



Partnering with The Vaccine Fund

September 2003

# Progress Report

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

by the Government of

The Socialist Republic of VIETNAM

Date of submission: September 2003

Reporting period: Year 2002

*( Tick only one ) :*

- Inception report
- First annual progress report      X
- Second annual progress report
- Third annual progress report
- 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 the GAVI partners and collaborators***

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## 1. Report on progress made during the previous calendar year

Nationally, 643,439 children under 1 year old were vaccinated with 3 HBV doses in 2002. (64.1% of total targeted).<sup>1</sup>

In the 44 provinces receiving vaccine supplied by GAVI, a total of 494,767 children under 1 year old were vaccinated with 3 HBV doses. Coverage with HBV1 reached 95.2%, of which 61.4% was given during during the 3 first days of life; HBV2 coverage was 76.7% and HBV3 was 66.9%.

A total of 148,672 children received locally produced hepatitis B vaccine. Coverage levels were: HBV1: 84.5%; HBV2, 71% and HBV3, 56.2%.

*(Number of children immunized with current and new vaccines is collected from the WHO/UNICEF Joint Reporting Form (JRF))*

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

### 1.1 Immunization Services Support (ISS)

N/R

### 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

Total number of hepatitis B vaccine, AD syringes and safety boxes received for 2002:

Vaccine/Devices	Quantity in doses/pcs	Delivery date
Hep B (1 dose vial)	806,113	3 shipments between 27 Nov. 2001 and 5 Jun 2002
Hep B (2 doses vial)	2,042,153	5 shipments between 27 Nov. 2001 and 15 Jul. 2002
AD syringes 0.5ml	2,676,800	3 shipments between 13 Dec. 2001 and 26 Jul. 2002
Safety boxes 5l	29,723	4 shipments between 13 Dec. 2001 and 31 May 2002

<sup>1</sup> A relatively larger number of children have received the GAVI supported hepB birthdose vaccine compared to the 2<sup>nd</sup> and 3<sup>rd</sup> dose due to phased introduction countrywide.

Total number of hepatitis B vaccine, AD syringes and safety boxes received for 2003:

<b>Vaccine/Devices</b>	<b>Quantity in doses/pcs</b>	<b>Delivery date</b>
Hep B (1 dose vial)	1,286,970	19 Nov. 2002 and 24 Apr. 2003
Hep B (2 doses vial)	3,260,324	31 Oct. 2002 and 15 Apr. 2003
AD syringes 0.5ml	2,500,000	15 and 16 Nov. 2002
Safety boxes 5l	25,500	28 Nov. 2002 and 9 Dec. 2002

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

Vaccines and auto-disable syringes (ADs) were received on time and in good order, enabling implementation as planned starting from 1 January 2002. The GAVI supplied vaccine is being used in 44 of the 61 provinces; the remaining 17 provinces use locally produced vaccine. As planned, in 2002 only about half the districts used GAVI vaccine – the remainder were planned to start from 1 January 2003.

Of the 44 provinces, 30 started using hepatitis B in January, 5 provinces in February, 2 in March, 6 in April, and the last one in June. The delay in some of the provinces was related to funding for training preceding new vaccine introduction.

The plan was to use Uniject for the birth dose. However, as this is still not available, single dose vials are being used. The supply of vials with VVMs in the second shipment allow for use outside the cold chain, pending local assessment of the safety and feasibility of this option. This assessment is commencing in late 2003.

## 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.*

The following achievements were made:

- 61 training courses for district level staff were conducted in each of the 61 provinces (30 with support from UNICEF), during the period Jan – June / 2002
- 392 training courses for commune health workers were conducted at district level, of which 35 were funded using GAVI funds, also during the period Jan – June / 2002
- The syllabus included introduction and training of health workers on the use of AD syringes and safety boxes
- Translation and adaptation of the WHO document: “Introduction of Hepatitis B vaccine into EPI”. The booklet produced provides management guidelines, information for health workers and parents, and also information on the use of AD syringes and vaccine vial monitors. A total of 16,000 copies of the booklet were printed and distributed down to commune level, in April, 2002.
- AD syringes and safety boxes were distributed to all provinces using HB vaccine supplied by GAVI, and are available in all such health facilities
- Health workers use AD syringes and safety boxes correctly in HBV immunization.

Targets for 2003: National EPI submitted an application for Injection Safety supplies to GAVI, in order to have enough AD syringes and safety boxes for routine EPI vaccination. In addition, the roll out of GAVI vaccine across the remaining districts was planned.

