GAVI
THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

January 2005

Progress Report

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

by the Government of

COUNTRY: Republic of Moldova

Date of submission: ……27.05.2005……

Reporting period: 2004 *(Information provided in this report **MUST** refer to 2004 activities)*

(Tick only one) :

Inception report	✝
First annual progress report	✝
Second annual progress report	✝
Third annual progress report	X
Fourth annual progress report	✝
Fifth annual progress report	✝

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
Unless otherwise specified, documents may be shared with GAVI partners and collaborators

Progress Report Form: Table of Contents

1. Report on progress made during 2004

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

*1.1 Immunization Services Support (ISS) - **NOT APPLICABLE***

1.1.1 Management of ISS Funds - NOT APPLICABLE

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 - NOT APPLICABLE

*In 2004, the following major areas of activities have been funded with the GAVI/Vaccine Fund **Immunization Services Support** contribution.*

Funds received during 2004 _____
Remaining funds (carry over) from 2003 _____

Table 1: Use of funds during 2004

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*) - NOT APPLICABLE

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 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 2004 (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 2004

Start of vaccinations with the new and under-used vaccine: MONTH: SEPTEMBER YEAR…2002…….

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

	FOR YEAR 2004
Date(s) of receipt of vaccines:	**15.04.2004 – 78,500 doses**
Date(s) of receipt of syringes:	**20.11.2003 – 145,200 units**
Date(s) of receipt of safety boxes:	**20.11.2003 – 1,625 units**

Moldova's has introduced the universal immunization of newborns against Viral Hepatitis B (VHB) in 1995. Since 1998 procurement of HepB vaccines and syringes was ensured from financial funds made available by the Government of Japan/ JICA under a five year (1998-2003) Multi-bi Agreement. Rapid achievement and maintenance of high immunization coverage in the subsequent birth-cohorts resulted in a reduction of acute clinical VHB cases in children under seven years of age by more than 97% (See Appendixes 1 & 2).

The hepatitis B vaccine provided by GAVI came to further support immunization against Hepatitis. During first eight months of 2002 immunization was conducted with vaccines provided previously by JICA for immunization of high risk population (health workers, contacts with acute cases, drug users etc.) and syringes procured by the Government of Moldova. Thus, GAVI support ensured avoiding any shortage of vaccine and syringes, allowing for a smooth transition to GAVI-supported vaccines.

Furthermore, it allowed for re-channelling of JICA funds toward strengthening the immunization services and fortification of cold chain at all levels (procurement of 15 autonomous power generators that have been installed in the national vaccine store and at regional level vaccine storages throughout the country, 235 refrigerators and spare parts, 400 vaccine carriers and thermometers, 3000 freeze indicators, a computerized Multilog temperature monitoring system for the national vaccine, spare parts for the national vaccine store cold rooms, 2 minibuses for supervision purposes, safety boxes to enforce injection safety). During 2004 with the JICA support there was implemented an immunization campaign against hepatitis B covering health workers. It allowed immunization of more that 23,000 health workers. For 2005 with the Health Investment Fund (World Bank) and UNICEF support there was scheduled and initiated an immunization campaign against Hepatitis B covering 342,000 teenagers (13-17 years of age).

During 2004 no problems were encountered in reception of the GAVI provided vaccines and supplies. The requested no. of doses was

decreased taking into consideration vaccine available in stock. The no. of syringes and SB in 2004 was overshiped, but that is going to be corrected with 2005 shipments.

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.

a. Undertaken activities:

Since Hepatitis B vaccine has been used in Moldova since 1995, the shift to vaccine provided by GAVI did not require specific activities related to its implementation. Nevertheless, activities to reinforce the National Immunization Program and the Multi-Year Plan of Action for Immunization 2002-2007 were rather intensive. Activities can be clustered as follows:

? **Training on Routine Immunization Practices**: (1) A one-day training curriculum and modules on Routine Immunization for family doctors and medical assistants were developed as part of an intensive postgraduate training launched in September 2003 with support from UNICEF Moldova and the Health Investment Fund. During 2004, 475 family doctors and 861 medical assistants were trained. It is planned that the course will be offered to 275 more family doctors and 639 assistants during 2005 and first 6 months of 2006. (2) At the same time, an extended curriculum and modules for an intensive 3-day training course for primary healthcare providers was developed by a national working group based on WHO Routine Immunization in Practice Course, version 5th and piloted in two districts with support from UNICEF Moldova. In total, 10 courses were offered to 260 primary health care workers with good knowledge retention rate (over 90%) and high rating on utility, time allocated, and volume of information (average 4.6 out of 5). Gradual extension of the training to other districts is expected for 2005-2006 with possible support from UNICEF. The training is the first of its type implemented in countries of CEE/CIS.

