



Partnering with The Vaccine Fund

14 October 2003 with revisions at ICC meeting 13 October 2003

# Progress Report

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

by the Government of

COUNTRY: **Bosnia and Herzegovina**

Date of submission: ...17 October.....

Reporting period: 2002 ( *Information provided in this report **MUST** refer to the previous calendar year )*

( Tick only one ) :

Inception report

X

*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***

## Signatures

For the Government of Bosnia and Herzegovina

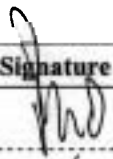

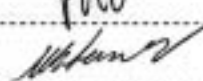

Signature: S. Harčević

Title: Minister of Civil Affairs of BiH

Date: October 15, 2003

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
FEDERAL MINISTRY OF HEALTH	TOMO LUČIĆ MINISTER	14.10.2003.		WHO	HARIS KAMELIANOVIĆ, LO	14/10/2003	
MINISTRY OF HEALTH AND SOCIAL WELFARE OF REPUBLIC SRP/RS	HARIN KVATERNIK MINISTER	14.10.2003.		UNICEF	Jill Zarichin, Project Officer	14/10/03	

~ End ~

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

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

### 1.1 Immunization Services Support (ISS)

#### 1.1.1 Management of ISS Funds

- Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).  
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The country has not requested or GAVI ISS funds for year 2002

#### 1.1.2 Use of Immunization Services Support

- In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.  
Funds received during the reporting year \_\_\_\_\_ None

#### 1.1.3 Immunization Data Quality Audit (DQA) (If it has been implemented in your country)

- Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?  
If yes, please attach the plan.

YES

NO

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

DQA is planned to be carried out in 2004

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

- Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

## 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

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

The GAVI Secretariat informed the Government of BiH on 28 June 2002 that funds for Hepatitis B vaccination had been approved according to the following table

<i>in</i> Supplies for vaccination	2002	2003
Number of doses of monovalent hepB vaccine in single-dose vial	13,000	52,800
Number of doses of monovalent hepB vaccine in 10-dose vial	31,200	128,300
Number of AD syringes	41,600	169,000
Number of safety boxes	450	1,900

For a total estimated value of US\$ 112,900 + additional lump sum of \$100,000\*

Unicef BiH provided 72,500 doses of Hepatitis vaccine in 10-dose vials in 2002 to compensate for the late approval of GAVI funds

For 2003 GAVI funding has covered 30,000 doses in 10-dose vials and 23,300 mono-dose vials for The Republika Srpska and the independent District of Brčko, through Unicef.

## 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 country has not received and used GAVI funds during year 2002.

The Government of the BiH was informed by the GAVI Secretariat on 28 June, 2002 that funding had been approved including an additional fixed one-time payment of US\$ 100,000 in order to facilitate the introduction of the Hepatitis B vaccine in the two entities and the independent district in of the country. Distribution of these funds had to be discussed and used in close consultation with ICC members, ICC meeting was held on 11 October, 2002. (Please see attached minutes).

The development has to be described separately for The Republika Srpska and the independent District Brčko, and for the Federation of BiH: In The Republika Srpska neonatal Hepatitis B vaccination was introduced by a decree in Fall 2001, before GAVI funding was approved. No GAVI funding was used in 2002 mainly since the problems encountered in the Federation temporarily precluded joint training in the two entities. The introduction of neonatal vaccination has been slow in some maternity wards mainly due to lack of sufficient information to hospital physicians and other professionals. However, in 2003 coverage has rapidly increased in the Republic and the Ministry of Health has initiated GAVI funded training seminars for the introduction of Hepatitis B vaccination programme with participation from the district Brčko, where neonatal hepatitis B vaccination will be introduced early in 2004.

