GAVI
THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

Updated February 2004

Progress Report

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

by the Government of HONDURAS

COUNTRY: HONDURAS

Date of submission: ……

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	X
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

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.

1.1.2 Use of Immunization Services Support

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

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

Table 1 : Use of funds during reported calendar year 20_ _

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ……. *(specify)*					
Total:					
Remaining funds for next year:					

If no information is available because of block grants, please indicate under 'other'.

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

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

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.

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

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

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

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

Start of vaccinations with the new and under-used vaccine: MONTH…….. YEAR…….

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

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.

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.

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

Honduras has initiated the process to fulfil the commitments and goals established in the Action Plan for Safe Injections introduced to GAVI. Several advances can be observed, especially in the provision of AD Syringes and Safety Boxes to Local Health Units. Also, it is important to mention that the first draft of the Module for Safe Injections has been completed, prior to the training of both the private and public sectors. However, the success and sustainability of these actions is endangered by the problems encountered in the allocation of financial resources from GAVI.

The Secretary of Health presented a motion to the WHO/PAHO committee to allow the country to manage and administer the funds from the program, thus exonerating the country from paying administrative fees. This has been unofficially approved.

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
Ratio of LHU with vaccine infrastructure	✓ 100% of all Local Health Units equipped and furnished according to regulations for safe injection practices.	The country has already started the procurement process to modify the vaccination spaces.	Lack of financial resources for 2004.	100% of all Local Health Units equipped and furnished according to regulations for safe injection practices.
Ratio of LHU using AD syringes	✓ 100% of all Local Health Units equipped with AD syringes. 100% of all injection-delivered vaccines applied with AD syringes according to vaccine type.	100% US uses AD syringes for the application of injectable vaccines.		100% of all Local Health Units equipped with AD syringes. 100% of all injection-delivered vaccines applied with AD syringes according to vaccine type.
Ratio of LHU destroying needles	✓ 100% of all Local Health Units equipped with needle destroyers, destroying the needles of AD syringes prior to its elimination. ✓ 100% of all Local Health Units equipped with safety boxes.	21% US have needle destroyers and uses them accordingly.	Lack of financial resources for 2004 (GAVI and USAID).	100% of all Local Health Units equipped with needle destroyers, destroying the needles of AD syringes prior to its elimination. 100% of all Local Health Units equipped with safety boxes.
Ration of LHU disposing off needles without re-capping	✓ 100% of needles disposed-off without recapping.	40% personnel carry out disposal of needle without recapping them.	Health personnel continues to miss the application of the regulations to not-recap the syringes.	100% of needles disposed-off without recapping.
Ratio of LHU disposing off syringes into safety boxes	✓ 100% of needles disposed-off without recapping.	100% US have safety boxes and uses them accordingly in order to eliminate needles and syringes used in vaccination activities.		100% of needles disposed-off without recapping.
Ratio of LHU destroying safety boxes by means of incineration	✓ 100% of all Local Health Units destroying safety boxes containing AD syringes and other materials used for vaccination through the use of secure methods of disposal: incineration, burning and burial at one meter of depth.	Only 20% of the goal for US destroy safety boxes accordingly.	Lack of financial resources for 2004.	100% of all Local Health Units destroying safety boxes containing AD syringes and other materials used for vaccination through the use of secure methods of disposal: incineration, burning and burial at one meter of depth.

