Annual Progress Report 2007

Submitted by

The Government of

Republic of Moldova

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(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 Republic of Moldova……

Ministry of Health:	**Ministry of Finance:**
Title: Deputy Minister GOLOVIN Boris	Title: ……
Signature: ……	Signature: ……
Date: ……	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
GOLOVIN Boris, deputy minister	Ministry of Health		
BENES Oleg, General Director	National Scientific and Practical Centre of Preventive Medicine		
OSOIANU Iurie, deputy director	National Company for Health Insurants		
PEREBICOVSCHI Liubovi, health sectors	Ministry of Financing		
RAY VIRGILIO TORRES	UNICEF Moldova Representative		
URSU Pavel	WHO Liaison Office in the Republic of Moldova		
MELNIC Anatolie Head of General Epidemiology Department	National Scientific and Practical Centre of Preventive Medicine		

Signatures Page for HSS - NOT APPLICABLE

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

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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) ***NOT APPLICABLE***

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?

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

Funds received during 2007 _____
Remaining funds (carry over) from 2006 _____
Balance to be carried over to 2008 _____

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					
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 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.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for _____

**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?

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

YES ☐ *NO* ☐

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

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).

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?

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 2007.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Hepatitis B	**2 dose vial**		**September 2002**	
Hepatitis B	**2 dose vial**	**121,300**		**06.03.2007**
AD Syringes		**128,000**		**27.02.2007**
Safety Boxes		**1,425**		**27.02.2007**

Please report on any problems encountered.

NO PROBLEMS

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

- **Training***:* With the WHO Euro support a regional Vaccine Management training course was conducted in Moldova involving national vaccine store mangers from 5 countries.

- **Cold Chain:** The cold chain inventory was updated covering all primary health care facilities throughout the country.

- **Monitoring and Surveillance:** Forms for monitoring vaccination coverage and vaccine stocks/wastage were duplicated and distributed for all health facilities. Vaccination coverage and vaccine stocks were monitored on monthly base at health facility/district/national levels. Case based surveillance was performed for acute Hepatitis B in children, which include laboratory investigation and notification of each case to the national level. Coverage with immunization of children under 1 years old was evaluated.
- National Program for control of viral Hepatitis B, C and D for years 2007 – 2011 was developed and approved by the Decision of Government of the Republic of Moldova no. 1143 from 19.10.2007 and Order of Ministry of Health of the Republic of Moldova no. 458 from 11.12.2007 regarding the implementation of this Program were approved.
- A guide concerning the laboratory diagnostics of viral Hepatitis and 3 instruction seminars were held for personnel working with laboratory diagnostics of viral Hepatitis.
- Coverage with immunization against Hepatitis B of population younger than 12 months in 2007 reached a level of 95.2%.

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

These funds were received on: 27.06.2002 and finished in 2006

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

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in 2004

Please summarize the major recommendations from the EVSM/VMA

Pre-shipment and arrival procedures

1. VARs once initiated by the Assistant medical epidemiologist, should be submitted immediately to EPI supervisor for clearance. In principle, this should be completed within 3 days of the arrival.
2. VAR should be fully filled.
3. VAR report number may be taken as indicated in the general registry file for all supplies, or alternatively, a sequential new numbering system for VARs should be initiated.
4. In cases where paperwork is not complete (and especially lack of LRC), programme should be more firm with a defined deadline with the supplier to demand missing documents.

Maintaining correct storage temperatures

1. It is strongly recommended that guidelines available for power cuts are transferred into a contingency plan and this plan be rehearsed at least once a year.
2. Programme manager is advised to initialize temperature charts and/or temperature monitoring summary sheets when they are reviewed.

Buildings, equipment and transport

1. CFC units should be changed to CFC-free by the time of a big repair.
2. Although all intermediate stores are notified regarding pick up period, in order to have manageable volume of operations on a daily basis, it is recommended that intermediate stores are given fine days for pick up.

Effective Maintenance

1. Keep preventive maintenance records.
2. Equipment replacement plan should be developed based on performance of units in the country.

Effective Stock Management

1. Although diluents records can be found in monthly summary reports, it is strongly recommended that for each diluent's a new batch card should be opened.
2. The assessment team also suggests introduction of an inventory control card to supplement current record system.
3. Diluents should also be registered as a separate product either as a second line in stock registry or in a separate card.
4. The team strongly recommends that a computerized stock control system should be developed. This can be done by introducing new worksheet to the excel tool or alternatively a WHO-developed system could be introduced[8].
5. Since there is a potential risk of programme interruption due to late payments, it is strongly recommended that primary series should be given higher priority by the finance department.

