Annual Progress Report 2007

Submitted by

The Government of

REPUBLIC OF ARMENIA

Date of submission _____

Deadline for submission 15 May 2008

(to be accompanied with Excel sheet as prescribed)

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

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

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

Signatures Page for ISS, INS and NVS

For the Government of ……

Ministry of Health:

Title: Minister of Health, Chair of ICC

Signature: ……/H. Kushkyan/

Date: ……

Ministry of Finance:

Title: Deputy Minister of Finance

Signature: ……/P. Safaryan/

Date: ……

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

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

Name/Title	Agency/Organisation	Signature	Date
H. Kushkyan / Minister, Chair of ICC	Ministry of Health		
H.Darbinyan / Deputy Minister	Ministry of Health		
S. Barseghyan / Deputy Minister	Ministry of Territorial Management and Substructures		
F. Berikyan / Deputy Minister	Ministry of Labour and Social Affaires		
L. Rukhkyan / Deputy Minister	Ministry of Agriculture		
B. Yesayan / Deputy Minister	Ministry of Education and Sciense		
A. Parsadanyan / Chief of Medical Departement	Ministry of Defence		
P. Safaryan / Deputy Minister	Mnistry of Finanse and Economy		
R. Harutyunyan / Deputy Head	National Security Service		
V. Gabrielyan / Deputy Head	National Rescue Service of Ministry of Teritorial Managment		

	National Police		
G. Gevorgyan / Member of State Statistic Comitte	National Statistic Service		
A. Vanyan / Chief of SHAEI	Minstry of Health, State Hygienic and		
V. Poghosyan /Head of Health Care Departement	Minstry of Health		
G. Sahakyan / NIP Manager, Secretary of ICC	Ministry of Health, State Hygienic and		
E. Danielyan / Head of WHO Country office	WHO Country Office		
L. Hovakimyan / Manager of Health and Nutrition programmes	UNICEF		
R. Gyurjyan / Executive Manager	VRF		
S. Hayrapetyan / Representative of WB	World Bank/ Yerevan		
R. Jamalyan / Program Managment Specialist	USAID /Armenia		

Signatures Page for HSS

For the Government of ……

Ministry of Health:

Title:

Signature: ……

Date: ……

Ministry of Finance:

Title:

Signature: ……

Date: ……

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

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

Name/Title	Agency/Organisation	Signature	Date

Progress Report Form: Table of Contents

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

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No
If yes, please explain in detail how it is reflected as MoH budget in the box below.
If not, explain why not and whether there is an intention to get them on-budget in the near future?

Yes. At the end of 2006 (December 12, 2006) ICC discussed the proposal of NIP extra- budget expenditures for 2007, which was formed using funds received for ISS (see attached minutes of ICC . ICC approved extra-budget expenditures proposal for 2007 and recommended to submit this calculation for adoption by the Ministry of Finance and Economy.

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.

National Immunzation Programme Manager develops the Annual Budget for the upcoming year and distributes to ICC members. An official ICC meeting discusses Proposed Annual Budget. After the approval of ICC already endorsed by the Ministry of Health the Annual Budget is being submitted to the Ministry of Finance and Economy for the final approval. Funds are alowed to use only after the cofirmation by the Minister of Finance and Economy.
In order to implement the Approved Budget, EPI Manager prepares a bid that is submitted to the Financial Department of the Ministry of Health.
The Financial Department on the basis of bid prepare a separate form that is submitted to an independent agency entitled as State Procurement Agency. The last announces a tender, collects the bids and defines the winner of the tender. Duration of the tender from the day of announcement up to the date of decision making on the winner of the tender lasts about 90 calendar days. The company winner provides the services or goods and receives the payment by bank transfer from the Ministry of Finance and Economy.
Further, on a quarterly basis, the Ministry of Health reports to the Ministry of Finance and Economy on ICC used funds during the quarter and requaires approval for the next quarter.
During the ICC meetings NIP Manager reports to ICC members about Immunization activities implemented during the previous quarter and also upcoming activitis.

The drawbacks of the existing system:

- *Long duration of the tender from the stage of announcement up to the stage of decision making;*
- *Complicated system of reporting on expenditures foreseen by budget;*
- *Prices of the companies that win on tenders announced by State Procurement Agency are frequently higher then the existing market prices;*

Last of considerable amount of funds due to high taxes.

