GAVI

THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

Updated February 2004

Progress Report

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

by the Government of

COUNTRY: THE SOCIALIST REPUBLIC OF VIET NAM

Date of submission: May 2004
Reporting period: 2003 *(Information provided in this report MUST refer to the previous calendar year)*

(Tick only one) :

Inception report
First annual progress report
Second annual progress report X
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*

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

Nationally, 1,170,352 children under 1 year old were vaccinated with 3 HBV doses in 2003. (78% of total targeted).
In the 44 provinces receiving vaccine supplied by GAVI, a total of 943,050 children under 1 year old (75.8% of the target population) were vaccinated with 3 HBV doses. Coverage with HBV1 reached 93.8%, of which 68.3% was given during the first three days of life; HBV2 coverage was 76.7% and HBV3 was 66.9%.[1] A total of 227,302 children received three doses of locally produced hepatitis B vaccine. Coverage levels were: HBV1: 95.1%; HBV2, 91.2% and HBV3, 88.8%

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

1.1 Immunization Services Support (ISS)

None received

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** 2003

Vaccine/Devices	Quantities in doses/pcs	Delivery date
HepB (1 dose/vial)	1,286,970	19 Nov. 2002 and 24 Apr. 2003
HepB (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*	25,500	28 Nov. 2002 and 9 Dec. 2002

Note: * 119,800 USD was received in November 2003 for 1,677,900 AD syringes 0.5ml and 20,925 safety boxes for 2003.

[1] In GAVI-supported provinces, a relatively larger number of children received the first dose of hepB vaccine compared to the 2nd and 3rd doses, due to phased introduction countrywide.

Number of hepatitis B vaccine doses received **for** 2004

Vaccine/Devices	Quantities in doses/pcs	Delivery date
HepB (1 dose/vial) India	778,200	10 and 12 January 2004
HepB (2 doses/vial) Korea	1,460,380	11 and 12 February 2004

Start of vaccinations with the new and under-used vaccine: January, 2002

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

All HepB vaccine vials received had a VVM attached.

Seven cartons of 365 boxes of 2 doses/vial vaccine came from LG Life Sciences, each with a COX temperature recorder inside, were received on 10 and 12 February. One of seven temperature recorder showed that the temperature had been close to 0°C for 10 hours during transit. The format of the date of manufacture is noted to be inconsistent amongst the different manufacturers. This can be confusing for storekeepers. One shipment arrived on the weekend (10 January 2003). The arrival date was informed only one day before, making it very difficult to collect it from the airport.

The GAVI supplied vaccine is being used in 44 of the 61 provinces in Vietnam; the remaining use locally produced vaccine. 2003 was the first year HepB vaccine became available for all children under 1 year old nationwide in Vietnam. Districts that had not introduced the vaccine in 2002 did so in a phased manner during the first half of 2003.

Auto-disable syringes (ADs) and safety boxes were received on time and in good order, enabling implementation as planned.

119,800 USD was received in November 2003 for 1,677,900 AD syringes 0.5ml and 20,925 safety boxes for 2003. This money was used to purchase locally produced AD syringes and safety boxes for administration of HepB vaccine.

According to the letter on 9 February 2004, 280,500 USD will be received in cash in lieu of AD syringes (3,909,400) and safety boxes (43,400) required for HepB vaccination in 2004. We request the funds to be transferred in the second quarter 2004.

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.

In the year 2003, Hepatitis B vaccine was made available for children under 1 year old nationwide, 44 provinces using GAVI-supported vaccine, the remaining 17 provinces using locally produced vaccine. With support from GAVI this was the first year all children under one year old in whole country have the chance to receive HepB vaccine.

With the support from WHO, 18 training courses on Hep B introduction for 18 difficult districts in 16 provinces were conducted from August to November, 2003. 540 commune EPI staff were participated these training courses.

The result of Hep B introduction is 75,8 % of 1,244,067 children in the 44 provinces using GAVI-HepB vaccine were vaccinated with HepB3, 93.8 % are vaccinated with HepB 1 and 64.1 % were vaccinated with Hep B 1 within 3 days after birth.

Nationally, 77.8% of 1,500,113 children are vaccinated with HepB3; 54.6 % of 1,500,113 children are vaccinated with HepB 1 within 3 days after birth (in 44 GAVI province: 64.1% and 17 non-GAVI: 8.5%), and 94.0% are vaccinated with HepB1.