Indicators	Targets	Achievements	Constraints	Updated targets
Ratio of trained health personnel	✓ 100% of all health personnel from both the public and private systems trained and educated on the application of safe injections (i.e., requirements establishment, use and handling of application equipment, safe elimination and destruction). ✓ Self-instruction materials on safe injections formulated and printed for distribution to 100% of all health personnel and community leaders in the country.	The process to update the health personnel on application techniques, disposal and destruction of syringes has been initiated.	Lack of financial resources for 2004.	100% of all health personnel from both the public and private systems trained and educated on the application of safe injections (i.e., requirements establishment, use and handling of application equipment, safe elimination and destruction). Self-instruction materials on safe injections formulated and printed for distribution to 100% of all health personnel and community leaders in the country.
Ratio of municipalities engaged in promotion strategy	✓ Communications strategy for the implementation of the National Policy on Safe Injections formulated and implemented in 100% of all municipalities across the country (i.e., 298).	The process to incorporate the promotion strategy on safe-injections at all sanitary regions in the country has been started.		Communications strategy for the implementation of the National Policy on Safe Injections formulated and implemented in 100% of all municipalities across the country (i.e., 298).
	✓ Education material on safe injections produced, printed and distributed to 100% of all Local Health Units.	The first draft of the self-instruction module has been issued.		Education material on safe injections produced, printed and distributed to 100% of all Local Health Units.
	✓ Education material on safe injections produced and broadcasted through mass media.	Several actions within the IEC/PAI Plan have been started.		Education material on safe injections produced and broadcasted through mass media.
	✓ 100% of all Local Governments and private sectors companies incorporated as key players in the promotion of safe injections.	Process not yet started.		100% of all Local Governments and private sectors companies incorporated as key players in the promotion of safe injections.
Ratio of LHU applying surveillance techniques for adverse effects.	✓ 100% of all Local Health Units and Hospitals carrying out activities of surveillance of adverse events associated with vaccination practices	100% of hospitals have established epidemiological surveillance, notifying, researching and documenting adverse events associated to vaccines.	Lack of financial resources for 2004.	100% of all Local Health Units and Hospitals carrying out activities of surveillance of adverse events associated with vaccination practices

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:

N/A

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.

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Table 2 : Sources (planned) of financing of new vaccine …… *(specify)*

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

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

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.
Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.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 …….. *(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 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									
Infants' deaths									
Surviving infants									
Infants vaccinated / to be vaccinated with **1st dose** of DTP (DTP1)*									
Infants vaccinated / to be vaccinated with **3rd dose** of DTP (DTP3)*									
NEW VACCINES **									
Infants vaccinated / to be vaccinated with **1st dose** of ……. *(new vaccine)*									
Infants vaccinated / to be vaccinated with **3rd dose** of ……. *(new vaccine)*									
Wastage rate of *** …….. *(new vaccine)*									
INJECTION SAFETY****									
Women fertile age (12-49años) vaccinated with Td +		628,785	592,265	658,840	702,225	738,653	756,116	773,579	791,579
Infants vaccinated / to be vaccinated with BCG		177,656	181,415	184,075	185,420	186,370	188,462	194,115	199,932
Infants vaccinated / to be vaccinated with Measles		188,956	184,911	184,075	185,420	186,370	188,452	194,115	199,932

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)
** Use 3 rows for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

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

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

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

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

		Formula	For year ……
A	Infants vaccinated / to be vaccinated with 1st dose of …..... *(new vaccine)*		*
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	*%*	
C	Number of doses per child		
D	Number of doses	*A x B/100 x C*	
E	Estimated wastage factor	*(see list in table 3)*	
F	Number of doses (incl. wastage)	*A x C x E x B/100*	
G	Vaccines buffer stock	*F x 0.25*	
H	Anticipated vaccines in stock at start of year ….		
I	Total vaccine doses requested	*F + G - H*	
J	Number of doses per vial		
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	

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

Table 5: Wastage rates and factors

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

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

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

Table 6.1: Estimated supplies for safety of vaccination with …BCG

		Formula	2005	2006
A	Target of children for ..... vaccination (for TT : target of pregnant women)[1]		190,996	192,874
B	Number of doses per child (or per woman in case of TT)	#	1	1
C	Number of ..... doses	A x B	190,996	192,874
D	AD syringes (+10% wastage)	C x 1.11	212,005	214,090
E	AD syringes buffer stock [2]	D x 0.25	53,001	53,523
F	Total AD syringes	D + E	265,006	267,613
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor [3]	Either 2 or 1.6	2	2
I	Number of re-constitution [4] syringes (+10% wastage)	C x H x 1.11 / G	42,401	42,818
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	3,412	3,446

[1] GAVI/The Vaccine Fund 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 in 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 calculated with the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

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

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

Table 6.2. Estimated supplies for safety of vaccination with …DPT / HB / Hib

		Formula	2005	2006
A	Target of children for ..... vaccination (for TT : target of pregnant women)[5]		190,996	192,874
B	Number of doses per child (or per woman in case of TT)	#	3	3
C	Number of ..... doses	A x B	572,988	578,622
D	AD syringes (+10% wastage)	C x 1.11	636,016	642,270
E	AD syringes buffer stock [6]	D x 0.25	159,004	160,567
F	Total AD syringes	D + E	795,020	802,837
G	Number of doses per vial	#	1	1
H	Vaccine wastage factor [7]	Either 2 or 1.6	2	2
I	Number of re-constitution [8] syringes (+10% wastage)	C x H x 1.11 / G	1,272,033	1,284,540
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	22,823	23,170