? **Cold Chain:** (1) The cold chain inventory was carried out at primary health care facilities throughout the country and registers of selected indicators of functioning were established at district and national level. (2) A cold chain maintenance project was launched in August 2003 to ensure provision of assistance and maintenance services to all districts resulting in 42 refrigerators (50% of total needed) repaired in health facilities from 17 districts. Additionally, 52 facilities were supervised (questionnaire and update sessions) by the national cold chain engineer. (3) The country's cold chain system was supplemented with 135 refrigerators MK144 (to replace the outdated ones) and 3,000 Freeze Tag indicators for primary health care facilities. (4) A reporting system was established in order to monitor cases of "ALARM" condition of Freeze tag indicators to provide appropriate guidance on exposure of vaccines to sub-zero temperatures. It revealed that exposure of vaccines to temperatures below 0?C is widespread and there is a list of situations and conditions when it may may occur (114 reports of "ALARM" condition during a 12 months period, while the vaccine damage occurred only in 6% of the reported events). Based on findings, an Inf ormation note was shared with managers& providers at PHC level. (5) In order to ensure continuous electrical power supply, 13 autonomous power electrical generators 15kW were distributed to regional level stores of vaccines and installation procedures were initiated along with integration with existing power supply systems of regional and district level vaccine

stores. At the national vaccine store 2 generators were successfully installed (6) In 2004 the Republic of Moldova's primary, national vaccine store in Chisinau has received recognition for meeting the WHO-UNICEF global criteria for effective vaccine store management. An external evaluation team announced, after completion of the assessment (6-10 December 2004), that Chisinau primary vaccine store has scored over 80% against required indicators: pre-shipment and arrival procedures, temperature control, sufficient storage capacity, standards of buildings, equipment and transport, effective maintenance, stock management, and vaccine distribution. Moldova MH has conducted an assisted self-assessment in July 2003 and detected scores ranging between 27-100%. Subsequently, an action plan to redress was developed and successfully carried out by dedicated work of the General Epidemiology Department personnel, responsible for running the national immunization programme *(See Appendix no.3).*

? **Monitoring and Surveillance:** (1) At the national level, a software was developed to allow for monitoring vaccination coverage before the 1st birthday. The soft greatly contributes data for systematic feedback to districts. To extend, the software was also implemented in 2 districts. (2) In order to strengthen the data processing capacity of district and national managers 67 computers, printers, and power supply units (USBs) were procured and distributed using GAVI funds. (3) In addition, GAVI funds were used to print monthly vaccination coverage reports (75,000 copies) and distribute to PHC units.

? **Social mobilization:** (1)A massive and highly visible communication campaign addressing public trust in immunization and aiming at keeping parents and health professionals well informed was implemented in March/June 2004 with assistance of UNICEF and March of Dimes. It included production and airing of TV/radio spots, printouts, leaflets, Q&As booklets for parents and a scheme of TV but also institutional mobilization activities (meetings, memoranda, briefings) radio broadcasting with national multi-sectorial professionals. In collaboration, support and technical assistance from UNICEF Moldova and CDC Atlanta a training on Immunization (risk communication, updates on immunization status, resources) for journalists and specialists on communication from the country was conducted (17 persons).

? **Injection safety:** (1)The National Policy and Plan of action on Injection safety was developed with technical and financial support from WHO Euro by a multi-sectorial working group. The Plan was endorsed by the MoH in 2004 and submitted for GAVI support.

? **Laboratory support:** (1) The refurbishment of the national bacteriological reference laboratory was finalizedand allowed strengthening of its role in surveillance of vaccine preventable diseases, including, Hib surveillance .

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.

The financial support (US$100,000) for the introduction of the new vaccine was received on 27 June 2002 at the Treasury account of the National Center of Preventive Medicine.

The use of GAVI funds started in September 2003 and included the following activities approved by the MoH and ICC:

- Repairs at the national vaccine storage and installation of 2 backup autonomous power generators	-$17,300,
- Procurement of computers for the national electronic surveillance system on vaccination coverage	-$28,774
- Refurbishment and equipment for the national Hib and measles laboratory .	- $14,165
TOTAL used in 2003	**-$60,239**

- Finalization of the refurbishment at the national vaccine store	-$ 2,966
- Procurement of computers for the national electronic surveillance system on vaccination coverage	-$19,385
- Finalization of the refurbishment of the national Hib and measles laboratory.	-$ 5,658
- Printing of vaccination coverage monitoring reports.	-$ 863
TOTAL used in 2004	**-$28,872**

The use of the remaining balance of funds ($10,889) is scheduled for 2005 to support instalment of the 13 autonomous power generators at district level vaccine stores.

1.3 Injection Safety - **NOT APPLICABLE**

1.3.1 Receipt of injection safety support - *NOT APPLICABLE*

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

The Ministry of Health and the National Center of Preventive Medicine have completed in 2004 the preparation of the National Policy and Plan of Action on Injection Safety. It was endorsed by the MoH Collegium meeting marking a wide sector recognition and support. Documents have been submitted in October 2004 for GAVI approval and support. In December 2004 the MoH was informed by the GAVI Secretariat that the Moldova's National Policy and Plan of Action for Injection Safety was approved and granted GAVI support.