In the Federation of BiH there were several stresses during 2002 that have lowered public trust in immunization. These include most notably:

- Delays in implementing neonatal hepatitis B immunization in the Federation despite a consensus of epidemiologists infectious disease physicians and paediatricians supporting the neonatal immunization policy set in Vogosca in 2001. The apparent reason was local professional mistrust in the hepatitis B vaccines available through GAVI purchase, questioning the quality of vaccines produced in Asian countries, content of thiomersal preservative and its effect on neonates, immunological response of neonates etc. This precipitated
- an Immunization media crisis in June 2002 concerning GAVI-supported hepatitis B vaccines to be provided through UNICEF; leading to confrontation of both specialists and the public in two more meetings of local experts and experts from UNICEF and WHO on the same issue, where mostly different attitudes and views were brought forward. The crisis coincided with a report about an encephalitis illness alleged to be due to the DTP whole-cell vaccine donated by UNICEF and produced by CSL, Australia, a WHO-prequalified vaccine manufacturer. This in turn
- Withdrawal of a large number of CSL DTP vaccine doses obtained from UNICEF because of mistrust in the vaccine vial stopper presentation despite documentation of its potency and safety. To curb the shortage the F-PHI and the MoH purchased DTP vaccines from other sources – inadvertently introducing discussions on acellular versus whole-cell vaccines and mono dose preservative free vials versus multi-dose vials

As a result, GAVI funding is still not used in the F-BiH. Measures currently unanimously implemented by MoH and F-PHI are described below.

- A management review of the childhood immunization programme in the Federation of Bosnia and Herzegovina was conducted from in June 2003 by Federation experts of the Ministry of Health and Cantonal Institutes of Public Health and representatives of the WHO, UNICEF, World Bank and the Centers for Disease Control and Prevention (CDC), Atlanta, USA. The objectives were to review immunization strategies and policies as

indicated in the national multi-year strategic plan for immunization 2002-2006, and in the Federation ministerial order of March 2003; to review progress towards national targets and objectives set e.g. for immunization coverage; and to identify achievements and constraints in the national immunization programme. Pursuant to the review the Federal Minister of Health is presently developing the following plan of action to be implemented as indicated. The immunization programme management will be reorganized with clearly define roles and responsibilities for each distinct aspect of the programme:

- 1/ A person within the Ministry of Health will be appointed in year 2003 to oversee immunization programme management and coordination on a long-term basis in collaboration with a consultant from WHO Euro.
- 2/ An independent Advisory Committee to advise the Ministry on policy development regarding vaccine choices, schedules, strategies and financial implications will be established. The terms of reference for the Committee is presently developed within the Ministry to be included in the legal framework for infectious Disease Control in 2004.
- 3/ Present plans for procurement of basic childhood vaccines are made in agreement with UNICEF. Due to the previous debate neonatal Hepatitis B vaccine in preservative free mono dose vials will be procured for 2004 for the first dose in the neonatal period, whereas dose 2 and three will be provided by UNICEF using the GAVI funding. However, the Federal Ministry of Health and the EPI-manager do not any longer consider Thiomersal use in the neonatal period a medical issue, and therefore intend to include GAVI vaccines for all three Hepatitis B doses during the first year of life from 2005.
- 4/ Sufficient and uninterrupted supply of vaccines should be ensured by enhanced vaccine management procedures and introduction of wastage monitoring during 2004. Procurement vaccines through the Federal Health Insurance Fund agency is presently analysed to obtain a long-term constant and consistent source of funding for the basic programme (including BCG, DTP and OPV through UNICEF). The long-term cost implications and financial sustainability will be reviewed for the existing Hib and acellular pertussis vaccines calendar, and in advance for any new vaccine to be potentially introduced
- 5/ Training of all involved health personnel at the Cantonal and Municipal levels will be done in November 2003 – February 2004 by national experts and a WHO consultant, focussing introduction of Hepatitis B vaccine and multiple, specific technical areas, using translated external materials developed with UNICEF and WHO. The training sessions are intended to enhance the interaction and transparency between the Federal and Cantonal levels, and to resolve any remaining debate related to immunization against hepatitis B in the neonatal period.
- 6/ Mechanisms for monitoring vaccine use and movements and improvements in vaccine storage and the cold chain will be addressed in 2004.

### **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.*

Not used in 2002

### 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

NA, Planned for 2004

## **2. Financial sustainability**

Inception Report :

Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.

Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gaviftf.org> under FSP guidelines and annexes).