0

1.1.2 Use of Immunization Services Support

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

Funds received during 2007 NOT RECIEVED
Remaining funds (carry over) from 2006 56 413 100 AMD (1$US=310 AMD) **182 000$US**
Balance to be carried over to 2008 33 125 300 AMD (1$US=310 AMD) **106 855$US**

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation	19 052	3000	6000	10 052	
Maintenance and overheads	2260	1130	1130		
Training	1145	145	1000		
IEC / social mobilization	5852	2300	1500	2052	
Outreach	1043		1043		
Supervision	1921	921	1000		
Monitoring and evaluation	12 775	2300	5475	5000	
Epidemiological surveillance					
Vehicles	31 097	16 097	15 000		
Cold chain equipment					
Other ..... *(specify)*					
Total:	75 145				
Remaining funds for next year:	106 855				

****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 and utilization of funds were discussed.

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

During 2007 following major activities were implemented to strengthen immunization:
1. New reporting forms have been developed to improve Immunization coverage monitoring and evaluation systems. National and regional workshops have been organized for introduction of new forms.
2. Training courses on Immunization in Practice involving 36 participants (Epidemiologists and Paediatricians) in 2 stages: 1) Training for National Trainers (TOT); 2) Training of participants (regional trainers).
3.Supporting supervisions: during visits epidemiologists and pediatricians support HF staff engaged in immunization to implement their responsibilities in line with WHO recommendations
4.Measles and Rubella supplementary Immunization campaign was conducted. During preparedness phase all health workers engaged in SIA were trained, cold chain was upgraded and National guidelines for Immunization were developed .

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for **__2011_____**

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

What were the major recommendations of the DQA?

- Reporting is not standardized in time (monthly/3 monthly). The data flow is not standardized either. There is also no standardized use of forms, especially regarding reporting of AEFI and some places send no report at all if they have no cases.
  It is recommended to improve the system, to clarify responsibilities and accountabilities. Standardize the data flow from health post => health unit => to region => to marz, and insist on due dates for monthly reporting. These dates should be feasible. Actually health posts and health units have to report by the first of each month what is extremely difficult if they have to include vaccinations till the 31st of the previous month. One of the explanations given for inaccuracy was that the reporter closed the reporting period earlier to be able to report timely. If no cases of AEFI or communicable diseases occurred this should be reported to the higher level in a 0 report.
- Analysis of data is very poor at all levels. It is recommended to introduce new monitoring tools like the use of coverage charts, calculation of drop out rate and calculation of wastage rate. The analysis of data should be done by each level and the data should be used for action.
- Important shortages of different vaccines and syringes have been reported. This has a serious impact on the programme. Cold chain managers do not know what is the minimum or maximum stock for their structure and distribution is done in an ad hoc way in many places. With the questions of the questionnaire we did not search in depth for an explanation of the shortage. It is recommended to investigate this further. Does the distribution of vaccines happen according the plan? Is the plan according to the needs? Is there high wastage of vaccines?
- There is a need for improved supportive supervision. Findings for Yerevan seemed a bit better compared with the other two marzes, probably because of better access for supervision. It is important to clarify with the standardization of the data flow the responsibilities for supervision of each level and to include supervisory visits in yearly planning. Checklists for supervision could be developed to be used

systematically and feed back should be given on a routine basis. It will be useful to verify reported data during supervisory visits.

It is recommended to improve the management of the programme, to enhance capacities of the national manager, to organize training for managers, to strengthen their knowledge of monitoring and supervisory skills.

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

YES [X] *NO* [ ]

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

DQA recommendations are included in the comprehensive multy-year plan of Nationl Immunization Prgramm.

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

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

NA

1.1.4. ICC meetings

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

In 2007 ICC met twice. Minitues are attached.
ICC members are from Governmental structurs and International Organizations. The only member from NGO sector is VRF (Vishnevskaya-Rostropovich Foundation).

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

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

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

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Hep B	**single dose**	**136 900**	**1999**	**21 March, 2007**
				28 September, 2007

Please report on any problems encountered.

NA

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.

Conduct training courses for HW, giving more attention to medical staff and vaccinators in maternity hospitals in order to raise thir awereness about cotraindications, Adverse Events folowing Imunization.

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

These funds were received on: _____

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

NA

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

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

Please summarize the major recommendations from the EVSM/VMA

Adapt to the local conditions and implement Model Quality Plan; introduce new provisions in the relevant national regulations.