- In order to monitor the use of safety boxes at the health facility level an indicator has been developed (no. of used safety boxes per 100 of used syringes) , and included in the monthly vaccination reports. To compare: in 2002 the indicator value was 0.73, in 2003 it reached the value of 0.86 and in 2004 it was 0.83, which means that almost all immunization syringes were collected properly into safety boxes.
- During 2004 all syringes for routine immunizations were procured with funds provided by the Government, while safety boxes were procured with funds from JICA. The Government plans to take over this procurement starting 2006.
- The MoH continued to explore possibilities of local manufacturing of safety boxes. Interested companies were identified and a cost-effectiveness assessment of local production is under way.
- Alternative solutions, including recycling and melting of used syringes, are also under consideration.

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

Please report problems encountered during the implementation o f the transitional plan for safe injection and sharp 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

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution) *NOT RECEIVED YET*

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:

2. Financial sustainability

Inception Report: Outline timetable and process for the development of a financial sustainability plan . Describe assistance that may be needed for developing a financial sustainability plan.

First Annual Progress Report: Submit completed financial sustainability plan by given deadline. Describe major strategies for improving financial sustainability.

Subsequent Progress Reports: According to current GAVI rules, support for new and under-used vaccines is covering the total quantity required to meet country targets (assumed to be equal to DTP3 targets) over a five year period (100% x 5 years = 500%). If the requested amount of new vaccines does not target the full country in a given year (for example, a phasing in of 25%), the country is allowed to request the remaining (in that same example: 75%) in a later year. In an attempt to help countries find sources of funding in order to attain financial sustainability by slowly phasing out GAVI/VF support, they are encouraged to begin contributing a portion of the vaccine quantity required. Therefore, GAVI/VF support can be spread out over a maximum of ten years after the initial approval, but will not exceed the 500% limit (see figure 4 in the GAVI Handbook for further clarification). In table 2.1, specify the annual proportion of five year GAVI/VF support for new vaccines that is planned to be spread-out over a maximum of ten years and co-funded with other sources. **Please add the three rows (Proportion funded by GAVI/VF (%), Proportion funded by the Government and other sources (%), Total funding for ……. *(new vaccine))* for each new vaccine.**

Reaching financial sustainability of the Moldova NIP is of high priority for both the Ministry of Health and The Moldova Government. It is worth mentioning that before 1993 the Republic of Moldova was self sufficient in terms of NIP financing. The economic crisis and the civil war in the eastern region of the country (1993-1994) compromised governmental support to the NIP during the subsequent years.

During the last decade a number of international agencies, including, WHO, UNICEF, Government of Japan/JICA, USAID, CDC, SOROS Foundation, and ECHO provided their financial and technical support to Moldova NIP. In 1999 the Government of Moldova, UNICEF Programme of Cooperation and the Government of Japan have signed a Multi-bi agreement for implementation of the a five year Project (1998-2003) on Assuring Sustainability of Immunization Programme of Moldova. According to the provisions of the agreement, the Government of Japan contributed a total of $1,474,963 for vaccines, syringes and cold chain procurement; UNICEF contributed annually with $50, 000 for training, logistics and monitoring purposes; and the Government of Moldova contributed a total of $1,232,589 in salaries, maintenance costs and medical supplies. During first years of the project SOROS foundation provided support for the creation of a national electronic surveillance system. The agreement followed a "phasing-in" approach, under which the Moldova Government was planned to undertake increasing responsibilities of financing of vaccine procurements while the Government of Japan gradually

phased out. In 2004 the contribution of The Government of Moldova raised up to 85% of EPI vaccines and syringes.
The dynamics of Governmental financing was rather slow during the mentioned years as illustrated by the numbers below:

Year	Allocated US$
1999	$54,700
2000	$87,767
2001	$78,628
2002	$182,624
2003-	$226,576
2004	$369,310 (covered 85% of expenditures)
2005	$388,900 (budgeted)

Moldova Government with the Partners support has prepared a Financial Sustainability Plan for the National Immunization Programme. It will be incorporated in the new 5-year National Programme for Immunization 2006-2010. According to the FSP, Moldova MoH plans to take over the procurement of Hepatitis B vaccine starting 2007, after finalization of GAVI support for the vaccine. An outline of main strategies, activities, indicators and targets toward financial sustainability of the National Immunization programme is provided in the Appendix 3.

Strengthening of surveillance system on infectious diseases, including VPD, is an issue of continuous attention and support from WHO Euro through Mid-Term Programme of cooperation.
The ICC discuses the issue of financial sustainability on regular basis at its meetings and inform partners on progress, requested assistance and its implementation.