A national EPI review was conducted in November 2003, and concluded that:

- Hepatitis B vaccine is being successfully added to the EPI, and the EPI strengthened by the new vaccine introduction.
- Increasing numbers of newborn children are getting a timely birth dose as a result of the considerable efforts to do this at all levels, including some health workers covering expenses to do so from their own pockets.
- For hospital births, there is a system for timely birth dosing in most hospitals, usually by EPI staff but by hospital staff in some.
- Recording and reporting for EPI now includes monitoring of the timeliness of the birth dose.
- Community awareness and acceptance for hepatitis B is high, supported by positive involvement of community organizations (and private sector promotion of hepatitis B vaccine in some places).

1.3 Injection Safety

1.3.1 Receipt of injection safety support

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

As outlined in recent correspondence, the promised funds for injection safety support were received very late in 2003, and will now be used for the same degree of support commencing one year late.

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

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
100 % of Provinces with adequate access to appropriate disposal system, including exchange mechanism for new and used injection equipment where this is feasible, and local disposal in remote locations	By the end of 2004	Some provinces and districts received industrial incinerators to destroy medical waste. Other provinces and districts that are not equipped with industrial incinerators yet, and are destroying the medical waste by building various types of local prototype incinerators	The EPI produces only a small part of medical waste, but it is difficult, and probably not appropriate to separate this out. A national policy on medical waste management is in development, but is not yet ratified. Pilot activities are in train. However, the use of safety boxes is now almost universal in Viet Nam.	By the end of 2008 (acknowledging that this target is difficult for the EPI to set)
100 % of Districts with 100% AD use for all EPI vaccines and safe disposal practices	By the end of 2003	*100% AD syringes used in EPI campaign.* *30% AD syringes used for vaccines in routine EPI*	*Fund from government for AD syringes was not enough in 2003 and shortfall not able to be covered by local government.*	*With the support of GAVI, the revised target for this indicator is now by end of 2004*

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

Total fund for injection safety for 2003 was 1,300,780 USD (including 119,800 USD for 0.5 ml AD syringes and safety boxes to be used for Hep B vaccination. This fund was received in November 2003 and will be used for 2004. With the fund from central and local government, injection equipment requirement for 2003 was fully covered, but not all syringes purchased by non-EPI agencies were AD. All of syringes from National EPI for routine EPI in 2003 were AD syringes.

A contract for safe injection equipment between National EPI and Mediplast (local manufacturer) was signed in April 2004. Safe injection equipment will be received in quarters 2 - 3 2004:

-BCG syringes 0,1 ml: 2,236,400 pieces
-AD syringes 0,5 ml: 15,880,200 pieces
-Re-constitution syringes 5ml: 581,600 pieces
- Safety boxes 5 l: 234,750 pieces

2. Financial sustainability

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

Table 1: Progress of the strategic plan to enhance financial sustainability of the national immunization programme and to improve its efficiency

Strategies	Indicator(s) / time frame	Baseline	Current values/status
1) Domestic resourcing for immunization services			
1.1) Enhancing Government Funding for EPI (central level)	-FSP finalised in 2003. -Overall immunization programme budget increases by at least 20% in real terms for 2005 & 2006.	-No FSP at the beginning of 2003. -2003 EPI budget was 98 billion VND (6,130,000 USD).	-FSP completed and submitted in January 2004. -2004 EPI budget is 110 billion VND (6,250,000 USD), which is 12.2% increase from 2003 level. For 2005 onward, there is a basic consensus on annual 10% increase.
1.2) Budget shifting at the national and province levels	-The proportion of health sector expenditure on EPI out of total expenditure (central and provincial levels) increases to the point where all components of the MYP are fully funded by 2010.	-Since 2003 national health expenditure has not been officially available to date, it is not possible to indicate. However, EPI budget in 2003 consisted 13.5% of the 2002 national health expenditure.	-Since 2004 national health expenditure has not been officially available to date, it is not possible to indicate. However, EPI budget in 2004 consisted 15.1% of the 2002 national health expenditure.
2) External resourcing for immunization			
2.1) Additional resourcing from GAVI/ Vaccine Fund	-MoH prepares the appropriate documentation (by 2005).	-In 2003, this had not yet been discussed.	-It is not decided yet whether to request further support or not.
2.2) Project grants from bilateral or multilateral agencies	-Discussions are held and plans are finalised (if appropriate) during 2005.	-Up to 2003, grant from bilateral and multilateral agencies were proposed and discussed separately without a single financing plan.	-National EPI is in preparation of 5-year plan of JICA contribution for measles elimination initiative, based on FSP.
2.3) The grant portion of development loans	-Discussions are held and plans are finalised (if appropriate) during 2005.	-Korean government had been providing loan for the construction of vaccine factory for hepatitis B and other vaccines.	-No other loan agreement made so far.

