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

Progress Report

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

by the Government of

COUNTRY: DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

Date of submission: …September 2003…

Reporting period: 2002 *(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

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.

The Ministry of Health is responsible for managing ISS funds. However, ICC closely monitors the progress of utilizing ISS funds. Approved budget allocations of ISS funds of additional support of 100,000 US$ is given in Annexure I. Any amendments to this approved budget needs to have a prior approval of the ICC with a detailed justification.

Annexure I – ICC Minutes, year 2002

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: *Nil*
Remaining funds (carry over) from the previous year *Nil*

Table 1 : Use of funds during <u>reported</u> calendar year 2002

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	895,600	895,600			-
Injection supplies	2,552,750	2,552,750			-
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization*					
Outreach					
Supervision					

Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other					
Total:	3,448,350	3,448,350			
Remaining funds for next year*:					

Note: Sri Lanka has been received only an additional support of 100,000 US$ directly. ISS in vaccine and injection supplies received not in monitory form.

***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.*

Strengthening Vaccine storage facility

(a) Central Level

- At central level EPI vaccines are stored in cold rooms in three different places (these units are old and scattered in 3 institutions) and private cold stores. Ministry of Health has taken steps to build a central cold room complex. It is proposed to build a cold room complex in the Family Health Bureau, Ministry of Health premises and construction work commenced in mid 2003. An installation of a knockdown cold room in the Family Health Bureau with the assistance of the WHO is completed.

(b) Divisional Level

- Under the GAVI fund of 100,000 US$, it is planned to purchase and distribute 100 refrigerators to the Division Medical Institutions. However, there have been delays in purchasing the refrigerators due to lengthy tender procedures practiced at the Ministerial level. In June 2003 tenders were called and at present the Technical Evaluation Committee is reviewing the documents. It is expected to complete the purchasing before end of 2003).
- A proposal has been sent to WHO/UNICEF/World Bank to upgrade the cold room and logistic facilities in the north and east provinces.

According to this proposal solar refrigerators are installed in some institutions.

Strengthening Injection Safety Practices

(a) Central Level

The Government of Sri Lanka has taken a policy decision to replace AD syringes for all immunization in the country. Ministry of Health has already estimated the cost for the injection safety (excluding GAVI funded immunizations)and plans to implement in a phased manner from 2003. However, due to present financial constraints, it has been delayed and the government of Sri Lanka is looking for donor support (including GAVI) for the next biennium.

(b) Divisional Level

- Under the GAVI fund of 100,000 US$, it is planned to purchase and distribute 130 steel cupboards to the Division Medical Institutions. However, there have been delays in purchasing the steel cupboards due to lengthy tender procedures practiced at the Ministerial level. In June 2003 tenders were called and at present the Technical Evaluation Committee is reviewing the documents. It is expected to complete the purchasing before end of 2003).
- Small incinerators will be constructed in all districts to burn used AD syringes. Ministry of Health has already planned to construct sterilization units for a few major hospitals to sterilize used AD syringes and other infected material before releasing to the normal garbage collection system.

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.*

Not Applicable

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

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

DQA was tested in Sri Lanka by a team from CDC/WHO in November/December 2000.

Report of EPI coverage survey conducted in 2002 is annexed *(Annexure II*).

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.*

GAVI funded Hepatitis B immunization programme (Phase I) started in January 2003. Sri Lanka received 895,600 doses (671,700 doses in 10 doses vials and 223,900 doses in 2 doses vials) as it was requested in a revised proposal in September 2002. All vaccines arrived without any delay in 4 shipments and were in good condition *(Annexure III*). UNICEF is coordinating this activity between GAVI and Ministry of Health, Sri Lanka. These vaccines were distributed to the regional and divisional centres in time.

- At present, there is a limited storage facility at the central level and a large bulk of vaccines are kept in the private cold stores under the close monitoring of Epidemiology Unit. Ministry of Health has to pay an additional payment (1000 US$ per month) to the private cold stores, and this would be avoidable if we had received the combined vaccine. This is one of the reasons for the request for combined vaccine, where the cost for storage and transport for combined vaccine is much less than having two types separately.