Reliable delivery to intermediate stores

1. Although distributed quantities can be reviewed through batch records and monthly distribution/inventory forms; the assessment team recommends a copy of issue voucher to be kept at the primary store level. This can easily be done by using the 3rd copy of issue vouchers.

Minimize damage during distribution

1. VVM status should be noted on the issue voucher.

Standard operating procedures

1. In order to ensure correct practices and sustain quality it is highly recommended that routine procedures are translated into SOP format.
2. Technical content of the wall poster should be carefully reviewed before second printing. Especially sensitivity of vaccines and shake test should be updated according
to latest WHO guidelines. Since FW is no longer used by the programme, this section should be removed and replaced with Freeze-tag®

Financial and Human Resources
1. Purchase of primary series vaccines should be given highest priority to ensure necessary quantities at all times.
2. Donor assistance should be seeked especially in support of training purposes.
3. One additional technical staff is recommended to be recruited to support the storekeeper.

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.

Actions	Status
Pre-shipment and arrival procedures	
1. VARs once initiated by the Assistant medical epidemiologist, should be submitted immediately to EPI supervisor for clearance. In principle, this should be completed within 3 days of the arrival.	Implemented
2. VAR should be fully filled VAR report number may be taken as indicated in the general registry file for all supplies, or alternatively, a sequential new numbering system for VARs should be initiated.	Implemented
4. In cases where paperwork is not complete (and especially lack of LRC), programme should be more firm with a defined deadline with the supplier to demand missing documents.	Implemented
Maintaining correct storage temperatures	
1. It is strongly recommended that guidelines available for power cuts are transferred into a contingency plan and this plan be rehearsed at least once a year.	Implemented
2. Programme manager is advised to initialize temperature charts and/or temperature monitoring summary sheets when they are reviewed.	Implemented
Buildings, equipment and transport	
1. CFC units should be changed to CFC-free by the time of a big repair.	Under consideration
2. Although all intermediate stores are notified regarding pick up period, in order to have manageable volume of operations on a daily basis, it is recommended that intermediate stores are given fine days for pick up.	Under consideration
Effective Maintenance	
1. Keep preventive maintenance records.	Under implementation
2. Equipment replacement plan should be developed based on performance of units in the country.	Plan developed but missing financing
Effective Stock Management	
1. Although diluent records can be found in monthly summary reports, it is strongly recommended that for each diluent a new batch card should be opened.	Implemented
2. The assessment team also suggests introduction of an inventory control card to supplement current record system.	The national stock control card developed
3. Diluents should also be registered as a separate product either as a second line in stock registry or in a separate card.	Implemented

4. The team strongly recommends that a computerized stock control system should be developed. This can be done by introducing new worksheet to the excel tool or alternatively a WHO-developed system could be introduced8.	Under consideration
5. Since there is a potential risk of programme interruption due to late payments, it is strongly recommended that primary series should be given higher priority by the finance department.	Implemented
Reliable delivery to intermediate stores	
1. Although distributed quantities can be reviewed through batch records and monthly distribution/inventory forms; the assessment team recommends a copy of issue voucher to be kept at the primary store level. This can easily be done by using the 3rd copy of issue vouchers.	Implemented
Minimize damage during distribution	
1. VVM status should be noted on the issue voucher.	Not applicable The issues voucher is a standard financial document
Standard operating procedures	
1. In order to ensure correct practices and sustain quality it is highly recommended that routine procedures be translated into SOP format.	under development
2. Technical content of the wall poster should be carefully reviewed before second printing. Especially sensitivity of vaccines and shake test should be updated according to latest WHO guidelines. Since FW is no longer used by the programme, this section should be removed and replaced with Freeze-tag®	Under consideration
Financial and Human Resources	
1. Purchase of primary series vaccines should be given highest priority to ensure necessary quantities at all times.	Implemented
2. Donor assistance should be seeked especially in support of training purposes.	Under consideration
3. One additional technical staff is recommended to be recruited to support the storekeeper.	Not accomplished

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
Received in cash	$32,000	06 October 2005
Received in cash	$29,000	30 December 2005
Received in cash	$26,000	22 March 2007

Please report on any problems encountered.

