Updated February 2004

Progress Report

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

by the Government of

COUNTRY: DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

Date of submission: **May 2004**

Reporting period: **2003**

(Information provided in this report MUST refer to the previous calendar year)

(Tick only one) :

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

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

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

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 with the close monitoring by the ICC on 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 2003

1.1.2 Use of Immunization Services Support

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

Funds received during the reporting year2003
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	895,600.00	895,600.00			
Injection supplies (Injection safety items)	2,552,750.00	2,552,750.00			
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other …… *(specify)*					
Total:	3,448,350.00	3,448,350.00			
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 both government and private cold stores. Ministry of Health has taken steps to build a central cold room complex and construction work commenced in mid 2003. It is expected to complete this cold room before the end of year 2004 and thereby to save around 100,000 US$ annually by avoiding vaccine storage in private cold stores. This saved money would be utilized to strengthen the other activities in the EPI programme. However, UNICEF has funded to install a new cold room at central Epidemiology Unit with the cost of 10,000 US$ in year 2002-3.

(b) Divisional Level

Under the GAVI additional fund of 100,000 US$, 100 refrigerators will be distributed to the identified Division Medical Institutions. Due to lengthy tender procedures practiced this was delayed substantially. However, at present all these procedures were completed and purchasing process has been started. The distribution of these refrigerators will be completed by mid 2004. However, this supply is limited only for the Phase I areas and, phase II and III areas will require additional vaccine storage facilities.

With the support of UNICEF fund solar refrigerators were installed in key institutions in the north province, where the supply of electricity was affected. However, the decreased unrest of political environment in the country has caused rapid development of infrastructure of the country. Therefore in future, requirement of solar refrigerators may be at a minimum.

In addition under the Japanese Government funded UNICEF project on Improving Maternal & Child Health Care in the conflict-affected areas, 2 coolers for storage of vaccines at district level and 50 CFC free refrigerators were distributed to strengthen the district and divisional level storage facilities. The total cost for this is around 60,000 US$.

Strengthening Injection Safety Practices

(a) Central Level

The Government of Sri Lanka has taken a policy decision to replace AD syringes for all immunizations in the country. However, due to lengthy and strict tender procedures practiced this is delayed to date. (Tenders were called last year, but the Technical Evaluation Committee has not recommended any of the suppliers, due to the poor quality, which have not met the WHO sets standards.) However, it is expected by end of this year this will be finalised and government funded AD syringes will be available from the year 2005.

(b) District Level

Under the World Bank project, it is proposed to construct incinerators in all district hospitals for waste disposal. These incinerators will be used to dispose of used AD syringes too. The proposal is approved and, constructing works will be started once the funds are available.

(c) Divisional Level

Under the GAVI fund of 100,000 US$, it is planned to purchase and distribute 130 steel cupboards to the Divisional Medical Institutions. Similar to the supply of refrigerators, there have been delays in purchasing the steel cupboards due to lengthy tender procedures practiced at the Ministerial level. However, at present all these procedures have been completed and purchasing process has been started. The distribution of these cupboards will be completed by mid 2004.

In some smaller institutions low cost field incinerators were constructed according to the WHO guidelines

Strengthening Human Resources
Out of 26 health administrative districts, all field and hospital staff in 15 districts were trained in safe immunization practices, adverse events following immunization, improving EPI data quality and other aspects in EPI. The WHO supported this activity with a total cost of around 6000 US$.

Improving the quality of immunization Services
It has been proposed to improve the quality of immunization services in the country, in 2005-2009 with the support of World Bank funds of 1.3 million US$. Major component of this project is to improve the infrastructure and other logistic facilities to provide the immunization service, setting model immunization and child & mother well being clinics in all 271 health divisions and to the training of staff in EPI services.

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.

2000 US$ has been received from WHO regular budget to carry out EPI data quality assessment in 4 districts during year 2004-2005. (Annexure 2)

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

Survey and Research
Three EPI coverage surveys covering 3 health administrative districts (Galle in Southern Province, Jaffna in Northern Province and Trincomalee in Eastern Province) were carried out. (Annexure 3: Report of the EPI coverage survey) This was done using WHO 30 cluster sampling technique and supported by the WHO and UNICEF. EPI quality assessment survey was done in one health administrative district in Western Province.
Hepatitis B vaccination evaluation was done in Nov-Dec 2003, by the joint team from WHO and CDC. (Annexure 4: Hepatitis B vaccination evaluation Report by WHO/CDC 2003)

GAVI/Vaccine Fund New & Under-used Vaccines Support

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

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

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

Phase I of the GAVI funded Hepatitis B immunization programme was started in January 2003 covering 3 provinces on the country. 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 and were in good condition. 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 without any significant disturbance.