- Sri Lanka is much interested to have combined vaccine, not only because of these logistics, which are beneficial, but also the growing public demand for it. Though the compliance for getting two vaccines separately is not a problem, the public and health staff have expressed their dissatisfaction on non-availability of combined vaccine.

- It is also observed that some supplies are without the Vaccine Vials Monitors (VVM). Health staffs are informed of the importance of VVM during the training programme and there is a demand from the health staff to supply vaccines with VVM.

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.

Please see *Annexure IV*

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.

Utilization of 100,000.00 US$

Budget proposals for utilization of 100,000 US $ have been prepared to provide storage facilities for AD syringes and vaccines. Detailed budget proposals for training and IEC activities have been submitted to the Ministry of Health for approval. ICC has approved the revised budget for utilization of these funds. Summary of the proposal for utilization of 100,000 US$ with the ICC minutes are given in ***Annexure V.***

Secretary of Health has requested the UNICEF to administer the GAVI fund of 100,000 US$. UNICEF informed its inability to handle the administration of the above funds, as it is a member of the GAVI. Therefore, it had been handed over to the Ministry of Health.

- Initially it was planned to carry out training of health staff using the ISS fund. Because of a possible delay in processing GAVI ISS funds, Ministry of Health had made a request in early 2002 to the WHO/SEARO to assist in this training. WHO/SEARO fund was used in 2002 for training health staff in phase I areas. However, GAVI / ISS fund is being utilized in phase II and III training

programme in 2003 and 2004. (***Annexure VI*** – Budget of training health staff in Phase II)

- Ministry of Health used ISS fund in 2002, for paper supplements / advertisements. (***Annexure VII*** – Budget of paper supplements)

- There have been delays in purchasing the items (refrigerators and steel cupboards) due to lengthy tender procedures practiced at the Ministerial level. However arrangements have already been made to commence the programme as scheduled without these items at the beginning of January 2003. (In June 2003 tenders were called and at present the Technical Evaluation Committee is reviewing the documents. It is expected to complete the purchasing activities before end of 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

GAVI funded Injection safety programme (Phase I) started in January 2003. Sri Lanka is receiving injection safety supplies as it was requested in the revised proposal in September 2002. All injection safety supplies excepted few shipments have been arriving without any delay, according to the shipment schedule ***(Annexure VIII***). UNICEF is coordinating this activity between GAVI and Ministry of Health, Sri Lanka. These supplies have been distributed to the regional and divisional centres in time.

1. Some of the injection safety shipments have not arrived to date. (***Annexure VIII***). This particularly affected the BCG immunization activities at the medical institutions. Ministry has given instructions to continue use of reusable syringes and needles, until the injection safety supplies are available. This has been informed to the UNICEF, Sri Lanka.

2. GAVI is funding for injection safety for the EPI vaccinations below 18 months and TT for pregnant women only. MR, aTd, Rubella, JE vaccinations are given using reusable syringes and needles in all clinic centres in the country. As these vaccinations are done in the same clinics with

routine EPI immunizations, there is a demand from both public and health staff to replace with AD syringes for all immunizations in the country. It is also has been reported in some clinic centres, that this was effected to the compliance for immunizations too. This demand has been increased particularly following the present national measles catch-up programme, where AD syringes are being used in the country. Measles catch-up programme is funded by the CDC/USA. As a policy decision, Ministry of Health was planning to supply injection safety items to the immunization (which are not supported by the GAVI) in phased manner from 2003. However, due to the financial difficulties this has to be postponed. With this we are submitting our requirements of injection safety supplies for MR, aTd, Rubella, JE immunizations in 2004 – 2005 for GAVI board consideration. (***Annexure IX***) Sri Lanka expects GAVI support for injection safety for EPI immunizations for the years 2006-2007. ***(Annexure X)***

3. Used AD syringes after collecting into the safety boxes burned or buried at a suitable place. Later small incinerators will be constructed in all districts to burn used AD syringes. Ministry of Health has already planned to construct sterilization units for a few major hospitals to sterilize used AD syringes and other infected material before releasing to the normal garbage collection system. World Bank funds this project.