3) Improving programme efficiency			
3.1) Enhanced staff training to reduce vaccine wastage	-Appropriate training is conducted for EPI managers in 80% of districts (by end of 2005). -Wastage rates for hepatitis B vaccine are reduced (national wastage factor < 1.15).	-EPI Review in November 2003 revealed: 1) no evidence of excessive wastage, rather wastage reduction is jeopardizing stable vaccine supply in some places; 2) Need for cold store management improvements.	-In 2004 and 2005, cold store keeper training is planned for regional, provincial and district levels.
3.2) Cold chain management	-Surveys using vaccine vial monitors indicate that cold chain failure is <5%. -Cold chain equipment inventory is established by 2005.	-No baseline yet. -No inventory in 2003	-No monitoring yet. -Inventory making is discussed with Lux Development.
3.3) Communication and information technologies	-Surveys indicate that the 95% of EPI managers at the district level have both computer and email access by the end of 2008.	-In 2003, computer was widely available, but e-mail access was not.	-Region-province surveillance data network is piloted in southern region.

Table 2: Sources (planned) of financing of Hepatitis B vaccine ***(specify)***

Proportion of vaccines supported by	**Annual proportion of vaccines**									
	2002	**2003**	**2004**	**2005**	**2006**	**2007***	**2008**	**2009**	**2010**	**2011**
Proportion funded by GAVI/VF (%)	81	87	83	83	83	0	0	0	0	0
Proportion funded by the Government and other sources (%)	19	13	17	17	17	100	100	100	100	100
Total funding for Hepatitis B vaccine *(USD)*	1,888,873	2,824,637	2,055,837	2,080,507	2,105,473	2,130,739	2,156,307	2,182,183	2,208,369	2,234,870

*The Viet Nam EPI acknowledges the potential financial burden of an immediate switch to 100% local funding in 2007, and will hold discussions with donors and other agencies regarding the possibility of other support. If not, a request for phasing out of GAVI support may be made.

3. Request for new and under-used vaccines for year 2004 - 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 approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births									
Infants' deaths									
Surviving infants	1,577,046	1,486,472	1,465,191	1,500,113	1,522,635	1,545,475	1,568,657	1,594,187	1,616,070
Infants vaccinated / to be vaccinated with **1st dose** of DTP (DTP1)	1,475,635		1,250,214	1,444,353	1,461,730	1,483,656	1,505,911	1,528,499	1,551,427
Infants vaccinated / to be vaccinated with **3rd dose** of DTP (DTP3)	1,461,895	1,430,288	1,095,899	1,503,646	1,446,503	1,468,201	1,490,224	1,512,578	1,535,266
Hep B VACCINE									
Infants vaccinated / to be vaccinated with **1st dose** of Hep B (GAVI)			704,521	1,167,232	1,200,598	1,218,607	1,236,886		
Infants vaccinated / to be vaccinated with **3rd dose** of Hep B *(GAVI)*			494,767	943,050	1,074,219	1,154,470	1,171,787		
Infants vaccinated / to be vaccinated with **1st dose** of Hep B (Local)			223,406	243,400	245,906	249,594	253,338	1,512,578	1,535,266

Infants vaccinated / to be vaccinated with **3rd dose** of Hep B *(Local)*	254,071	362,073	148,672	227,302	220,021	236,458	240,005	1,432,968	1,454,463
Wastage rate of Hep B *** (GAVI)			12%	10%					
Wastage rate of Hep B *** (Local)	18%	18%	18%	18%					
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	1,413,575	1,361,012	1,402,254	1,375,005	1,370,372	1,390,928	1,411,791	1,432,968	1,454,463
Infants vaccinated / to be vaccinated with BCG	1,485,603	1,437,450	1,417,032	1,462,178	1,476,956	1,499,111	1,521,597	1,544,421	1,567,588
Infants vaccinated / to be vaccinated with Measles	1,470,963	1,451,173	1,402,254	1,398,773	1,446,503	1,468,201	1,490,224	1,512,578	1,535,266

*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

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

Surviving infants in 2000 to 2003 are the same with figure reported in the WHO/UNICEF Joint Reporting forms for those years; these data are reported by the provinces. Surviving infants from 2004 to 2006 are calculated based on the number of surviving infants reported by provinces in 2003, multiplied by a growth rate of 1.5%% (the result from the population census conducted in 1999).