With support from WHO during August 2002, a survey to assess the introduction of Hepatitis B vaccination was conducted in selected districts of 11 provinces. The study population covered 11,625 eligible births from 17 district hospitals, 3 delivery houses and 21 commune health centers. The results of the survey included:

- HBV1 coverage within 24 hours after birth reached 71% in hospitals and delivery houses. This was counted manually by the surveyors who visited these facilities.
- HBV1 coverage within 3 days after birth was 91% in hospitals and delivery houses, and 35.3 % in CHC. At CHC, 70% of children had received HBV2 and 51% of children had received HBV3.
- 75% of district hospitals and delivery houses are able to store HepB vaccine on site. The wastage rate for Hep B vaccine was 1.01 at district level, and 1.02 at commune level.
- 100% of the facilities surveyed used AD syringes for HepB vaccination. However, disposable syringes were used instead of AD syringes in 6 health centres during the first months of introduction of hepatitis B vaccine, and a variety of AD syringes still remaining from the measles campaigns were noted to be in use in some locations. The supply of AD syringes was adequate at all levels, with a wastage factor of 1.12.

Almost all health workers had received training on introduction of hepatitis B vaccine, except one health worker at a private delivery house. The “Introduction of Hepatitis B vaccine” training manual mentioned above was available at all health centres.

### **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 \$100,000 from GAVI was used to partially support the training courses and booklet preparation (referred to above):

- New vaccine introduction booklet: 18,500 USD
- Training courses: 81,500 USD

## **1.3 Injection Safety**

After its successful application, Vietnam was to receive support from GAVI for injection safety from 2003 to 2005. However, this support will not commence until September 2003. The delay in receiving support has meant a delay in planned activities, but the Government has been able to cover the cost of supply for ADs.

### **1.3.1 2. Financial sustainability**

A meeting was held on 19 August 2003 to start the process for developing the FSP, with planned support through a WHO consultant in September 2003. EPI is a high priority for the Viet Nam government, as demonstrated by increasing budget for EPI from 25 billion Dong in 1994 to 100 billion in 2003, with further increases planned. Vietnam’s FSP is currently in preparation with the support of a WHO short term consultant and will be submitted in early December after the EPI Review and revision of the EPI Multi Year Strategic Plan.

### 3. Request for new and under-used vaccines for year 2003-2006 ( 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 (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form. DTP3 reported 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 10). Targets for future years **MUST** be provided.

**Table 2 : Baseline and annual targets**

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
<b>DENOMINATORS</b>								
Births								
Infants' deaths								
Surviving infants	1,577,046	1,486,472	1,465,191	1,696,608	1,722,057	1,747,888	1,774,106	1,800,718
<b>Infants vaccinated with DTP3 *</b>								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	1,461,895	1,430,288	1,095,899	1,611,778	1,635,954	1,660,494	1,685,401	1,710,682
<b>NEW VACCINES</b>								
Infants vaccinated with Hep B3 * (GAVI)			494,708					
Estimate for future years (assuming 80% coverage)				1,083,328	1,168,301	1,255,580	1,274,414	

Wastage rate of Hep B** (GAVI)			12% <sup>2</sup>					
Infants vaccinated with Hep B3 * (Local)	254,071	362,073	148,672					
Estimate for future years (assuming 80% coverage)				253,901	273,816	294,272	298,686	
Wastage rate of Hep B** (Local)	18%	18%	18%					

\* Indicate actual number of children vaccinated in past years and updated targets

\*\* Indicate actual wastage rate obtained in past years

→ 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.

Reported figures in 2000, 2001 and 2002 are consistent with figures reported on the WHO / UNICEF Joint Reporting Form, and are the actual numbers reported by every province. Reported figures for 2003, 2004, 2005, 2006 and 2007 are numbers projected from the 1999 census. Reasons for the falling denominator will be assessed in the forthcoming EPI Review, scheduled for late 2003.

### 3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2003-2006 (indicate forthcoming year)

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

<sup>2</sup> Wastage rate is calculated by subtracting the doses remaining from the number distributed and dividing by the latter (includes doses given to infants who received only one or two doses in 2002), It's not possible to calculate wastage of 1-dose and 2-dose hepB vials as efforts are being made to vaccinate as many children once a vial is opened, in order to reduce wastage.

**Table 3: Estimated number of doses of Hepatitis B vaccine required in Uniject, assuming 5% wastage each year**

		<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>A</b>	<b>Number of children to receive new vaccine</b>	1,083,328	1,168,301	1,255,580	1,274,414
<b>B</b>	<b>Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan</b>	100%	100%	100%	100%
<b>C</b>	<b>Number of doses per child</b>	1	1	1	1
<b>D</b>	<b>Number of doses</b>	1,083,328	1,168,301	1,255,580	1,274,414
<b>E</b>	<b>Estimated wastage factor</b>	1.053	1.053	1.053	1.053
<b>F</b>	<b>Number of doses (incl. wastage)</b>	1,140,744	1,230,221	1,322,126	1,341,958
<b>G</b>	<b>Vaccines buffer stock (new districts in 2003)</b>	123,907	NA	NA	NA
<b>H</b>	<b>Vaccines buffer stock (districts targeted from the beginning of 2002)<sup>3</sup></b>	677,578			
<b>I</b>	<b>Total vaccine doses requested</b>	1,264,651	1,230,221	1,322,126	1,341,958
<b>J</b>	<b>Number of doses per vial</b>	1	1	1	1
<b>K</b>	<b>Number of AD syringes (+ 10% wastage)</b>	1,191,661	NA	NA	NA
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need)</b>	13,108	14,136	15,193	15,420