Limited storage facility at the central level: A large bulk of vaccines is kept in the private cold stores under the close monitoring of Epidemiology Unit. Ministry of Health. This has caused an additional payment of around 1000 US$ per month to the private cold stores, It is expected that this money will be saved with the availability of the new central cold room complex by end of this year.

Availability of combined vaccine: Though the initial public and health staff dissatisfaction on non-availability of combined vaccine was observed, at present compliance for getting two vaccines separately is progressed without any adverse impact on the programme. Availability of combined vaccine will be minimize the storage, transport and injection safety costs. However, the present high cost of combined vaccine would be an issue once the GAVI support is over in 2008-9. (According to the latest information from GAVI Secretariat, combined vaccine will be available from the second quarter 2005). Therefore, Sri Lanka will make a decision after the review of cost of vaccine and its financial sustainability with the relevant authorities and experts. At present Sri Lanka is facing a similar financial sustainability issue of high cost vaccines for Japanese Encephalitis immunization programme. (*Please see ICC comments Page 25*) Sri Lanka will inform the GAVI Secretariat in due course, whether to introduce the combined vaccine or not from 2006. Therefore under this progress report Sri Lanka will NOT request combined vaccine in year 2005.

Vaccine Vials Monitors (VVM): Health staff has been informed of the importance of monitoring VVM during the training programme. However, some of the supplies of HepB vaccines received were without VVM causing doubts among the health staff on the quality of vaccine as well as the usefulness of VVM. Therefore, it is requested to ensure the supplely of Hep B with VVM at all times.

Note: At the time of this report, Phase II of the programme was started in January 2004, covering 6 provinces out of 9 in the country.

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.

Training of staff

Training programmes planned for central level and regional level targeting Phase II area health staff, have been conducted well in advance. This was done during September to October 2003. The GAVI additional fund was used for this training costing around 4600 US $. Training programmes for Phase III have already been scheduled for September-October and GAVI additional funds will be used.

Awareness programme

(a) Booklet : A booklet, 'Manual' of guidelines on introduction of Hepatitis B vaccine and AD syringes to EPI – Sri Lanka' which was developed during 2002 was re- printed and distributed for health staff involved in the immunization programme.
(b) Poster: Two posters have been developed in 2002 and were re- printed and distributed for display to the public.
(c) Paper Advertisements: Done in all three languages (Sinhala/Tamil/English). In state owned major newspapers.

All these awareness activities were done with the GAVI additional fund. Re printing of posters and paper advertisements will be done for phase III at the end of year 2004.

Vaccine distribution to the DDHS/MOH/Health Unit/Hospital

RMSD storekeepers distribute vaccines to all DDHS/MOOH and hospitals under cold chain conditions. RE/MO (MCH) have given the estimated amount of vaccine (maximum 2 months supply) to be distributed to the MOOH offices. RE and MO (MCH) supervise these activities. After evaluation of the vaccine stock returns received from the MOOH/DDHS, RMSD, the storekeeper will supply the new stocks to the MOOH/DDHS in consultation with RE/MO (MCH) in the division.
Monitoring of cold chain and inventory control will be done in all stages according to the guidelines given by the Central Epidemiology Unit.

Monitoring and Evaluation

Close monitoring, supervision and evaluation of the hepatitis B immunization programme from its inception is important for the sustenance of the programme. Presently used EPI indicators i.e. vaccine coverage, vaccine wastage and rate of AEFI will be used for this purpose.
Monitoring of hepatitis B immunization coverage, vaccine wastage and adverse events reported following hepatitis B immunization is done at DDHS/MOH level and at district level. Epidemiological Unit is responsible for monitoring at national level as for other EPI antigens. Quarterly reviews and immunization coverage surveys conducted assessed the progress of hepatitis B immunization . (Annexure 3)

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.

Strengthening storage facility

There have been delays in purchasing the items (refrigerators and steel cupboards) due to lengthy tender procedures practiced at the Ministerial level. Arrangements have already been made to commence the programme as scheduled without these items at the beginning of January 2003. However, at present all these procedures have been completed and purchasing process has been started. The distribution of these supplies will be completed by mid 2004

Training

GAVI additional fund was used in this year to train phase II areas health staff and will be used in year 2004 to train the Phase III staff too. GAVI fund was not utilized in phase I training during 2002, as Sri Lanka had received an additional support from WHO/SEARO for this purpose.