Evaluation the situation, revision of the Plan of Financial Durability, multiannual Plan of Activity, forming of demand for Hib vaccine, mumps epidemic, insufficiency of qualified personnel created problems for spending the funds allocated for 2007.

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.

The policy of the Ministry of Health of R. Moldova is that 100% of injections given in both the public and private health sectors for any purpose must be safe. It means that every injection must be given with a sterile single-use syringe and needle, which is then safely disposed of after use.
All injectable antigens provided by the national immunization programme (both primary series and boosters) should be given through only auto-disable syringes (ADs).
Only ADs should be used during supplemental immunization activities for both children and adults.

- The Government of Moldova provided $88,916 for procurement of AD syringes, reconstitution syringes and safety boxes in 2007. That covered 100% of all immunization needs.
- One hundred percent of immunizations in Moldova are conducted using AD syringes.
- During 2007 all syringes and safety boxes for routine immunizations were procured with funds provided by the Government. A competition of local producers of safety boxes was accomplished, that allowed achieve a reasonable price per local produced safety box (0.8$/box).
- Alternative solutions, including recycling, melting etc. of used syringes, are also under consideration.
- In order to monitor the use of safety boxes at the health facility level an indicator is included in the monthly vaccination reports (no. of used safety boxes per 100 of used syringes). To compare, the value of the indicator was:
- in 2002 - 0.73,
- in 2003 - 0.86
- in 2004 - 0.83
- in 2005 - 0.87
- in 2006 – 0.49
- in 2007 – 0.91

During 2003-2005 usage of safety boxes per 100 syringes was more than 0.83, that means almost all immunization syringes were collected properly into safety boxes. The value of the indicator (0.49) in 2006 reflects problems of supply of safety boxes due to delays registered with initiation of the local production of safety boxes. After the supply started, that does not represent more an issue.

Please report how sharps waste is being disposed of.

According to the national policy, used injection equipment should be addressed within the context of the National regulation on medical waste disposal. It means that syringes and needles be collected immediately after use, in single-use sharps puncture resistant containers, which are colour coded (yellow), labelled "Biological hazard" and are destructed together with their content.

Up to date the achievements of Moldova regarding to the safe disposal of sharp waste produced by the immunization program are as follows:

- Disposable syringes and needles, including auto-disable and reconstitution syringes, are disposed of immediately following use in a designated safety box or sharps puncture-proof container. The needle is not recapped or removed from the syringe: the whole combination is inserted into the safety box directly after use.
- A system tracking stocks, the distribution and utilization of injection equipment and safety boxes is introduced countrywide and is integrated in monthly vaccination reports.
- Additional waste from injections (cap, syringe packaging) are disposed of as common waste.
- Full safety boxes are incinerated in small numbers by open burning in a pit, iron vessels. These methods of destruction are particularly practiced by small producers of sharp waste (village health centres and posts, small family doctors centres)
- Residues from incineration (oxidized needles, vials, etc.) are buried in a common waste pit.
- Possibilities for radical solution of medical waste destruction through building 1-3 plants are explored.

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

The main problem related to the transition for safe injections and sharps waste disposal is related to the destruction of sharp waste.

- The current practice of burning safety boxes is not considered environment friendly and is regarded as a temporary solution. Implementation of high temperature incineration is also questionable due to the need of huge investments, problems meeting environment regulations, ensuring sustainability of the process. The safe sharp waste disposal was subject of a number of meetings and workshops involving national and international organizations, NGOs. Possibilities for radical solution of medical waste destruction through building 1-3 plants are explored. That requires important investments and also raises issues related to sustainability of running those facilities. Other options include using autoclaves and shredders. Unfortunately, an agreement was not achieved yet regarding the most cost effective and sustainable solution.
- Taking into consideration immunization services are integrated in Moldova with primary health care, it is worth mentioning safe disposal of immunization sharp waste must be addressed in the context of disposal of all medical waste produced by health facilities, as it represent only a small fraction of that waste. Actually there is a need to solve the issue of disposal of all hazardous medical waste generated by health facilities.