Table 2.1: Sources (planned) of financing of new vaccine Hepatitis B monovalent (2 dose vial) *(specify)*

Proportion of vaccines supported by *	**Annual proportion of vaccines**									
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
A: Proportion funded by GAVI/VF (%)***	100%	100%	100%	100%	100%	0%	0%	0%	0%	0%
B: Proportion funded by the Government and other sources (%)	0%	0%	0%	0%	0%	100%	100%	100%	100%	100%
C: Total funding for **Hepatitis B monovalent (2 dose vial)** *(new vaccine)*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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

** *The first year should be the year of GAVI/VF new vaccine introduction*
*** Row A s*hould total 500% at the end of GAVI/VF support*

In table 2.2 below, describe progress made against major financial sustainability strategies and corresponding indicators.

Table 2.2: Progress against major financial sustainability strategies and corresponding indicators – NOT APPLICABLE FOR 2004

Financial Sustainability Strategy	Specific Actions Taken Towards Achieving Strategy	Progress Achieved	Problems Encountered	Baseline Value of Progress Indicator	Current Value of Progress Indicator	Proposed Changes To Financial Sustainability Strategy
1.						
2.						
3.						
4.						
5.						

3. Request for new and under-used vaccines for year 2006

*Section 3 is related to the request for new and under used vaccines and injection safety for **2006**.*

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 discrepanc ies **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								
	2004	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
DENOMINATORS									
Births	43,113	44,622	46,184	47,800	49,473	50,710	51,978	53,277	54,609
Infants' deaths	545	535	508	526	544	558	572	586	601
Surviving infants	42,568	44,087	45,676	47,274	48,929	50,152	51,406	52,691	54,008
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with **1st dose** of DTP (DTP1)*	40,579^	43,205	44,762	46,329	47,951	49,149	50,378	51,637	52,928
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with **3rd dose** of DTP (DTP3)*	38,968^	42,985	44,534	46,092	47,706	48,898	50,121	51,374	52,658
NEW VACCINES **									
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with **1st dose** of **Hepatitis B vaccine** ……. *(new vaccine)*	42,691	44,176	45,722	47,322	48,978	50,203	51,458	52,744	54,063
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with **3rd dose** of **Hepatitis B vaccine** …… *(new vaccine)*	40,031^	43,646	45,219	46,801	48,440	49,650	50,892	52,164	53,468
Wastage rate in 2004 and plan for 2005 beyond*** ……. *(new vaccine)*	6%	5%	5%	5%	5%	5%	5%	5%	5%
INJECTION SAFETY****									
Pregnant women vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with TT2	ND	42,391	43,875	45,410					
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with BCG *	41,487	44,176	45,722	47,322					
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with Measles *	39,404^	43,205	44,762	46,329					

* Indicate actual number of children vaccinated in 2004 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

^ These figures represent children vaccinated by the first birthday (by 15 months of age for measles containing vaccine). They do not match the figures reported in the Joint Reporting Form as the figures from the Joint reporting form are produced based on the birth cohort 12-23 months of age.

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.

Denominators are changed taking into consideration the latest figures and trends of the birth rate and IMR. During 2001 and 2002 birth rates continued to decrease following the trend of the last 10 years. In 2003 there was observed a small increase (0.6%) of the birth rate comparing to the previous year. In 2004 the number of births has increased significantly (+6.3%) comparing to 2003. That increase reflects the increase of the proportion of child bearing age population as well as recovering of the country economical situation. Denominator figures for 2005-2012 were updated in order to meet the latest demographical patterns and differ comparing to initial figures submitted in the application form. They include a projected annual increase of births by 3.5% for 2005-2008 and of 2.5% for 2009-2012.
Vaccination coverage targets for 2005-2012 were updated in order to match projections of births.

3.2 Availability of revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for 2006**

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.

NO CHANGES

Table 4: Estimated number of doses of: Hepatitis B vaccine, 2-dose vials *(specify for one presentation only):* *Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For 2006
A	Infants vaccinated/to be vaccinated with 1st dose of …… (new vaccine)*		45,722
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		3
D	Number of doses	*A x Bx C*	137,166
E	Estimated wastage factor	*(see list in table 3)*	1.05
F	Number of doses (incl. Wastage)	*A x C x E x B/100*	144,024
G	Vaccines buffer stock	*F x 0.25*	
H	Anticipated vaccines in stock at start of year 2006 (including balance of buffer stock)		
I	Total vaccine doses requested	*F + G - H*	144,024
J	Number of doses per vial		2
K	Number of AD syringes (+10% wastage)	*(D + G – H) x 1.11*	152,254
L	Reconstitution syringes(+10% wastage)	*I / J x 1.11*	
M	Total safety boxes (+10% of extra need)	*(K + L) / 100 x 1.11*	1,690

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

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

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 1 or 2-dose vial.