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for the year 2004 - 2006** *(indicate forthcoming year)*

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

Table 4: Estimated number of doses of Hepatitis B vaccine in 1 dose vials : *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	2004	2005	2006
A	Infants vaccinated / to be vaccinated with 1st dose of Hepatitis B vaccine		1,200,598	1,218,607	1,236,886
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	*%*	100	100	100
C	Number of doses per child		1	1	1
D	Number of doses	*A x B/100 x C*	1,200,598	1,218,607	1,236,886
E	Estimated wastage factor	*(see list in table 3)*	1.11	1.11	1.11
F	Number of doses (incl. wastage)	*A x C x E x B/100*	1,332,663	1,352,654	1,372,944
G	Vaccines buffer stock	*F x 0.25*			
H	Anticipated vaccines in stock at start of year ….				
I	Total vaccine doses requested	*F + G - H*	1,332,663	1,352,654	1,372,944
J	Number of doses per vial		1	1	1
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	1,479,258	1,501,446	1,523,968

L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*			
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	16,420	16,666	16,916

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

		Formula	**2004**	**2005**	**2006**
A	Infants vaccinated / to be vaccinated with 1st dose of Hepatitis B vaccine		1,200,598	1,218,607	1,236,886
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	*%*	100	100	100
C	Number of doses per child		2	2	2
D	Number of doses	*A x B/100 x C*	2,401,195	2,437,214	2,473,772
E	Estimated wastage factor	*(see list in table 3)*	1.11	1.11	1.11
F	Number of doses (incl. wastage)	*A x C x E x B/100*	2,525,047	2,562,923	2,601,367
G	Vaccines buffer stock	*F x 0.25*			
H	Anticipated vaccines in stock at start of year ….				
I	Total vaccine doses requested	*F + G - H*	2,525,047	2,562,923	2,601,367
J	Number of doses per vial		2	2	2
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	2,802,802	2,844,845	2,887,517
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*			
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	31,111	31,578	32,051

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

3.3 Confirmed/revised request for injection safety support for the year 2004 - 2006

Table 6: Estimated supplies for safety of vaccination for the next two years with BCG *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	2004	2005	2006
A	**Target of children for BCG vaccination[2]**	#	1,476,956	1,499,111	1,521,597
B	**Number of doses per child**	#	1	1	1
C	**Number of BCG doses**	A x B	1,476,956	1,499,111	1,521,597
D	**AD syringes (+10% wastage)**	C x 1.11	1,639,421	1,664,013	1,688,973
E	**AD syringes buffer stock [3]**	D x 0.25	409,855		
F	**Total AD syringes**	D + E	2,049,276	1,664,013	1,688,973
G	**Number of doses per vial**	#	20	20	20
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	2	2	2
I	**Number of reconstitution [4] syringes (+10% wastage)**	*C x H x 1.11 / G*	163,942	166,401	168,897
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	24,567	20,318	20,622

Table 7: Estimated supplies for safety of vaccination for the next two years with Measles vaccine

		Formula	2004	2005	2006
A	**Target of children for measles vaccination[5]**	#	1,446,503	1,468,201	1,490,224

[2] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[3] 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.

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

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

[5] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

B	**Number of doses per child**	#	1	1	1
C	**Number of measles doses**	A x B	1,446,503	1,468,201	1,490,224
D	**AD syringes (+10% wastage)**	C x 1.11	1,605,619	1,629,703	1,654,149
E	**AD syringes buffer stock [6]**	D x 0.25	401,405		
F	**Total AD syringes**	D + E	2,007,023	1,629,703	1,654,149
G	**Number of doses per vial**	#	10	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.6	1.6	1.6
I	**Number of reconstitution [7] syringes (+10% wastage)**	*C x H x 1.11 / G*	128,449	130,376	132,332
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	23,704	19,537	19,830

Table 8: Estimated supplies for safety of vaccination for the next two years with DPT

		Formula	**2004**	**2005**	**2006**
A	**Target of children for DPT3 vaccination[8]**	#	1,446,503	1,468,201	1,490,224
B	**Number of doses per child**	#	3	3	3
C	**Number of DPT doses**	A x B	4,339,510	4,404,604	4,470,672
D	**AD syringes (+10% wastage)**	C x 1.11	4,816,568	4,889,110	4,962,446