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:

The Republic of Moldova has received 3 instalments of funds (two instalments in 2005 and one in 2007) from the approved GAVI support for injection safety at the Treasury account of the National Center of Preventive Medicine:
1st instalment – 06 October 2005 ($32,000)
2nd instalment - 30 December 2005 ($29,000)
3rd instalment - 22 March 2007 ($26,000)

Due to the late arrival of funds at the time required to proceed all formal procedures to allow use of funds, funds on injection safety started being used in 2006. The expenditures were as follows:
TOTAL expenditures in 2006 – $28,284
- Initiation of the local production of safety boxes, procurement of safety boxes -$16,699
- Strengthening the information system to monitor stocks and usage/wastage of syringes and safety boxes -$5,541
- Strengthening the laboratory support for infectious diseases following unsafe injections and for those preventable by vaccinations -$6,044

Balance for 2007 - $32,716 + $26,000 received in 2007 = $58,716
TOTAL expenditures in 2007 – $6,566

- Expenses for the group for elaboration of noramtive and instruction documents, project realisation - $2,246;
- Equipment and consumables - $4,123;
- Transportation expenses - $197.

Balance for 2008 - $52,149
The balance is scheduled for further development of the national policy, guidelines and tools toward injection safety, procurement of injection safety devices, as well as to support training and awareness of health workers on injection safety issues.

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	$478,800	$481,750	$716,791	$964,365
Injection supplies	$88,916	$85,969	$115,897	$118,342
Personnel	NA	NA	$8,508	$8,849
Salaries of full-time NIP health workers (immunisation specific)	NA	NA	$1,189	$1,237
Per-diems for outreach vaccinators / mobile teams	NA	NA	$7,319	$7,612
Transportation	NA	NA	$18,354	$21,078
Maintenance and overheads	NA	NA	$1,015,000	$1,086,909
Training	NA	NA	$36,720	$40,576
Social mobilisation and IEC	NA	NA	$40,800	$43,697
Disease surveillance	NA	NA	$69,360	$74,389
Program management	NA	NA	$45,900	$41,616
Other	NA	NA	$22,440	$24,970
Subtotal Recurrent Costs	NA	NA	$2,089,771	$2,424,790
Routine Capital Costs				
Vehicles	NA	NA	$29,079	$26,010
Cold chain equipment	NA	NA	$57,630	$86,873
Other capital equipment	NA	NA	$121,822	$238,668
Subtotal Capital Costs	NA	NA	$208,531	$351,551
Financing by Source				
Government (incl. WB loans)			$1,174,508	$1,309,540
GAVI Fund	$77,500	$77,500	$394,000	$509,500
UNICEF	-	-	$10,000	-
WHO	-	-	$100,000	$90,000
NHIC	NA	NA	$2,196,316	$2,284,168
Subnational Gov.	NA	NA	$555,069	$573,466
Total Expenditure			$3,925,892	$4,159,879

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…

The Government of Moldova has traditionally been and remains the major financier of the National Immunization Programme. In 2007 National Government, Local Administrations and National Health Insurance Fund (NHIF) together covered nearly 95% of the total Programme needs. The situation will not change significantly even with the introduction of the new tetravalent DTP-Hib vaccine in 2008.
GAVI Phase-I Hepatitis-B support for Moldova ends in 2008 after which the Government will have to increase its own allocations for Hepatitis-B vaccine procurement at least by $44 thousand.
It is expected that WHO and UNICEF will continue providing technical assistance to the NIP of Moldova financing Short-term Training programmes, IEC & Social Mobilisation, Disease Surveillance and Program Management activities that have historically been experiencing problems with financing. WHO is planning to commit to this end around $260,000 during 2008-2010 while UNICEF around $30,000. These contributions will allow to substantially reduce financing gap for these components.
The NIP budget was approved by the Government till 2010 and includes funds for ensuring appropriate level of co-financing of the new vaccine.

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-Hib)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)	NA	NA	$0.30	$0.30
Government	NA	NA	$28,500	$50,500
Other sources (please specify)	NA	NA	-	-
Total Co-Financing (US$ per dose)	NA	NA	$28,500	$50,500

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

The Government of Moldova has traditionally been and remains the major financier of the National Immunization Programme. In 2006-2007 National Government, Local Administrations and National Health Insurance Fund (NHIF) together covered nearly 92-96% of the total Programme needs. The situation will not change significantly even with the introduction of the new tetravalent DTP-Hib vaccine in 2008.

The NIP budget was approved by the Government till 2010 and includes funds for ensuring appropriate level of co-financing of the new vaccine.