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
Injection related adverse events following immunizations	Zero Injection related adverse events following Immunizations	In Sri Lanka, there is a surveillance system for AEFI. It has shown, that the areas where AD syringes have been introduced, the Injection related adverse events following Immunizations have significantly dropped.		

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: Not 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 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

1. Hepatitis B vaccination programme for 5 years (2003/07) is funded by the GAVI.
   The Government of Sri Lanka provides necessary funds for the National Immunization Programme including funds for all EPI vaccines. Ministry of Health had sent a memorandum on hepatitis B introduction to the EPI programme to the cabinet of ministers and it has been approved. (Cabinet Paper 02/0717/118/066, a Memorandum dated 29.04.2002 by the Minister of Health, Nutrition and Welfare on " Expanded Programme on Immunization with Global Alliance Vaccine Immunization' was approved on 06.06.2002). According to that, the Government of Sri Lanka will take over the responsibility of financial sustainability from year 2008.

2. AD syringes and safety boxes for EPI programme for 3 years from 2003 will be funded by the GAVI. The Government of Sri Lanka will take over the responsibility of financial sustainability from 2006.

   Sri Lanka expects funds for the injection safety for the years 2006-2007 from GAVI, due to present economic difficulties. However, from year 2008, the funds for hepatitis B vaccine will be included in the Ministry of Health annual estimates. The Government of Sri Lanka prepares a budge estimate annually and funds for hepatitis B programme and injection safety programme will be included with other EPI vaccines in the annual estimates in future.

3. The Government of Sri Lanka planned to introduce AD syringes and safety boxes for non EPI vaccine from the year 2003, which is postponed due to the economic constraints. Considering present economic difficulties in the country it would be beneficial to fund for non EPI vaccine injection safety programme by the GAVI at least for next biennium (2004).

4. Later small incinerators will be constructed in all districts to burn used AD syringes. Ministry of Health has already planned to construct sterilization units for a few major hospitals to sterilize used AD syringes and other infected material before releasing to the normal garbage collection system. World Bank will fund this project.

3. Request for new and under-used vaccines for year …….. *(indicate forthcoming year)*

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

3.1. Up-dated immunization targets

→ Confirm/update basic data (= 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	340,144	354,101	363,549	373,549	383,549	393,549	393,549	393,549
Infants' deaths (IMR 12.2% - 2001)	4,148	4320	4435	4557	4679	4801	4801	4801
Surviving infants	335,996	349,781	359,114	368,992	378,870	388,748	388,748	388,748
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	338,790	364,045	344,941	369,814	379,714	389,614	389,614	389,614
NEW VACCINES								
Infants vaccinated with **Hep B**				179,555	292,267	393,549	393,549	393,549
Wastage rate of ** ……. *(new vaccine)*								
INJECTION SAFETY								
Pregnant women vaccinated with TT	326,090	331,593	328,802	354,872	364,372	373,872	373,872	373,872
Infants vaccinated with BCG	333,465	352,819	343,638	369,814	379,714	389,614	389,614	389,614
Infants vaccinated with Measles	326,752	336,71	349,028	369,814	379,714	389,614	389,614	389,614

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

Note:

1. **Actual number of births reported in 2000, 2001 & 2002 at the Registrar General Office are given here. Around 10,000 births are increased annually and our estimates from 2003-5 are based on the births of this actual increase. It is expected that number of births for 2006-7 will remain as it is in 2005**
2. **It is assumed that the coverage for BCG, DTP3 & Measles is 99% and for TT 95%. Coverage given for2000-2003 does not reflect private sector data. Annual EPI surveys have found that the coverage for all these, except TT is above 99%.**
3. **Hep B vaccination started in 2003, only in 3 Provinces (8 districts) in the country. Therefore only estimates are given.**
4. **EPI schedule for DPT I, II & III was revised in April 2001 and advanced from 3,5,7 months to 2,4,6 months. Therefore actual number vaccinated for DPT3 is much higher in 2001, than it is for 2002.**
5. **IMR for Sri Lanka is 12.2%. As this value is low, in our estimates we used births expected, but not the number of infants who survived.**

→ *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.*

Request for supply for the coming years are slightly different from the approved plan.
Reason:
Routinely our estimate of births is based on estimated population and provisional birth rates and infant mortality rates. In our project proposal we have presented the estimated births according to the above indicators. However, presently we have more updated data, largely based on the national census data in 2000. According to the Registrar General Office 354,101 births have been registered in Sri Lanka for the year 2001 and IMR is 12.2/1,000 live births.

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for the year 2004 -5** *(indicate forthcoming year)*

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

Sri Lanka has received a letter from the GAVI Secretariat (Letter No GAVI/03/13/jj, dated 05.02.2003), that it has approved revised estimates for year 2003. Sri Lanka is expecting GAVI approval for year 2004 – 2005 estimates, as mentioned in this report.

Table 3: 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 2003	For year 2004	For year 2005
A	**Number of children to receive new vaccine**		179,555	292,267	393,549
B	**Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan**	*%*	100%	100%	100%
C	**Number of doses per child**		3	3	3
D	**Number of doses**	*A x B/100 x C*	538,665	876,801	1,180,647
E	**Estimated wastage factor**	*(see list in table 3)*	1.33	1.25	1.18
F	**Number of doses (incl. wastage)**	*A x C x E x B/100*	716,424	1,096,001	1,393,163
G	**Vaccines buffer stock**	*F x 0.25*	179,106	94,894	74,291
H	**Anticipated vaccines in stock at start of year ….**		-	-	-
I	**Total vaccine doses requested**	*F + G - H*	895,531	1,190,895	1,467,454
J	**Number of doses per vial** **10 doses(75%)** **2 doses (25%)**		671,648 223,883	893,172 297,724	1,100,591 366,864
K	**Number of AD syringes (+ 10% wastage)**	*(D + G – H) x 1.11*	796,726	1,078,582	1,392,981
L	**Reconstitution syringes (+ 10% wastage)**	*I / J x 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need)**	*(K + L) / 100 x 1.11*	8,844	11,972	15,462

Table 3 : Wastage rates and factors

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 inprevious 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

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.*

3.3 Confirmed/revised request for injection safety support for the year 2003 and 2004 *(indicate forthcoming year)*

Table 4.1 : Estimated supplies for safety of vaccination for the next two years with BCG

		Formula	For year 2003	For year 2004	For year 2005
A	**Target of children for BCG vaccination [1]**	#	**179,555**	292,267	393,549
B	**Number of doses per child**	#	**1**	**1**	**1**
C	**Number of BCG doses**	A x B	**179,555**	292,267	393,549
D	**AD syringes (+10% wastage)**	C x 1.11	**199,306**	**324,416**	**436,839**
E	**AD syringes buffer stock [2]**	D x 0.25	**49,827**	**31,278**	**28,106**
F	**Total AD syringes**	D + E	**249,133**	**355,694**	**464,945**
G	**Number of doses per vial**	#	**20**	**20**	**20**
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	**2**	**2**	**2**
I	**Number of reconstitution [3] syringes (+10% wastage)**	*C x H x 1.11 / G*	**19,931**	**32,442**	**43,684**
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	**2,987**	**4,308**	**5,646**

