes, please attach the plan.

YES ☐

NO ☐

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

The DQA was scheduled for late 2003 but was postponed to early May 2004.

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).

Myanmar carried out a Mass Measles Campaign (Measles SIA) in 5 States/Divisions during October 2003 providing 2.2 million children from 9 months to 5 years with a second opportunity for measles vaccination. A coverage survey was conducted afterwards by the Department of Health with the assistance of WHO. The survey found that 88% of targeted children were immunized.

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 July YEAR 2003

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

Hepatitis B vaccine (185503 vials of 6 dose and 46,400 vials of 1 dose) were received in 2002. No vaccines were received in 2003. As no funds for the introduction of Hepatitis B had been received in 2002, UNICEF identified funds for training and introduction of Hepatitis B in Yangon Division (43 townships, total population under 1 : 151,980) and Mandalay Division (31 townships, total population under 1 : 183,653). The launching ceremony for the introduction of Hepatitis B was held on 01 July 2003. In 2004 6 more divisions will introduce Hepatitis B (total population under 1 : 625,085) and in 2005 the remaining 9 States (total population under 1 : 368,844).

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.

No ISS funds were received. However, Hepatitis B was introduced in 2 divisions and a national RED workshop, 3 rounds of TT campaigns in 12 townships, a measles SIA in 5 States/Divisions, and a Sub National Immunization Day (December 2003 and January 2004) were conducted with other funds next to routine immunization.

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.

Not received in 2003.

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

Vaccine/Devices	Indicative Delivery Date	Quantity in doses/pcs.	Quantity in vials/boxes	PO Number / Delivery Order
Injection Safety				
BCG Syringes (AD)	Aug-03	334,300	3,343	50016250
AD Syringes	Aug-03	1,974,200	19,742	50016209
Reconstitution Syringes (BCG)	Aug-03	42,900	429	45036007
Reconstitution Syringes (Measles)	Aug-03	64,800	648	45036007
Safety Boxes	Aug-03	26,950	1078	50016209

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
No. of townships using only AD syringes for routine EPI	2 divisions in 2003 (AD syringes were to be introduced together with Hepatitis B)	100%		

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

No cash contribution was received.

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.

Financial Sustainability Plan will be submitted in November 2004 as per schedule.

- 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 (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	20..	20..	20..	20..	20..	20..	20..	20..	20..	20..
Proportion funded by GAVI/VF (%)										
Proportion funded by the Government and other sources (%)										
Total funding for (new vaccine) *										

* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

- Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.
- Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gavittf.org> under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

3. Request for new and under-used vaccines for year 2005

*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	1352282	1379137	1407570	1436003	1465010	1494603	1525794	1556615	1588059
Infants' deaths	81143	82748	84454	86160	87190	89676	91488	93336	95221
Surviving infants	1271239	1296389	1323116	1349843	1377110	1404927	1433307	1462260	1491797
Infants vaccinated / to be vaccinated with 1 st dose of DTP (DTP1)*	945566	951768	1068782	1075535	1170544	1264434	1289976	1316034	1342618
Infants vaccinated / to be vaccinated with 3 rd dose of DTP (DTP3)*	894863	914545	1023186	1034459	1170544	1264434	1289976	1316034	1342618
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1 st dose of Hepatitis B (<i>new vaccine</i>)				168180	842791	1264434	1289976	1316034	1342618
Infants vaccinated / to be vaccinated with 3 rd dose of Hepatitis B (<i>new vaccine</i>)				108754	842791	1264434	1289976	1316034	1342618
Wastage rate of *** Hepatitis B (<i>new vaccine</i>)				ND	1.33	1.33	1.33	1.33	1.33
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	855811	904732	1000513	1049492	1172008	1270413	1373215	1400954	1429253
Infants vaccinated / to be vaccinated with BCG	958259	961090	1063081	1065542	1239399	1264434	1289976	1316034	1342618
Infants vaccinated / to be vaccinated with Measles	913288	918088	996392	1008348	1170544	1264434	1289976	1316034	1342618

* 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.