✍ **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement

✍ **Anticipated vaccines in stock at start of year 2006:** 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

3.3 Confirmed/revised request for injection safety support for the years 2006 -2007

Table 6.1: Estimated supplies for safety of vaccination for the next two years with BCG vaccine
(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For 2006	For 2007
A	Target if children for ….. Vaccination (for TT: target of pregnant women) *1*	#	45,722	47,322
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number of ….doses	A x B	45,722	47,322
D	AD syringes (+10% wastage)	C x 1.11	50,751	52,527
E	AD syringes buffer stock *2*	D x 0.25		
F	Total AD syringes	D + E	50,751	52,527
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor *4*	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) *3*	C x H X 1.11/G	5,075	5,253
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	620	641

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. 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 reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

Table 6.2: Estimated supplies for safety of vaccination for the next two years with DTP vaccine
(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For 2006	For 2007
A	Target of children for DTP vaccine *1*	#	44,762	46,329
B	Number of doses per child (for TT: target of pregnant women)	#	3	3
C	Number of ….doses	A x B	134,286	138,987
D	AD syringes (+10% wastage)	C x 1.11	149,057	154,276
E	AD syringes buffer stock *2*	D x 0.25		
F	Total AD syringes	D + E	149,057	154,276
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor *4*	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) *3*	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	1,655	1,712

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. 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 reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

Table 6.3: Estimated supplies for safety of vaccination for the next two years with MMR (Measles containing vaccine)
(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For 2006	For 2007
A	Target of children for Measles, Mumps, Rubell vaccine	#	44,762	46,329
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number of ….doses	A x B	44,762	46,329
D	AD syringes (+10% wastage)	C x 1.11	49,686	51,425
E	AD syringes buffer stock *2*	D x 0.25		
F	Total AD syringes	D + E	49,686	51,425
G	Number of doses per vial	#	1	1
H	Vaccine wastage factor *4*	Either 2 or 1.6	1.6	1.6
I	Number of reconstitution syringes (+10% wastage) *3*	C x H X 1.11/G	79,497	82,280
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	1,434	1,484

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. 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 reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

Table 6.3: Estimated supplies for safety of vaccination for the next two years with Td* (Tetanus toxoid containing vaccine)
(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For 2006	For 2007
A	Target if children for ….. Vaccination (for TT: target of pregnant women) *1*	#	43,875	45,410
B	Number of doses per child (for TT: target of pregnant women)	#	2	2
C	Number of ….doses	A x B	87,750	90,820
D	AD syringes (+10% wastage)	C x 1.11	97,403	100,810
E	AD syringes buffer stock *2*	D x 0.25		
F	Total AD syringes	D + E	97,403	100,810
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor *4*	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) *3*	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	1,081	1,119

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. 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 reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

* According to the immunization schedule in Moldova all population receive Td (Tetanus-Diphtheria for adults) vaccine at the age of 15, 20, 25, 30, 35, 40, 50 and 60 years. This immunization strategy allowed to eliminate neonatal tetanus many decades ago and to reduce tetanus cases amongst adults to solitaire cases over one or several years. This is why pregnant women are not supposed to receive TT vaccine during pregnancy. The annual number of women receiving Td vaccine is estimated at 250,000. However, in order to comply to the GAVI policy the Ministry of Health of Moldova requires GAVI for the assistance based on current approved policy, using as a baseline the annual number of births and the standard 2 dose TT schedule. The balance of syringes and SB for Td vaccination that is not covered by GAVI will be ensured from the Governmental funds.

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

Denominators are changed taking into consideration the latest figures and trends of the birth rate and IMR. During 2001 and 2002 birth rates continued to decrease following the trend of the last 10 years. In 2003 there was observed a small increase (0.6%) of the birth rate comparing to the previous year. In 2004 the number of births has increased significantly (+6.3%) comparing to 2003. That increase reflects the increase of the proportion of child bearing age population as well as recovering of the country economical situation. Denominator figures for 2005-2012 were updated in order to meet the latest demographical patterns and differ comparing to initial figures submitted in the application form. They include a projected annual increase of births by 3.5% for 2005-2008 and of 2.5% for 2009-2012.
Vaccination coverage targets for 2005-2012 were updated in order to match projections of births.

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
HepB3 coverage	98%	99.0%	Not applicable	Not applicable
HepB drop-out <12 mo.	<5%	6%	The main increase of the no. of births has occurred in the second half of 2004. Consequently a higher no. of children got their 1st dose comparing to those available for the 3d dose. In 1st quarter of 2005 we observe a negative drop-out that means that numbers will be finally balanced	Not applicable
HepB wastage factor	<1.05	1.06	Not applicable	Not applicable
Vaccine supply	No stock-outs of vaccine	There were no problems with vaccine supply in 2004	Not applicable	Not applicable

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)	Yes	
Table 1 filled-in	No	Not Applicable
DQA reported on	No	Not Applicable
Reported on use of 100,000 US$	Yes	
Injection Safety Reported on	No	Not Applicable
FSP Reported on (progress against country FSP indicators)	No	Not Applicable
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	Yes	
ICC minutes attached to the report	Yes	
Government signatures		
ICC endorsed		

6. Comments

ICC/RWG comments:

7. Signatures

For the: **Ministry of Health and Social Protection of the Republic of Moldova**

Signature: **Valerian Revenco** .....