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year 2003	For the year 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	**for BCG**	**249,133**	**355,694**	**464,945**	**Request for supply for the coming years is differed from the approved plan. Present estimates are based on latest data (actual births) available in the Registrar General's office and Census 2000**
	for other vaccines	**1,743,928**	**2,489,857**	**3,254,616**	
Total of reconstitution syringes		**BCG 19,931**	**32,442**	**43,684**	
		Measles 31,889	**51,907**	**69,894**	
Total of safety boxes		**22,698**	**32,522**	**42,548**	

[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 4.2: Estimated supplies for safety of vaccination for the next two years with DTP

		Formula	For year 2003	For year 2004	For year 2005
A	**Target of children for DTP vaccination [4]**	#	179,555	292,267	393,549
B	**Number of doses per child**	#	4	4	4
C	**Number of DTP doses**	A x B	718,220	1,169,068	1,574,196
D	**AD syringes (+10% wastage)**	C x 1.11	797,224	1,297,665	1,747,358
E	**AD syringes buffer stock [5]**	D x 0.25	199,306	125,110	112,423
F	**Total AD syringes**	D + E	996,530	1,422,776	1,859,781
G	**Number of doses per vial**	#	10	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	-	-	-
I	**Number of reconstitution [6] syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	11,061	15,793	20,644

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year 2003	For the year 2004	**Justification of changes from originally approved supply:**
Total AD syringes	for BCG			**Please see Page**
	for other vaccines			
Total of reconstitution syringes				
Total of safety boxes				

[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 4.3: Estimated supplies for safety of vaccination for the next two years with Measles

		Formula	For year 2003	For year 2004	For year 2005
A	**Target of children for Measles vaccination [7]**	#	**179,555**	292,267	393,549
B	**Number of doses per child**	#	**1**	**1**	**1**
C	**Number of Measles doses**	A x B	**179,555**	292,267	393,549
D	**AD syringes (+10% wastage)**	C x 1.11	**199,306**	**324,416**	**436,839**
E	**AD syringes buffer stock [8]**	D x 0.25	**49,827**	**31,278**	**28,106**
F	**Total AD syringes**	D + E	**249,133**	**355,694**	**464,945**
G	**Number of doses per vial**	#	**10**	**10**	**10**
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	**1.6**	**1.6**	**1.6**
I	**Number of reconstitution [9] syringes (+10% wastage)**	*C x H x 1.11 / G*	**31,889**	**51,907**	**69,894**
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	**3,119**	**4,524**	**5,937**

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year 2003	For the year 2004	**Justification of changes from originally approved supply:**
Total AD syringes	for BCG			**Please see Page**
	for other vaccines			
Total of reconstitution syringes				
Total of safety boxes				

[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 4.4: Estimated supplies for safety of vaccination for the next two years with TT

		Formula	For year 2003	For year 2004	For year 2005
A	**Target of Pregnant women for TT vaccination [10]**	#	179,555	292,267	393,549
B	**Number of doses per woman**	#	2	2	2
C	**Number of TT doses**	A x B	359,110	584,534	787,098
D	**AD syringes (+10% wastage)**	C x 1.11	398,612	648,833	873,679
E	**AD syringes buffer stock [11]**	D x 0.25	99,653	62,555	56,212
F	**Total AD syringes**	D + E	498,265	711,388	929,890
G	**Number of doses per vial**	#	10	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	-	-	-
I	**Number of reconstitution [12] syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	5,531	7,896	10,322

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year 2003	For the year 2004	**Justification of changes from originally approved supply:**
Total AD syringes	for BCG			**Please see Page**
	for other vaccines			
Total of reconstitution syringes				
Total of safety boxes				

[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.

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

The quantity of the current request differs from the GAVI letter (dated 05.02.2003) of approval. However the reasons for this was given in 2002 amended, revised Inception report (please see page 6 of revised inception report, where we have indicated the reason for 25% increased request for Hepatitis B vaccine:

1.In our initial proposal, the target population was calculated based on estimated birth rates. Later we observed that there is a remarkable difference between estimated and actual births. Therefore we used Registrar General's data on actual registered births in our inception report as the target population. This made a difference between the initial report and the inception report 2002.