Highlight assistance needed from partners at local, regional and/or global level



- Present plans for annual procurement of vaccines provided by UNICEF include the primary dose series of BCG, DTP and OPV as agreed with UNICEF. Continued support is sought from GAVI for all three infant Hepatitis B doses from 2005, in the whole country (the Federation, Srpska Republic and the district of Brčko. During 2004 GAVI funds will be used for three doses in the Republica Srpska and in the District Brčko, and two doses in the Federation of BiH.
- Sufficient and uninterrupted supply of vaccines should be ensured by enhanced vaccine management procedures and introduction of wastage monitoring during 2004. Procurement vaccines through the Federal Health Insurance Fund agency is presently analysed as an option to obtain a long-term constant and consistent source of funding for the basic programme. Such a solution must however be supplanted with other funding for uninsured infants in e.g. migrant families. The long-term cost implications and financial sustainability will be reviewed in 2003-2004 for the existing Hib and acellular pertussis vaccines calendar, and in advance for any new vaccine to be potentially introduced.

### 3. Request for new and under-used vaccines for year 2004 ( *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 BiH							
	2000	2001	2002	2003	2004	2005	2006	2007
<b>DENOMINATORS</b>								
Births	40030	38585	38197	40135	38027	37873	37730	37530
Infants' deaths	442	329	388	326	343	349	338	326
Surviving infants	39588	38256	37809	39809	37684	37524	37392	37204
<b>Infants vaccinated with DTP3 *</b>	30172	31858	33916	33772	33653	33483	33657	33483
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	27 540		31005					
<b>NEW VACCINES</b>								
Infants vaccinated with Hep B *	0	5000***	10000***	12500***	37308	37149	37018	36832
Wastage rate of ** hep B (new vaccine)		1.43	1.43	1.43	1.43	1.33	1.25	1.25
<b>INJECTION SAFETY</b>								
Pregnant women vaccinated with TT								
Infants vaccinated with BCG	39192	37873	37431	39308	37308	37149	37018	36832
Infants vaccinated with Measles	35629	28692	33764	35828	33916	33772	33653	33483

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

\*\*\* Estimates based on no. of vaccine doses & wastage rate for RS.

\*\* Indicate actual wastage rate obtained in past year (estimates)

Estimated Birth cohorts in letter of resubmission to GAVI in May 2002.

	2002	2003	2004	2005	2006
Birth cohort	39,896	42,601	45,656	48,986	52,626
Children to receive hepB1	39,470	42,174	45,428	48,742	52,364
# doses	1	1	1	1	1
Wastage factor	1.053	1.053	1.053	1.053	1.053
Buffer stock	1.25	1	1	1	1
Total vaccine doses needed	51,953	44,410	47,863	51,326	55,140
Total AD syringes	51,953	44,410	47,863	51,326	55,140
Total safety boxes	520	445	479	514	552

→ 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.

*The population forecasts made by the Federal Statistical Institute in February 2001 have been reduced, since the expected increase in the population did not occur in 2002. The new forecast estimate an annual decrease of 10 percent for the birth cohorts 2003-2007. Vaccine needs have been adjusted accordingly. The estimated number of children that should receive Hepatitis B vaccine depends on when the initial training seminars have been completed to permit start of neonatal vaccination at the same time in the whole Federation. However if this as planned will be done by 1 March 2004. Catch up-vaccination of all infants born in 2004 will be done, thus vaccines are needed for the entire birth cohort 2004 as given in table 2. Wastage rates have been updated to what is now recommended by GAVI.*

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

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

*See Tables 3-8  
Negotiations are ongoing with the UNICEF Supply Division to carry over unused vaccines from 2003 to 2004. The total need for 2004 is well within limits previously requested. Due to the expected continued decrease in the birth cohort in the Federation some funds for 2004 should be carried over to 2005.*

**Table 3: Estimated number of doses of ...Hep B... vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund**

		Formula	For year 2004
<b>A</b>	Number of children to receive new vaccine		37 308
<b>B</b>	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	80
<b>C</b>	Number of doses per child		3
<b>D</b>	Number of doses	$A \times B/100 \times C$	89 539
<b>E</b>	Estimated wastage factor	(see list in table 3)	1.43
<b>F</b>	Number of doses ( incl. wastage)	$A \times C \times E \times B/100$	128 041
<b>G</b>	Vaccines buffer stock	$F \times 0.25$	32010
<b>H</b>	Anticipated vaccines in stock at start of year ....		0
<b>I</b>	Total vaccine doses requested	$F + G - H$	160 051
<b>J</b>	Number of doses per vial		10
<b>K</b>	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	134920
<b>L</b>	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	0
<b>M</b>	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	1498

### 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:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.

**Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [ F – number of doses (incl. wastage) received in previous year ] \* 0.25.

**Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.

**AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.

**Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.

**Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

**Table 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 2.*

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

**Table 4: Estimated supplies for safety of vaccination for the next two years with BCG**

		Formula	For year 2004	For year 2005
<b>A</b>	<b>Target of children for BCG vaccination</b>	#	37 307	37149
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#	1	1
<b>C</b>	<b>Number of BCG doses</b>	A x B	37 307	37149
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	41411	41235
<b>E</b>	<b>AD syringes buffer stock <sup>1</sup></b>	D x 0.25	10353	10309
<b>F</b>	<b>Total AD syringes</b>	D + E	51763	51544
<b>G</b>	<b>Number of doses per vial</b>	#	20	20
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	Either 2 or 1.6	2	2
<b>I</b>	<b>Number of reconstitution <sup>2</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	4141	4124
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	621	618

<sup>1</sup> 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.

<sup>2</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

**Table 5: Estimated supplies for safety of vaccination for the next two years with Hib**

		<b>Formula</b>	<b>For year 2004</b>	<b>For year 2005</b>
<b>A</b>	<b>Target of children for Hib vaccination</b>	#	33 637	33450
<b>B</b>	<b>Number of doses per child</b>	#	3	3
<b>C</b>	<b>Number of Hib doses</b>	A x B	100911	100350
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	112011	111389
<b>E</b>	<b>AD syringes buffer stock <sup>3</sup></b>	D x 0.25	28003	27847
<b>F</b>	<b>Total AD syringes</b>	D + E	140014	139236
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	1,43	1,33
<b>I</b>	<b>Number of reconstitution <sup>4</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	16018	14815
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	1732	1710

<sup>3</sup> 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.

<sup>4</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

**Table 6: Estimated supplies for safety of vaccination for the next two years with MMR**

		<b>Formula</b>	<b>For year 2004</b>	<b>For year 2005</b>
<b>A</b>	<b>Target of children for MMR vaccination</b>	#	33916	33772
<b>B</b>	<b>Number of doses per child</b>	#	2	2
<b>C</b>	<b>Number of MMR doses</b>	A x B	67832	67544
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	75294	74974
<b>E</b>	<b>AD syringes buffer stock <sup>5</sup></b>	D x 0.25	18823	18743
<b>F</b>	<b>Total AD syringes</b>	D + E	94117	93717
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	1,43	1,33
<b>I</b>	<b>Number of reconstitution <sup>6</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	10767	4986
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	1164	1096

<sup>5</sup> 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.

<sup>6</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

**Table 7: Estimated supplies for safety of vaccination for the next two years with DTP**

		<b>Formula</b>	<b>For year 2004</b>	<b>For year 2005</b>
<b>A</b>	<b>Target of children for DTP</b>	#	33653	33483
<b>B</b>	<b>Number of doses per child</b>	#	4	4
<b>C</b>	<b>Number of DTP doses (in F-BIH 3 DTP + 1 aP)</b>	A x B	134612	133932
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	149419	148665
<b>E</b>	<b>AD syringes buffer stock <sup>7</sup></b>	D x 0.25	37355	37166
<b>F</b>	<b>Total AD syringes</b>	D + E	186774	185831
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	1,43	1,33
<b>I</b>	<b>Number of reconstitution <sup>8</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	2073	2063

<sup>7</sup> 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.

<sup>8</sup> Only for lyophilized vaccines. Write zero for other vaccines

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



**Table 8: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.**

ITEM		For the year 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	51763	51544	See comment to table 2, Wastage rates adjusted according to Table 3 – also in consideration of a number of small rural vaccination centres with high wastage of multi-dose vials
	for other vaccines	420905	418784	
Total of reconstitution syringes		30926	23925	
Total of safety boxes		5590	5487	

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

**4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support Not Applicable**

Indicators	Targets	Achievements	Constraints	Updated targets