Hep B birth dose has been added to Hep B 1st dose. There were 15990 birth doses and 152190 Hep B 1 doses, together making 168180 doses.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2005 (indicate forthcoming year)

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

Table 4: Estimated number of doses of Hepatitis B vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 1 st dose of Hepatitis B (new vaccine)		1,264,434
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	3,793,303
E	Estimated wastage factor	(see list in table 3)	1.33 and 1.05
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	4,991,987
G	Vaccines buffer stock	$F \times 0.25$	1,247,997
H	Anticipated vaccines in stock at start of year 2005		0
I	Total vaccine doses requested	$F + G - H$	6,239,983
J	Number of doses per vial	6 dose vials for 85% for first dose and 100% of children for 2nd and 3rd dose and 1 dose vials for 15% of children for first dose	199,702 6-dose vials 49,787 1-dose vials
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	5,595,843
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	62,114

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 a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **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 2005:** 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 5: Wastage rates and factors

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

**Please report the same figure as in table 3.*

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

Table 5: 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 2005	For year 2006
A	Target of children for BCG vaccination ¹	#	1,264,434	1,289,976
B	Number of doses per child	#	1	1
C	Number of BCG doses	A x B	1,264,434	1,289,976
D	AD syringes (+10% wastage)	C x 1.11	1,403,522	687,299
E	AD syringes buffer stock ²	D x 0.25	350,881	171,825
F	Total AD syringes	D + E	1,754,403	859,124
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)	$C \times H \times 1.11 / G$	140,352	68,730
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	21,032	10,299

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

INS support for BCG in 2006 = 48%

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

		Formula	For year 2005	For year 2006
A	Target of children for DTP vaccination ⁴	#	1,264,434	1,289,976
B	Number of doses per child	#	3	3
C	Number of DTP doses	$A \times B$	3,793,303	3,869,929
D	AD syringes (+10% wastage)	$C \times 1.11$	4,210,566	2,190,767
E	AD syringes buffer stock ⁵	$D \times 0.25$	1,052,642	547,692
F	Total AD syringes	$D + E$	5,263,208	2,738,458
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	58,422	30,397

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

INS support for DTP in 2006 = 51%

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 7: 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 2005	For year 2006
A	Target of children for measles vaccination⁷	#	1,264,434	1,289,976
B	Number of doses per child (for TT woman)	#	1	1
C	Number of measles doses	$A \times B$	1,264,435	1,289,977
D	AD syringes (+10% wastage)	$C \times 1.11$	1,403,523	715,937
E	AD syringes buffer stock⁸	$D \times 0.25$	350,881	178,984
F	Total AD syringes	$D + E$	1,754,404	894,922
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	224,564	114,550
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	21,967	11,205

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

INS support for Measles in 2006 = 50%

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 8: 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 2005	For year 2006
A	Target of pregnant women for TT vaccination ¹⁰	#	1,270,413	1,373,215
B	Number of doses per woman	#	2	2
C	Number of TT doses	$A \times B$	2,540,825	2,746,429
D	AD syringes (+10% wastage)	$C \times 1.11$	2,820,316	1,463,297
E	AD syringes buffer stock ¹¹	$D \times 0.25$	705,079	365,824
F	Total AD syringes	$D + E$	3,525,395	1,829,122
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1.6	1.6
I	Number of reconstitution ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	39,132	20,303

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

INS support for TT in 2006 = 48%

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.

¹² 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
- Number and percentage of townships having an annual micro plan for immunization services presented to central EPI and the ICC Working Group. - Monitor hepatitis B coverage on an annual basis. - Number and percentage of townships having functional cold chain.	74 townships 85% 324	100% 68% for HepB3 of total of surviving infants in Yangon and Mandalay 290/324=89%	Hep B was introduced in July and targeted children who had not yet finished DTP3, therefore the coverage is lower than the targeted 85%	

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission : 28 May 2004	✓	
Reporting Period (consistent with previous calendar year) : 2003	✓	
Table 1 filled-in	✓	Not applicable as no funds were received
DQA reported on	✓	Postponed to 2004
Reported on use of 100,000 US\$	✓	Funds were not received in 2003
Injection Safety Reported on	✓	
FSP Reported on (progress against country FSP indicators)	✓	Not applicable, to be submitted by 30-11-2004
Table 2 filled-in	✓	FSP to be submitted by 30-11-2004
New Vaccine Request completed	✓	
Revised request for injection safety completed (where applicable)	✓	Not applicable
ICC minutes attached to the report	✓	
Government signatures	✓	
ICC endorsed	✓	

6. Comments

→ *ICC/RWG comments:*

The ICC noted with concern that support for injection safety equipment from GAVI will be only 50% for 2006 and that additional resources to provide injection safety equipment to cover the whole country will be a priority to address in the FSP.

7. Signatures

For the Government of the Union of Myanmar

Signature:

Title: Dr Hla Pe, Acting Director General, Department of Health

Date: 10 May 2004

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
UNICEF	Ms. Carroll Long						
WHO	Dr. Agostino Borra						
JICA	Mr Takahiro Sasaki						

~ End ~