**Table 4. Estimated number of doses of Hepatitis B vaccine required in 2 dose vials**

		<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>A</b>	<b>Number of children to receive new vaccine</b>	1,083,328	1,168,301	1,255,580	1,274,414
<b>B</b>	<b>Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan</b>	100%	100%	100%	100%
<b>C</b>	<b>Number of doses per child</b>	2	2	2	2
<b>D</b>	<b>Number of doses</b>	2,166,656	2,336,602	2,511,160	2,548,828
<b>E</b>	<b>Estimated wastage factor</b>	1.333	1.250	1.176	1.176

<sup>3</sup> Includes vaccine buffer stock for districts targeted from the beginning of 2002 **and** stock of vaccines (2<sup>nd</sup> and 3<sup>rd</sup> dose) due to phased introduction of GAVI supported hepB vaccine.

<b>F</b>	<b>Number of doses ( incl. wastage)</b>	2,888,152	2,920,752	2,953,124	2,997,422
<b>G</b>	<b>Vaccines buffer stock</b>	313,710	NA	NA	NA
<b>H</b>	<b>Vaccines buffer stock (disticts targeted from the beginning of 2002)<sup>4</sup></b>	439,606			
<b>I</b>	<b>Total vaccine doses requested</b>	3,201,862	2,920,752	2,953,124	2,997,422
<b>J</b>	<b>Number of doses per vial</b>	2	2	2	2
<b>K</b>	<b>Number of AD syringes (+ 10% wastage)</b>	2,851,861	2,460,442	2,644,251	2,683,916
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need)</b>	28,519	24,604	26,443	26,839

\*AD syringes calculated on a wastage rate of 5% of total number of vaccine doses required, excluding the wastage of vaccines.

**Table 3 : 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 1.*

Shipment of vaccine 2004:

Vaccine/Devices	Indicative Delivery Date	Quantity in doses/pcs.
Hep B (1dose vial)	Jan..2004	778,200
Hep B (1dose vial)	Jun.2004	778,200
Hep B (2 dose vial)	Jan..2004	1,460,378
Hep B (2 dose vial)	Jun.2004	1,504,188

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

<sup>4</sup> Includes vaccine buffer stock for districts targeted from the beginning of 2002 **and** stock of vaccines (2<sup>nd</sup> and 3<sup>rd</sup> dose) due to phased introduction of GAVI supported hepB vaccine.

**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**

<b>Indicators</b>	<b>Targets</b>	<b>Achievements</b>	<b>Constraints</b>	<b>Updated targets</b>
HBV3 coverage	80%	65.1% (includes GAVI and local vaccine) (GAVI 68.4%, local 56.2%)	Some districts introduced GAVI HBV late, so that 97.4% children received HBV1 but HBV3 only 68.4%	No change.
Drop out rate HBV3	<10%	28.4% for local, and 29% for GAVI vaccine	Late introduction of GAVI vaccine in some districts	No change, pending assured supplies for 2003
Wastage rate of HepB vaccine and other EPI vaccines.	20% for HepB vaccine. For OPV, DTP and measles vaccines, allowed wastage rates are 30%.	Wastage rate of HepB for GAVI vaccine was 12% and local vaccine, 18%. This reflects the fact that local vaccine is being used in more remote areas where wastage reduction is more difficult Wastage rates for OPV, DTP and measles vaccines were 35%.	Wastage rates for other vaccines were 35%. Supply of local vaccines in 20-dose vials limits capacity to reduce wastage	No change for HepB vaccine.
DTP3 coverage	≥ 90%	74.8%	In 2002 there was a countrywide shortage of DTP vaccines due to failed local production and imported vaccine vials exposed to subzero temperatures.	Note, this does not impinge on targets for HepB vaccination which are unchanged.

## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission		September 2003
Reporting Period (consistent with previous calendar year)		Jan-Dec, 2002
Table 1 filled-in		Yes
DQA reported on		N/A
Reported on use of 100,000 US\$		Yes
Injection Safety Reported on		Yes
FSP Reported on (progress against country FSP indicators)		N/A
Table 2 filled-in		Yes
New Vaccine Request completed		Yes
Revised request for injection safety completed (where applicable)		N/A
ICC minutes attached to the report		XXXX – for July meeting, these need improvement
Government signatures		
ICC endorsed		XXXX

## 6. Comments

→ *ICC comments:*

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## 7. Signatures

For the Government of .....

Signature: .....

Title: .....

Date: .....

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	Agency/Organisation	Name/Title	Date	Signature