IEC activity

During the phase II preparation in 2003, reproduced IEC materials (reprinting of awareness booklet, posters) and paper advertisements were done using the GAVI funds. This fund will be used in year 2004 for phase III areas.

Cold Stores Facility

At present, vaccine storage facility at the central stores is not enough to meet the demand, particularly following introduction of new vaccine (Hep B). Therefore Hepatitis B vaccine was kept in private cold stores until they were delivered to the regional cold stores. However, vaccine storage at the private cold stores was closely monitored by the Epidemiology unit, which is the practice adopted during special campaigns such JE and measles catch-up. The payment for the hepatitis B vaccine storage in private cold rooms was done from this fund. However, from year 2005 with the completion of new cold store complex at central level will save this money,

(Annexure 5: Expenditures of 100,000 US$)

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) was 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 except for a few shipments have been arriving without any delay, according to the shipment schedule. UNICEF is coordinating this activity between GAVI and the Ministry of Health, Sri Lanka. These supplies have been distributed to the regional and divisional centres in time. 1. Epidemiology Unit monitored all supplies from GAVI including the injection safety items. Medical Supply Division (MSD), Ministry of Health is responsible to clear shipments, store at central level until they are delivered to the regional drug stores. Sometimes Purchase orders were not received or received in delay causing problems in monitoring this practice by the Epidemiology Unit, particularly delaying clearing shipments from the sea port. This has been informed to the UNICEF, Sri Lanka and at present this has been rectified. 2. GAVI is funding for injection safety for the EPI vaccinations given children 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 all immunizations in the country. 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. The 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 and due to the problems in tender practices and the registration of suppliers this has not been finalized to date. 3. Used AD syringes after collecting into the safety boxes are burned or buried at a suitable place. Earlier it was planned to construct incinerators in all districts to burn used AD syringes. However this has not materialized to date due to the financial constraints. 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 will be used for this project. The review expert group also expressed their concern on this subject (Annexure 4)	

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
Vaccination coverage Hep B I Hep B III	>95%	Hep B I - 93.8% Hep B III – 62.9%	Our programme started in January 2003, and the cohort to receive Hep BIII is possible only from May 2003.(I dose in Jan at the age of 2 months, II dose in March at the age of 4 months and III dose in May at the age of 6 months). It is necessary to follow an entire birth cohort with all 3 doses for whole one year to assess the coverage for Hep B III. This is the reason for this low coverage for Hep B III. However, once the coverage assess for year 2004 in Phase I area this "FALSE LOW COVERAGE' will not exist.	
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 Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed
for financial sustainability planning.

At present Sri Lanka has commenced to prepare FSP, which will be submitted in November this year. A group comprising the relevant authorities to prepare FSP attended the training programme organised by WHO/SEARO in Nepal, in April this year. Action plan to develop FSP is already developed and at the next ICC meeting this will be reviewed and finalised. The group has already started collecting necessary information from the central and provincial health authorities, which is necessary to prepare FSP. It is planned to have a central level workshop to prepare FSP in June 2004. A working group will be formed to prepare the FSP and it is expected to have the draft document by August 2004. Support from the WHO experts at HQ will be obtained necessarily, as this was discussed at the Nepal training programme. (Annexure 6: FSP Activity Plan and progress)

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 Hep B *(specify)*

Proportion of vaccines supported by	Annual proportion of vaccines									
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Proportion funded by GAVI/VF (%)	100%	100%	100%	100%	75%**	-	-	-	-	-
Proportion funded by the Government and other sources (%)	-	-	-	-	25%	100%	100%	100%	100%	100%
Total funding for Hep B *(new vaccine)* *	471 , 500 us$									

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

***** Supply not used in phasing period 2003-2004 is 75% (Please refer GAVI Secretariat letter GAVI/04/033/ej dated 02.08.2004 to the Hon Minister of Health , Sri Lanka.***

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.gaviftf.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 2004. *(indicate forthcoming year)*