[5] GAVI/The Vaccine Fund 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 in Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

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

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

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

Table 6.3: Estimated supplies for safety of vaccination with …MMR…

		Formula	2005	2006
A	Target of children for ..... vaccination (for TT : target of pregnant women)[9]		189,354	190,996
B	Number of doses per child (or per woman in case of TT)	#	1	1
C	Number of ..... doses	A x B	189,354	190,996
D	AD syringes (+10% wastage)	C x 1.11	210,183	212,005
E	AD syringes buffer stock [10]	D x 0.25	52,545	53,001
F	Total AD syringes	D + E	262,728	265,006
G	Number of doses per vial	#	1	1
H	Vaccine wastage factor [11]	Either 2 or 1.6	2	2
I	Number of re-constitution [12] syringes (+10% wastage)	C x H x 1.11 / G	420,366	424,011
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	7,582	7,648

[9] GAVI/The Vaccine Fund 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 in Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

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

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

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

Table 6.4: Estimated supplies for safety of vaccination with …Td…

		Formula	2005	2006
A	Target of children for …… vaccination (for TT : target of pregnant women)[13]		738,653	756,113
B	Number of doses per child (or per woman in case of TT)	#	1	1
C	Number of …… doses	A x B	738,653	756,113
D	AD syringes (+10% wastage)	C x 1.11	819,915	839,285
E	AD syringes buffer stock [14]	D x 0.25	204,978	209,821
F	Total AD syringes	D + E	1,024,956	1,049,106
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor [15]	Either 2 or 1.6	2	2
I	Number of re-constitution [16] syringes (+10% wastage)	C x H x 1.11 / G	N/A	N/A
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	11,377	11,645

[13] GAVI/The Vaccine Fund 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 in Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

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

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

[16] 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. 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

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Table 1 filled-in		
DQA reported on		
Reported on use of 100,000 US$		
Injection Safety Reported on	**X**	Se completa reporte según componentes
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in		
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)	**X**	Tablas completas
ICC minutes attached to the report	**X**	
Government signatures	**X**	Firmas de Gobierno completa
ICC endorsed		

6. Comments

ICC/RWG comments:

PAHO: The Honduran EPI Program is probably one of the best examples there is on Government coordination and commitment, given that 90% of all the program's funds are national. The approval of the Vaccine Law (Ley de Vacunas), has guaranteed the sustainability of the program. PAHO has assumed the commitment to keep on supporting the EPI Program alongside the actions laid down in the Multi-year Action Plan (i.e., epidemiological surveillance, safe injections, and monitoring, supervision and evaluation), in order to maintain the results achieved to date

USAID: USAID acknowledges the work carried out by all health personnel within the government over the past decade. The most outstanding achievement is the 95% vaccine coverage in all children under two years of age and the well managed epidemiological surveillance. USAID confirms its commitment to support the different components laid down on the Multi-year Action Plan, specifically on issues related to the promotion of health and the initiative towards "healthy municipalities".

UNICEF: UNICEF considers the Honduran EPI Program one of its most effective cost-benefit interventions. The institutions ratifies its commitment to keep on supporting the program in its goal to maintain the results achieved to date.

INSTITUTO INTERAMERICANO DEL NIÑO: The Honduran EPI Program keeps on proving that it is a well directed and results-based managed initiative. Given its condition as a successful program, it is recommended that its pattern be adopted as a model for other Child-Maternal Health Programs. The Institute ratifies its commitment to provide technical support to the EPI Program on the consecution of its Multi-year Action Plan.

7. Signatures

For the Government of …HONDURAS……

Signature: ……

Title: …Sub Secretaria de Salud……

Date: ……16 de Junio de 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
OPS / OMS	Dr. José Fiusa Lima Representante	16/04/04	
UNICEF	Dr. Fernando Lazcano Representante	16/04/04	
USAID	Angel Coca Jefe (I) del Departamento de Salud y Promoción	16/04/04	
Instituto Interamericano del Niño	Dr. Fernando Tome A Presidente	16/04/04.	

Agency/Organisation	Name/Title	Date	Signature
OPS/OMS	REPRESENTANTE	15/06/04	
UNICEF	Representative	15/06/04	
USAID/HOND	jefe. Depto Salud.	16-6-04	
IIN/OEA	Presidenta Vicepresidente IIN	16-06-04	

~ End ~