2. We have also noticed, that the GAVI has not been able to consider the 25% buffer stock that we need to have in implementing a new programme.

Considering both the above factors, we have made a request for 25% increased Hepatitis B vaccine supply for the year 2003.

Note: we have received e-mail from Abdallah BCHIR, GAVI Secretariat on 11.09.2003, according to which GAVI independent committee in its January meeting has accepted our clarifications.

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
1. Vaccine Coverage 2. Vaccine Wastage	• 80% in first year of implementation and 95% coverage thereafter • 25% in first two years of implementation and 15% wastage thereafter	Introduction of new vaccine and injection safety into the EPI was started in 01 January 2003. This phased basis introduction will cover the entire country in 2005. Therefore, targets of vaccine coverage and wastage will be available only for the phase I areas. 1. According to the available routine EPI returns, coverage for Hepatitis B is above 95% and wastage is 20-25%. As DTP III coverage is 99%, it is expected, that coverage for Hepatitis B will reach 99% by year 2005. 2. Use of combination vaccine (Hep B-DTP) will certainly improve both coverage and minimum wastage, as requested in country original proposals. 3. 75% of Hepatitis B vaccine received is 10 doses and 25% is 2 doses. Sri Lanka is studying the best combination of 10 and 2 doses for the county, in order to minimize vaccine wastage. This is important, particularly during first few months in each phase, as the number of children (only one cohort to be immunized in first 2 months, 2 cohorts to be immunized in 3-4 months and 3 cohorts from 5 months of programme) to be immunized is increasing in every 2 months with Hepatitis I, II and II doses.		

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	√	September 2003
Reporting Period (consistent with previous calendar year)	√	2002
Table 1 filled-in	√	
DQA reported on	√	Not Applicable
Reported on use of 100,000 US$	√	Annexures V, VI, VII
Injection Safety Reported on	√	
FSP Reported on (progress against country FSP indicators)	√	
Table 2 filled-in	√	
New Vaccine Request completed	√	
Revised request for injection safety completed (where applicable)	√	Annexures IX, X, Table 5
ICC minutes attached to the report	√	Annexure I
Government signatures	√	
ICC endorsed	√	

6. Comments

ICC comments:

ICC meets quarterly and reviews country EPI activities, GAVI activities and any other relevant matters at the time of meeting. Secretary of Health, Ministry of Health, Nutrition and Welfare chaired all these meetings. All high officials at the Ministry of Health are members of the ICC. Both International (WHO, UNICEF, JICA, World Bank) and local (Sarvodaya, Rotary International) agencies are active members of the ICC.
The ICC Sri Lanka has reviewed present report and is particularly concerned about revised estimates of requirements and also possible support from the

GAVI for injection safety for non-EPI immunizations in Sri Lanka for next biennium (2004-2005). ICC also closely monitors the progress of utilization of GAVI additional support of 100,000US$.
The minutes of all ICC meetings held in 2002 are annexed. (Annexure I)

7. Signatures

For the Government of **Democratic Socialist Republic of Sri Lanka**

Signature: ……...……...

Title: **Secretary of Health, Nutrition and Welfare, Ministry of Health, Nutrition and Welfare, Sri Lanka**

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
Department of Health Services Ministry of Health	Dr. HAP Kahandaliyanage, Director General of Health Services	.09.2003	**WHO**		.09.2003
Department of Health Services Ministry of Health	Dr. M. Fernando Deputy Director General of Health Services (Public Health)	.09.2003	**UNICEF**		.09.2003
Epidemiology Unit, Ministry of Health	Dr MRN Abeysinghe Epidemiologist	.09.2003	**World Bank**		.09.2003
Family Health Bureau Ministry of Health	Dr V Karunaratne Director Maternal & Child Health	.09.2003	**JICA**		.09.2003
Sarvodaya		.09.2003	**Rotary International**		.09.2003