[6] 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.
[7] Only for lyophilized vaccines. Write zero for other vaccines
4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.
[8] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

E	**AD syringes buffer stock** [9]	D x 0.25	1,204,214		
F	**Total AD syringes**	D + E	6,021,070	4,889,110	4,962,446
G	**Number of doses per vial**	#	20	20	20
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.6	1.6	1.6
I	**Number of reconstitution** [10] **syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	66,834	54,269	55,083

Table 9: Estimated supplies for safety of vaccination for the next two years with local HepB vaccine

		Formula	**2004**	**2005**	**2006**
A	**Target of children for local HepB vaccination**[11]	#	245,906	249,594	253,338
B	**Number of doses per child**	#	3	3	3
C	**Number of local HepB doses**	A x B	737,717	748,783	760,014
D	**AD syringes (+10% wastage)**	C x 1.11	818,865	831,149	843,616
E	**AD syringes buffer stock** [12]	D x 0.25	204,716		
F	**Total AD syringes**	D + E	1,023,582	831,149	843,616
G	**Number of doses per vial**	#	2	2	2
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.2	1.2	1.2
I	**Number of reconstitution** [13] **syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	11,362	9,226	9,364

Table10: Estimated supplies for safety of vaccination for the next two years with TT

[9] 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.
[10] Only for lyophilized vaccines. Write zero for other vaccines
4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.
[11] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).
[12] 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.
[13] Only for lyophilized vaccines. Write zero for other vaccines
4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

		Formula	2004	2005	2006
A	**Target of pregnant women of children for TT[14]**	#	1,370,372	1,390,928	1,411,791
B	**Number of TT doses per woman**	#	2	2	2
C	**Number of TT doses**	A x B	2,740,743	2,781,855	2,823,583
D	**AD syringes (+10% wastage)**	C x 1.11	3,042,225	3,087,859	3,134,177
E	**AD syringes buffer stock [15]**	D x 0.25	760,556		
F	**Total AD syringes**	D + E	3,802,781	3,087,859	3,134,177
G	**Number of doses per vial**	#	20	20	20
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.6	1.6	1.6
I	**Number of reconstitution [16] syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	42,211	343,275	34,789

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

Shipment of vaccine 2005:

Vaccine	Indicate Delivery date	Quantity in doses
Hep B (1 dose vial)	November 2004 May 2005	700,000 652,654
Hep B (2 doses vial)	December 2004 June 2005	1,300,000 1,301,367

All of shipment need follow guidelines from WHO and UNICEF in " Guidelines on the International packaging and shipping of vaccines" it

[14] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[15] 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.

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

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

including the following essential document accompany the vaccine consignment:

- *The original airway bill (AWB)*
- *A copy of the invoice, with a detailed packing list*
- *The release certificate(s) from the national regulatory authority of the producing country*

The format used for indicating the expiry date on the label of each vaccine vial should be DD/month/YY (i.e. 02 November 03)

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
HBV3 coverage	80%	78% (includes GAVI and local vaccine) (GAVI 75.8%, local 88.8%)	Some districts introduced GAVI HBV late, so that 93.8% children received HBV1 only 75.8% HBV3 in GAVI HBV areas.	No change.
Drop out rate HBV3	<10%	6.3% for local, and 18% for GAVI vaccine	Late introduction of GAVI vaccine in some districts	No change.
Wastage rate of HepB vaccine and other EPI vaccines.	20% for HepB vaccine. For OPV, DTP and measles vaccines, allowed wastage rates are 33%.	Wastage rate of HepB for GAVI vaccine was 10% 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, DPT 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%	100.2%	DPT vaccine was in shortfall in 2002, and some children did not receive DTP3 in 2002, but received DTP3 by catch up in 2003. This explains why the	No change.

			rate of DTP3 coverage was more than 100%. The fund from government purchase of 6.5million doses of DPT include 5.5 million doses local production (70% requirement). DPT will be in short supply for 2004 if supply from UNICEF have problem.	

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		May 2004
Reporting Period (consistent with previous calendar year)		Jan to Dec 2003
Table 1 filled-in		Yes
DQA reported on		N/A
Reported on use of 100,000 US$		N/A
Injection Safety Reported on		Yes
FSP Reported on (progress against country FSP indicators)		Yes (2004)
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		Yes
ICC endorsed		

6. Comments

ICC/RWG comments:

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

~ End ~