The long-term plan of support for the primary cold store should be incorporated into the multi-year plan of development and the plan of financial sustainability.

Review the methodological and regulatory documents, and develop Standard Operating Procedures of the national vaccine store management, which can be further used on all levels; also, include the new components, indicated in Model Quality Plan, into the current training materials.

Develop and put into practice the Vaccine Arrival Report (VAR) form. Include this document in the list of documents that must be reserved in the NPI records. Expand the VAR form usage to all levels to ensure feedback from intermediate cold stores to the primary store level. The VAR form should include VVM, CCM, Freeze watch indicators, and other relevant data.

Elaborate written emergency plan procedures with information about contact persons, e.g. a plan of action in emergency situations caused by cold chain failures.

Elaborate and approve the rules and procedures of damaged vaccines disposal, avoid storage of damaged vaccines for a long time.

Ensure annual inspections of cold store thermometers by authorized services.

Provide the cold store equipments with devices of permanent recording of temperature conditions.

Good management practices also include a profound knowledge of the available storage capacities, as well as calculation of vaccine volumes. It is recommended that the primary store staff perform and record the calculations of storage capacities and vaccine volumes in accordance with the WHO recommendations, including respective calculations for intermediate cold stores. This is absolutely necessary if vaccine packing has been changed and/or prior to the introduction of new vaccines and preparation for immunization campaigns.

Ensure constant connection of the standby generator and check its reliability.

Ensure that all the cold equipments in the primary store be provided with automated alarm systems to signal of any temperature deviations (since the cold store is not watched permanently).

Avoid storing vaccines and diluents in risk zones in the cold rooms, e.i. opposite and/or close to the cooling machinery.

Perform planning and implementation of repairs and upgrading of the primary cold store in accordance with the Model Quality Plan requirements, including redecoration, lighting, ventilation, office equipment in the store, packing sector, conveyer, etc.

Change the icepack policy. Frozen icepacks are not recommended to use in cold boxes to

avoid the risk of vaccine freezing. Use packs with cold water or icepacks after proper conditioning (e.i. frozen icepacks are kept in a warm room till they become watery).

Improve and standardize the delivery/collection register, provide a special graph for diluents.

Inform the intermediate cold stores (in marzes) about the approved annual plans of vaccine deliveries to ensure receiving feedback information.

On the marz level, ensure comprehensive recording of distribution and actual deliveries of vaccines to districts.

Determine minimal reserve stocks for all the vaccine stores, specifying safety stocks for each vaccine. Introduce a system of notification if the vaccine reserve become lower the determined minimal level.

Following the WHO-UNICEF Model Quality Plan, develop standard operating procedures in specific (including emergency) situations in the primary and intermediate cold stores; develop visual materials related to some practical skills (e.g. icepack conditioning); improve and upgrade the current training materials.

Develop and submit for consideration the annual working and financial plan that would include, in compliance with Model Quality Plan, issues related to cold chain equipment, repairs, maintenance, human resources and training.

Was an action plan prepared following the EVSM/VMA: Yes/No

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

All recomendations were iincluded in cMYPand implemented accordingly.

The next EVSM/VMA* will be conducted in: ***2009***

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

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind

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

Injection Safety Material	Quantity	Date received
AD syringes (0.5)	146 100	April 02, 2007
Safety Boxes	1625	April 02, 2007

Please report on any problems encountered.

No problems.

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

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

GAVI support ended in 2004. The Government of Armenia is providing funds to support injection safety practices in the country.

Please report how sharps waste is being disposed of.

Current method of disposal is burning of sharp waste collected in Safety Boxes

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

Disposal of sharps waste has not been regulated due to the absence of the corresponding legislation. However, new regulation is under discussion at the Ministry of Jurisdiction.