Title: **Minister of Health and Social Protection of the Republic of Moldova** .....

Date: 27.05.2005

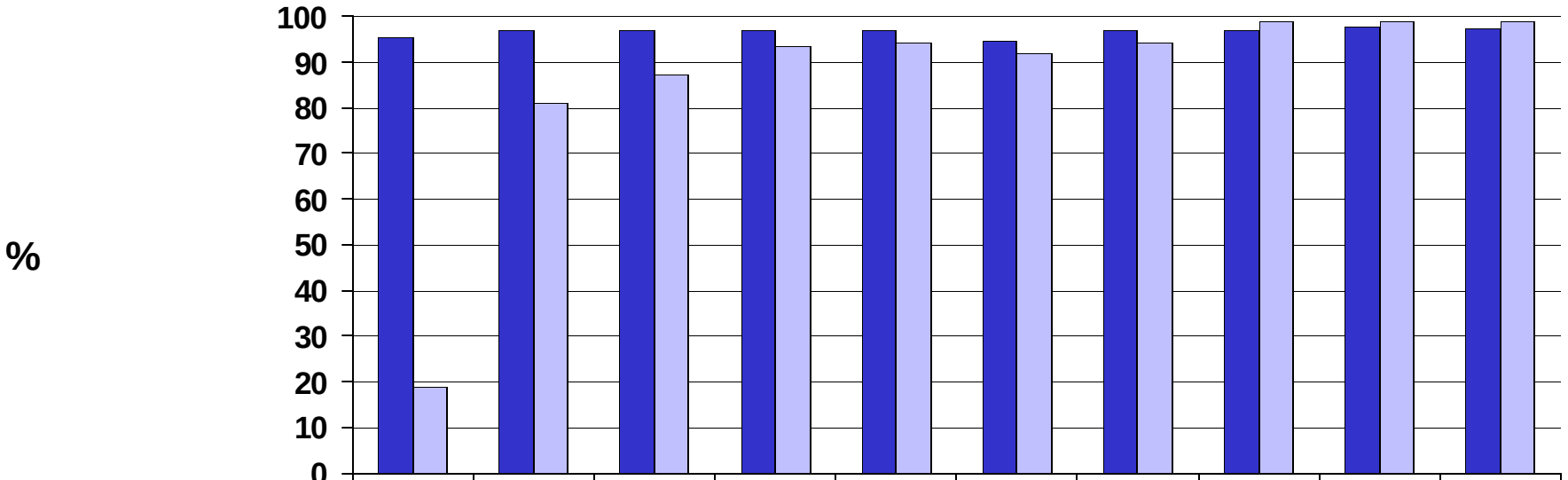
We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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
The Ministry of Health and Social Protection	GOLOVIN Boris Deputy Minister	27/05
The National Centre of Preventive Medicine	BAHNAREL Ion Director general	26.05.05
The Parliament Commission on Social protection, Health and Family	EREMCIUC Vladimir Vice chairman	27.05.05
Development department of the Government	BARBA Oleg chief of the section	27.05.05
The Ministry of Health and Social Protection	TSARUSH Maria chief of Department	27.V.05
The National Centre of Preventive Medicine	SOHOTSKY Vasile vicedirector	26.05.05
The National Centre of Preventive Medicine	MELNIC Anatol chief of the general epidemiology department	26.05.05
The National Centre of Preventive Medicine	BENESH Oleg medic epidemiologist	26.05.05