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

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	340,144	354,101	363,549	340,403	365,000	370,000	375,000	380,000	385,000
Infants' deaths (IMR 12.2 for 1000)*	4,148	4320	4435	4850	4392	4392	4575	4636	4697
Surviving infants	335,996	349,781	359,114	335,553	355,608	355,608	370,425	375,364	380,303
Infants vaccinated / to be vaccinated with 1st dose of DTP (DTP1)*	338,751	372,857	345,426	338,945	361,350	366,300	371,250	376,200	381,150
Infants vaccinated / to be vaccinated with 3rd dose of DTP (DTP3)*	336,586	364,045	344,941	328,760	361,350	366,300	371,250	376,200	381,150
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1st dose of Hep B *(new vaccine)*				161,752	292,267	366,300	371,250	376,200	381,150
Infants vaccinated / to be vaccinated with 3rd dose of Hep B *(new vaccine)*				108,512	292,267	366,300	371,250	376,200	381,150
Wastage rate of **Hep B *(new vaccine)*				25%	20%	15%	15%	15%	15%
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	326,090	331,593	328,802	318,275	346,750	351,500	356,250	361,000	365,750
Infants vaccinated / to be vaccinated with BCG	333,465	352,819	343,638	330,712	361,350	366,300	371,250	376,200	381,150
Infants vaccinated / to be vaccinated with Measles	326,752	336,71	349,028	336,311	361,350	366,300	371,250	376,200	381,150

* 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

Note:

1. **Actual number of births reported in 2000, 2001 & 2002 at the Registrar General Office are given here. Actual number of births reported for year 2003 is not available at the Registrar General Office, and according to the estimates it is around 365,000. But the hospital data reported only 340,403 births. This number is necessarily underestimate the true number of births occurred in Sri Lanka, and this is fluctuate between 340,000 to 360,000 births. The possible under registration of births in civil disturbance affected areas is a one of the likelihood reasons for this low reported number of births in the year 2003. Considering all these facts, we have estimated and expected an increase of around 5,000 births annually.**

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.**

6. **There is a tendency of receiving the immunization in private sector in the country. This is particularly observed in urban areas. The reporting from the private sector is minimum. Therefore the number of immunization reported for BCG, DTP, Measles and TT to be higher than mentioned in this report (Table 3). This again reflect that the both population and number of immunization given in this report for the year 2003 is tend to be slightly low than the true numbers.**

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.
The actual number of births reported is an underestimation. According to the Registrar General sources, still the registration and reporting of births in Sri Lanka is NOT 100%.

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/03/169/jj, dated 09.02.2004), that it has approved revised estimates for year 2004. It is also informed to revise the estimated target population for 2005 onwards (which was submitted in September 2003 for the year 2002), which we have duly corrected in this progress report. Sri Lanka is expecting GAVI approval for year 2005 towards, as estimates request in this report.

A letter received from the GAVI Secretariat (GAVI/04/033/ej dated 2 March 2004) has informed the Ministry of Health Sri Lanka, that Sri Lanka is entitle to use the portion of supply (not used in the phasing period) during the 4th and 5th year.
We have adjusted it in this report accordingly. For vaccine it will be used in year 2008, as Sri Lanka is entitle to received the vaccine support for 5 years (2003 –2007). And for the injection safety, it will be used in year 2006 as Sri Lanka receives injection safety only for year 2003-2005.

Table 4: Estimated number of doses of ***Hep 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 **2004**	For Year **2005**
A	Infants vaccinated / to be vaccinated with 1st dose of ..... *(new vaccine)*		292,267	370,000
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	*%*	100%	100%
C	Number of doses per child		3	3
D	Number of doses	*A x B/100 x C*	876,801	1,110,000
E	Estimated wastage factor	*(see list in table 3)*	1.25	1.18 for 10 doses 1.11 for 2 doses
F	Number of doses (incl. wastage)	*A x C x E x B/100*	1,096,001	982350* +308,025* =1,290,375
G	Vaccines buffer stock	*F x 0.25*	94,894	48,594
H	Anticipated vaccines in stock at start of year ….		-	-
I	Total vaccine doses requested	*F + G - H*	1,190,895	1,338,969
J	Number of doses per vial 10 Doses (75%) 2 Doses (25%)		893,172 297,724	1,004,226 334,743
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	1,078,582	1,286,040
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	0	0
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	11,972	14,275

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… ….: 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

NOTE: * Calculation for Number of doses including wastage
Wastage calculates separately for 2 and 10 dose vials. Sri Lanka requested 75% of 10 dose vials and 25% of 2 dose vials