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

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

NA

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

Table 2.1: Overall Expenditures and Financing for Immunization

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

	2007	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Expenditures by Category				
Vaccines	477451$	430404$	303854$	292141$
Injection supplies	49726$	72888$	74483$	75818$
Cold Chain equipment	0	126428$	132687$	135341$
Operational costs	75145$	344368$	367638$	230918$
Other (please specify)				
Financing by Source				
Government (incl. WB loans)	960 482$	1207955$	1132862$	1179454$
GAVI Fund	75 145$	74627$	53855$	53000$
UNICEF	150 000$	97971$	138076$	68203$
WHO	40 000$	193300$	118300$	100000$
Other (please specify) VRF				
VRF	115 000$	351618$	124744$	195818$
Total Expenditure		1958689$	1906578$	1936231$
Total Financing				
Total Funding Gaps				

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

During the reporting year immunization actual expenditures and financing are less than planned, due to MR supplementary activities implemented in Armenia. Government expenditures do not include WB loans because of limited availability. For the next year VRF /Vishnevskaya-Rostropovich Foundation/ is going to reduce its contribution in immunization program. To ensure sustainability of Immunization program it is projected to increase Government expenditures by 30% for procurement of vaccines and injection supplies.

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

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

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	**2007**	**2007**	**2008**	**2009**
HepB	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)	0.035	0.035	0.14	0.35
Government	7930$	8000$	80 000	80 000
Other sources (please specify)				
Total Co-Financing (US$ per dose)	0.35$	0.35$	0.35$	0.35$

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

GAVI awarded vaccine for Armenia is Hep B. In 2007 GAVI support was 90% of total requirement but in 2008 it will be 60%. GAVI support ends in 2009.

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

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

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

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

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	✓	BCG, OPV, DTP, MMR, Hep B, DT	Government, GAVI, UNICEF,
PAHO Revolving Fund			
Donations	✓	BCG, DT, MMR	VRF, ANMF/Ani&Narot Memorandum Fund/, ASF /Armenian Support Fund/
Other (specify)			

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

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	Yes
National health sector plan	N/A
National health budget	Yes
Medium-term expenditure framework	Yes
SWAp	
cMYP Cost & Financing Analysis	Yes
Annual immunization plan	Yes
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-

financing?
1.
2.
3.
4.
5.

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

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

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided. Targets for future years **MUST** be provided.

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

GAVI support ends for Hep B in 2009.

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

Number of	Achievements and targets									
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
DENOMINATORS										
Births	37539	39000	40600	42500	44300	46000	48000	50500	53025	55675
Infants' deaths	83	85	85	87	90	93	95	98	98	99
Surviving infants	37456	38915	40515	42413	44210	45907	47905	50402	51965	55120
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)*	36333	38250	39700	41700	44000	45800	47850	50400	51900	55100
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of DTP (DTP3)*	32511	37700	39200	41400	43800	45600	47700	50000	51500	54800
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)* ..... *(new vaccine)*	31200	38000	39600	41300	43800	45700	47800	50400	51 900	55 100
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of..... *(new vaccine)*	29261	37500	39200	41000	43500	45300	47500	50200	51500	54800
Wastage rate till 2007 and plan for 2008 beyond*** ..... *(new vaccine)*	10%	7%	9%	13%	12%	11%	10%	10%	10%	10%
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT										
Infants vaccinated / to be vaccinated with BCG										
Infants vaccinated / to be vaccinated with Measles (1st dose)										

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

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

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

N/A

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
▪ **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided ▪ **Wastage of vaccines:** Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid. ▪ **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ **Anticipated vaccines in stock at start of year 2009:** It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines. ▪ **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines. ▪ **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: Wastage rates and factors

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

3.3 Confirmed / revised request for injection safety support for the year 2009

Table 8: Estimated supplies for safety of vaccination for the next two years with ……
(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) (*1)*	#		
B	Number of doses per child (for TT: target of pregnant women)	#		
C	Number of ….doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock *(2)*	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor *(3)*	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

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

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

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

4. Health Systems Strengthening (HSS)

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

Health Systems Support started in: _____

Current Health Systems Support will end in: _____

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

Requested amount to be disbursed for 2009 US$ _____

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

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

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

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

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

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

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

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

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

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

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	15 April, 2008	
Reporting Period (consistent with previous calendar year)	2007	
Government signatures	✓	
ICC endorsed	✓	
ISS reported on	✓	
DQA reported on	✓	
Reported on use of Vaccine introduction grant	✓	
Injection Safety Reported on	✓	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		Armenia did not apply for Phase 2 of the GAVI Alliance
New Vaccine Request including co-financing completed and Excel sheet attached	✓	
Revised request for injection safety completed (where applicable)	✓	
HSS reported on		
ICC minutes attached to the report	✓	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

6. Comments

ICC/HSCC comments:

~ End ~