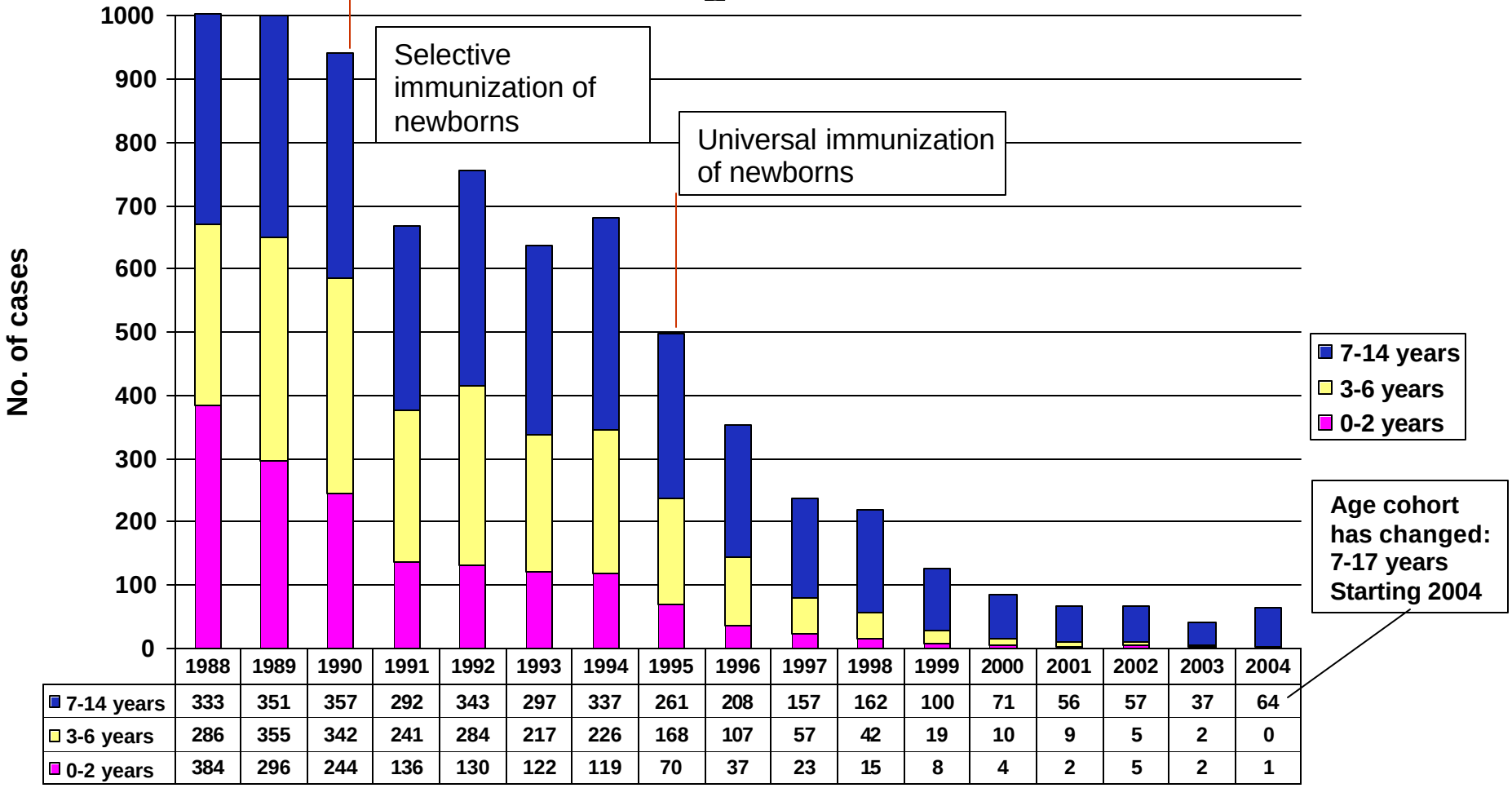
Agency/Organisation	Name/Title	Date Signature
The National Centre of Preventive Medicine	BUKOVA Victoria Chief of the laboratory of the Specific prophylactics	26.05.05
The Institute of scientific research in Health of Mother and Child	STRATULAT Petru Deputy Director	
UNICEF Moldova	P/BARBERIS Giovanna Representative N.A. SOICHI	25/05/05
UNICEF Moldova	BERDAGA Viorica Assistant Project Officer,EC	27/05/05
WHO Liaison Office in the Republic of Moldova	URSU Pavel	27.05.05
The World Bank	VOLOVEI Victor Manager- Executive Director of the WB Health Investment Fund	27.05.05
The Society of Red Cross in the Republic of Moldova	BÎRCA Larisa Chairman	27.05.05

Reported Vaccination coverage of children (12-23 months of age)



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
DTP (3 doses)	95.5	96.8	97.1	97.1	97	94.5	97.1	97.1	97.7	97.3
HepB (3 doses)	18.8	81	87.2	93.6	94.4	91.7	94.4	98.8	98.9	98.8

Age specific Incidence of clinical acute Hepatitis B among children



	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
7-14 years	333	351	357	292	343	297	337	261	208	157	162	100	71	56	57	37	64
3-6 years	286	355	342	241	284	217	226	168	107	57	42	19	10	9	5	2	0
0-2 years	384	296	244	136	130	122	119	70	37	23	15	8	4	2	5	2	1

Appendix no. 3

Strategic priorities of the National Financial Sustainability Plan

The following strategies and corresponding activities were identified to as necessary to assure financial sustainability of the National Immunization Program of Moldova:

Strategy component and activities	Output indicators	Time frame
1. Ensuring priority financing for the NIP		
a. Developing and adopting by the Government of Moldova the National Immunization Program for the years 2006-2010; approving budget for the Program	? Program and its budget developed and approved	September 2005
b. Developing budget requirement analysis (BRA) for the NIP to include it into the MOH budget	? BRA for NIP developed annually	June of the pre-planned year, annually
c. Reviewing the NIP implementation and financing at the MOH Board meeting	? cumulative total financing for vaccine and injection supplies procurement by quarters analyzed	May, annually
	? Information reviewed by the Board, corrective decision taken	May, annually
d. Reviewing the NIP implementation and financing at the ICC Meeting	? ICC meeting minutes available	quarterly
e. Developing and submitting proposals (requests) to potential donor agencies specifying the NIP needs, existing financing gap, requested assistance and aid-utilization plan	? Proposals (requests) for donors developed and submitted concerning NIP funding	June, 2005 as required
f. Holding a join MOH and MHI Fund working group meeting to agree on the responsibilities and mechanisms for financing procurement of vaccines and injection supplies for the NIP	? Joint MOH and MHI Fund resolution concerning the agencies' role in financing vaccine and injection supplies procurement for the NIPA	by 31 June 2005
2. Analyzing feasibility of Hib-vaccine introduction into current routine immunisation schedule		
a. Setting up a MOH working group to analyze feasibility of Hib-vaccine introduction. Identifying criteria. Conducting analysis.	? Report submitted to the Deputy Minister of health on the feasibility of Hib–vaccine introduction	by 30 June 2005
b. Provided positive decision is taken concerning Hib-vaccine introduction, prepare application to GAVI and other potential donor agencies to get financial assistance for the vaccine introduction	? Application prepared by the MOH/Moldova to GAVI and other donor agencies	By 30 June 2005

Strategy component and activities	Output indicators	Time frame
3. Assuring staff training and improving NIP staff incentives		
a. Setting up the joint working group for agreeing MOH and MHIF responsibilities concerning vaccine procurement	? Number of Family Doctors trained annually	Annually
b. Provide regular (at least once in 5 years) post-graduate training courses for Family Doctors and preventive care specialists	? Number of specialists taking post-graduate courses annually	Annually
c. Developing joint proposals by the MOH and the MHI Fund on how to improve staff motivation in family medicine and preventive care and link staff payment to immunization performance and target population immunity status	? Developed and approved alternative mechanism of paying the NIP staff	31 May 2005
d. Provide short-term immunization training courses (other than in 3.b) for Family Medicine and preventive care personnel based on the WHO courses "Immunization in practice " and "Course for mid-level managers "	? Number of personnel taking the courses annually	Annually
4. Assuring smooth cold chain functioning at the rayon and healthcare facility level to prevent vaccine wastage due to their improper storage and transportation		
b. Conducting regular cold chain monitoring and inventory	? Availability of monthly reports on cold-chain monitoring in district centers for preventive medicine	starting from January 2005
c. Developing protocols for providing immunization with non-functioning (or missing) cold chain equipment at the healthcare facility level	? Protocols (instructions) developed for every type of relevant healthcare specialists	Dec 31, 2005
	? Training for HC staff conducted regularly on cold chain maintenance	Dec 31, 2005
d. Developing joint proposals by the MOH and MOF to local governments to address the issue of missing (or malfunctioning) cold chain equipment and its maintenance	? Joint proposals by the MOH and MOF developed	Aug 2006
e. Discussing with the MHI Fund the feasibility of including cold chain equipment depreciation into the reimbursable cost of immunization services provided by primary healthcare facilities for insured people	? Proposals by the MOH Financial department developed on cold chain depreciation policy	Aug 2006
	? Joint memorandum issued by the MOH and the MHI Fund concerning the principles of reimbursing depreciation of cold	Nov 2006

Strategy component and activities	Output indicators	Time frame
	chain equipment	
5. Achieving as low as possible vaccine wastage rate through improving vaccine presentation mix		
a. Analyzing current vaccine wastage rates and deciding on the optimal presentation mix for every vaccine shipment	? Report available of current wastage rates with recommendations concerning optimal presentation mix for the next vaccine shipment	Month before developing competitive bidding procedure order forms
6. Implementing activities foreseen by the National Injection Safety Plan in immunization for 2004-2010		
b. Conducting regular monitoring of activities foreseen by the injection safety plan	? % of activities performed (fulfilled)	Annually (by Dec 31)
7. Improving epidemiologic surveillance system and laboratory control over vaccine-preventable diseases		
c. Budgeting WHO-recommended activities in epidemiologic surveillance and laboratory control of VPDs into NIP budget	? Developed budgets for epidemiologic surveillance activities	Annually by Jun 30
8. Assuring financing for: **- short-term training of immunization personnel** **- IEC and social mobilization,** **- monitoring and epidemiological surveillance**		
a. Setting up a working group consisting of representatives of the MOH and donor agencies (UNICEF, WHO, EU, etc.) to agree the list of activities that may be financed through the donors' support	? Agreed list of working group members and the group work plan	October 2005 ????, then 4th quarter annually
b. Developing activity plan specifying financing obliged to be provided by government and donors	? Plan of activities, agreed and signed by the working group members	October 2005, then 4th quarter annually