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

Table 4a: Estimated number of doses of ***Hep 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 **2006**	For Year **2007**	For Year **2008**
A	Infants vaccinated / to be vaccinated with 1st dose of ..... *(new vaccine)*		375,000	380,000	385,000
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*	1,125,000	1,140,000	1,155,000
E	Estimated wastage factor	*(see list in table 3)*	1.18 for 10 doses 1.11 for 2 doses	1.18 for 10 doses 1.11 for 2 doses	1.18 for 10 doses 1.11 for 2 doses
F	Number of doses (incl. wastage)	*A x C x E x B/100*	995,625 +312,188 = 1,307,813	1,008,900 + 316,350 = 1,325,250	1,022,175 + 320,513 = 1,342,688
G	Vaccines buffer stock	*F x 0.25*	0	0	0
H	Anticipated vaccines in stock at start of year		***	***	***
I	Total vaccine doses requested	*F + G - H*	1,307,813	1,325,250	1,342,688
J	Number of doses per vial 10 Doses (75%) 2 Doses (25%)		995,625 312,188	1,008,900 316,350	1,022,175 320,513
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	1,248,750	1,265,400	1,282,050
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*	13,862	14,046	14,231

****** At this point it is unable to calculate the anticipated vaccines in stock at start of year 2006 onwards, particularly with not stable coverage and wastage of the vaccine. The stock balance could be made only once the phasing is over in year 2005.***

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

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

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 2004	For year 2005	For year 2006
A	**Target of children for BCG vaccination** [1]	#	292,267	**370,000**	375,000
B	**Number of doses per child**	#	**1**	**1**	**1**
C	**Number of BCG doses**	A x B	292,267	**370,000**	375,000
D	**AD syringes (+10% wastage)**	C x 1.11	**324,416**	**410,000**	**416,250**
E	**AD syringes buffer stock** [2]	D x 0.25	**31,278**	**21,571**	**-**
F	**Total AD syringes**	D + E	**355,694**	**431,571**	**416,250**
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*	**32,442**	**41,070**	**41,625**
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	**4,308**	**5,030**	**5,082**

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 2004	For the year 2005	For the year 2006	Justification of changes from originally approved supply:
Total AD syringes	for BCG	**355,694**	**431,571**	**416,250**	**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 and the estimates done by them.**
	for other vaccines	**2,489,857**			
Total of reconstitution syringes 2ml		**32,442**	**41,070**	**41,625**	
5 ml		**51,907**	**65,712**	**66,600**	
Total of safety boxes		**32,522**	**39,338**	**38,164**	

[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 2004	For year 2005	For year 2006
A	**Target of children for DTP vaccination** [4]	#	292,267	**370,000**	375,000
B	**Number of doses per child**	#	4	4	4
C	**Number of DTP doses**	A x B	1,169,068	1,480,000	1,500,000
D	**AD syringes (+10% wastage)**	C x 1.11	1,297,665	1,642,800	1,665,000
E	**AD syringes buffer stock** [5]	D x 0.25	125,110	86,284	-
F	**Total AD syringes**	D + E	1,422,776	1,729,084	1,665,000
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*	-	-	-
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	15,793	19,192	18,482

[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 2004	For year 2005	For year 2006
A	**Target of children for Measles vaccination** [7]	#	292,267	**370,000**	375,000
B	**Number of doses per child**	#	**1**	**1**	**1**
C	**Number of Measles doses**	A x B	292,267	**370,000**	375,000
D	**AD syringes (+10% wastage)**	C x 1.11	**324,416**	**410,000**	**416,250**
E	**AD syringes buffer stock** [8]	D x 0.25	**31,278**	**21,571**	**-**
F	**Total AD syringes**	D + E	**355,694**	**431,571**	**416,250**
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*	**51,907**	**65,712**	**66,600**
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	**4,524**	**5,520**	**5,360**

[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 2004	For year 2005	For year 2006
A	**Target of Pregnant women for TT vaccination [10]**	#	292,267	**370,000**	375,000
B	**Number of doses per woman**	#	2	2	2
C	**Number of TT doses**	A x B	584,534	740,000	750,000
D	**AD syringes (+10% wastage)**	C x 1.11	648,833	821,400	832,500
E	**AD syringes buffer stock [11]**	D x 0.25	62,555	43,142	-
F	**Total AD syringes**	D + E	711,388	864,542	832,500
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*	-	-	-
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	7,896	9,596	9,240

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.

Reasons: Please See Page 15-16.