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)	NA	NA	NA	NA
Government	NA	NA	NA	NA
Other sources (please specify)	NA	NA	NA	NA
Total Co-Financing (US$ per dose)	NA	NA	NA	NA

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$) (NOT APPLICABLE FOR 2007)

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			
PAHO Revolving Fund			
Donations			
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)		
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	
National health sector plan	
National health budget	
Medium-term expenditure framework	
SWAp	
cMYP Cost & Financing Analysis	

Annual immunization plan	
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.

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	42,356	42,955	44,067	44,728	45,399	46,080	46,771	47,473	47,473	47,473
Infants' deaths	510	479	485	492	499	507	514	522	522	522
Surviving infants	41,846	42,476	43,582	44,236	44,900	45,573	46,257	46,951	46,951	46,951
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)*	40,320^	40,520	41,878	42,086	42,297	42,509	42,721	42,935	42,935	42,935
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of DTP (DTP3)*	39,534^	39,178	41,664	41,872	42,081	42,292	42,503	42,716	42,716	42,716
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)* ……. *(new vaccine)*	42,356	42,664	42,775	42,989	43,204	43,420	43,637	43,855	43,855	43,855
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of……. *(new vaccine)*	41,428^	40,424	42,305	42,516	42,729	42,943	43,157	43,373	43,373	43,373
Wastage rate till 2007 and plan for 2008 beyond*** …….. *(new vaccine)*	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Infants vaccinated / to be vaccinated with BCG	41473	42209								
Infants vaccinated / to be vaccinated with Measles (1st dose)	40212	40593								

* 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.

Targets for 2009 did not require any adjustment

Please provide the Excel sheet for calculating vaccine request duly completed ***YES***

Table 6. Estimated number of doses of *DTP-Hib* vaccine, liquid, 10 dose vial.

The buffer stock was estimated by subtracting from the "Number of doses needed including wastage" (F) for 2009 the value of F for the previous year, 2008 (75168 doses).

		Formula	2009		
			Total	Government	GAVI
A	Country Co-finance		8.95%		
B	Number of children to be vaccinated with the first dose	*From Tab 1*	43,432	3,889	39,543
C	Number of doses per child	*From Tab 1*	3	3	3
D	Number of doses needed	*B x C*	130,296	11,667	118,629
E	Estimated vaccine wastage factor	*From Tab 1*	1.14	1.14	1.14
F	Number of doses needed including wastage	*D x E*	148,537	13,300	135,237
G	Vaccines buffer stock [1]	*F x 0.25 or (F - F of previous year) * 0.25*	18,342	1,642	16,700
H	Anticipated stock on 1 January 2008				
I	Total vaccine doses needed	*F + G - H*	166,880	14,943	151,937
J	Number of doses per vial	*From Tab 1*	10	10	10
K	Number of AD syringes (+ 10% wastage) needed	*(D + G - H) x 1.11*	164,989	14,773	150,215
L	Reconstitution syringes (+ 10% wastage) needed [2]	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.11*	1,831	164	1,667
N	Cost of vaccines needed	*I x ($ from Tab 1)*	$534,015	$47,817	$486,199
O	Cost of AD syringes needed	*K x ($ from Tab 1)*	$11,384	$1,019	$10,365
P	Cost of reconstitution syringes needed	*L x ($ from Tab 1)*	$0	$0	$0
Q	Cost of safety boxes needed	*M x ($ from Tab 1)*	$1,721	$154	$1,567
R	Freight cost for vaccines needed	*N x (% from Tab 1)*	$10,680	$956	$9,724
S	Freight cost for devices needed	*(O+P+Q) x (% from Tab 1)*	$1,311	$117	$1,193
T	Total fund needed	*(N+O+P+Q+R+S)*	$559,112	$50,064	$509,048
U	Total country co-financing	*I * ($ from Tab 1)*	$50,064		
V	Country co-financing % of GAVI supported proportion	*U / T*	8.95%		

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 - NOT APPLICABLE

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) - NOT APPLICABLE

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	Yes	
Reporting Period (consistent with previous calendar year)	Yes	
Government signatures	Yes	
ICC endorsed		
ISS reported on	Not Applicable	
DQA reported on	Not Applicable	
Reported on use of Vaccine introduction grant	Not Applicable	
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	Not Applicable	
HSS reported on	Not Applicable	
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	Not Applicable	

6. Comments

ICC/HSCC comments:

No Comments

~ End ~