[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
Vaccination coverage Hep B I Hep B III	>90%	Hep B I - 93.8% Hep B III – 62.9%	Our programme started in January 2003, and the cohort to receive Hep B III is possible only from May 2003. (I dose in Jan at the age of 2 months, II dose in March at the age of 4 months and III dose in May at the age of 6 months). It is necessary to follow an entire birth cohort with all 3 doses for whole one year to assess the coverage for Hep B III. This is the reason for this low coverage for Hep B III. However, once the coverage assess for year 2004 in Phase I area this "FALSE LOW COVERAGE' will not exist.	> 95%
Injection related adverse events following immunizations (***Please see 1.3.2)***				

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	Yes	Electronic version sent on 25 May 2004. Printed copy will be sent in due course.
Reporting Period (consistent with previous calendar year)	Yes	2003.
Table 1 filled-in	Yes	
DQA reported on	Yes	
Reported on use of 100,000 US$	Yes	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	Yes	FST report to be submitted in Nov 2004. Only activity plan and its progress are annexed here.
Table 2 filled-in	Yes	Sri Lanka has already received the request for year 2004, as it was approved by the GAVI. This report revised request for year 2005 onwards only.
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	Yes	
ICC minutes attached to the report	Yes	Only year 2003 minutes are attached. Previous years minutes were annexed to the year 2002 annual report submitted September 2003.
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

ICC/RWG 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 Care and Nutrition 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.
Any important matter related to the GAVI supported Hep B and injection safety and utilization of GAVI additional support of 100,000US$ are necessarily discussed, monitored and evaluated by the ICC.
The ICC Sri Lanka has reviewed the present report and is particularly concerned about the revised estimates of requirements.

The ICC is concerned GAVI attention on the following requests.

- Support for strengthening on-going Japanease Encephalitis vaccination programme
  JE vaccination programme is carried out annually targeting high-risk groups in the country since 1985. Every year the area and number to be covered are substantially increased with the increasing burden of JE in the country. With the present increasing vaccine price, particularly the good quality vaccine, the sustainability of this important programme is questionable with the present financial constraints in the country. Therefore, The Government of Sri Lanka is seeking possible support from the GAVI to continue JE vaccination programme in coming years. (Annexure 7: Present situation of JE programme in Sri Lanka
  Health Services, Dept. of Health Services, Sri Lanka.)

- Support for injection safety for year 2006-2007
  The present GAVI support for this activity is only for 3 years from 2003. The ICC is requesting the GAVI for possible support for years 2006-2007, as it is for new vaccine. 75% of total requirement for year 2006 is given in Table 5 and will be provided by GAVI, as informed by the GAVI Secretariat; entitlement for phasing injection safety support.

- Support for new vaccine Hib
  At present the Hib disease burden study is going on with the support of SEARO/WHO. The report will be available in mid 2005 once the data collection is completed in February 2005. Depending on the results and recommendation of the advisory committee on communicable diseases, Ministry of Health, Sri Lanka will take a decision to introduce Hib into the EPI or not. If Sri Lanka decides to introduce Hib into the EPI, it will request to the GAVI for possible support under the introduction of new vaccine from year 2007.

The minutes of all ICC meetings held in 2003 are annexed. (Annexure I)

7. Signatures

For the Government of Democratic Socialist Republic of Sri Lanka

Signature: .....

Mr. F.R.Maligaspe

Secretary of Health, Ministry of Health Care & Welfare, Sri Lanka

RANJITH MALIGASPE
Secretary
Ministry of Healthcare, Nutrition and
Uva Wellassa Development

Date: 24 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
Department of Health Services Ministry of Health	Dr. HAP Kahandaliyanage, Director General of Health Services	25.05.2004
Department of Health Services Ministry of Health	Dr. M. Fernando Deputy Director General of Health Services (Public Health)	25.05.2004
Epidemiology Unit, Ministry of Health	Dr MRN Abeysinghe Epidemiologist	.05.2004
Family Health Bureau Ministry of Health	Dr V Karunaratne Director Maternal & Child Health	25.05.2004
Sarvodaya	Dr. Vinya Ariyaratne Executive Director	31.05.2004

Agency/Organisation	Name/Title	Date Signature
WHO	Dr. Pole A/R WR	26.05.2004
UNICEF	Dr. Aberra Bekele Head, Early Child Hood programme	26.05.2004
World Bank	for Daya Samarasekera Health Specialist	31.05.2004
JICA	for Mr. H. Kobayashi Asst. Res. Rep. - JICA	26.05.2004
Rotary International		.05.2004