

GAVI

THE GLOBAL ALLIANCE FOR
VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

Progress Report

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

by the Government of

ERITREA

Date of submission: 30, September 2003

Reporting period: 01, October 2002 To 30, September 2003.

(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**

*Signed original
+ 1 cc minutes*
June 2003

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1. Report on progress made during i.e 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.*

After receiving the first tranche of the GAVI fund USD 39,300 at the end of August 2002, funds were allocated to the zones according to the following criteria:

- The population density,
- The distribution of hard-to-reach areas,
- The number of health facilities,
- The low coverage zones.

The ISS funds were mainly used for outreach activities, monitoring and supervision, training of health workers at Central and Zonal level and Maintenance of cold chain equipment at different levels.

The financial policy of the Ministry of Health was strictly followed in the disbursing of the funds for activities. The office of the Minister closely monitors the utilization of the funds, according to the ICC recommendations.

The second tranche of GAVI fund USD 39,300 was received on June 2003; it is being processed for distribution to all zones.

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: USD 78,600

Remaining funds (carry over) from the previous year: NO

Table 1: Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US \$	Amount of funds		
		PUBLIC SECTOR		PRIVATE SECTOR & Other
		Central	Region/State/Province	
Vaccines	376,400**			
Injection supplies				
Personnel				
Transportation				
Maintenance and overheads			258	
Training			14,061	
IBC / social mobilization				
Outreach			21,794	
Supervision		1,402	1,690	
Monitoring and evaluation				
Epidemiological surveillance				
Vehicles				
Cold chain equipment				
Other. (Kerosene for sterilization))			627	
Total:		1,402	38,430	
Remaining funds for next year:	36,768			

(** Total cost for Vaccines and Injection Safety materials according to GAVI)

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

→ Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

Major activities conducted to strengthen immunization:

- Conducted training to all health workers at Central and Zonal level,
- Repair of solar and electrical refrigerators and conducted periodic follow up and monitoring in all health facilities,
- Post introduction assessment done by WHO AFRO, WHO Kenya, UNICEF, CDC-USA to evaluate the process of new vaccines
- EPI is integrated with other PHC (Primary Health Care) services which leads to the provision of immunization services on daily basis

Problems encountered in relation to multi year:

- Absence of good population denominator estimates for the EPI target population,
- Shortage of solar spare parts,
- Lack of AD Syringes for BCG vaccination,
- Absence of safety injection support, especially in the waste disposal management.

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

→ No DQA was conducted in Eritrea, due to the low amount of ISS disbursement.

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

Not applicable

Please attach the minutes of the ICC meeting where the plan of action for the DQA 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).

Not applicable

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 Tetravalent vaccine (DPT-HepB vaccine) introduced in EPI in January 2002, was received on the first week of December 2001 and AD syringes with safety boxes were received on mid of November 2001.

For the year 2003; vaccines, AD syringes and safety boxes were received in the first week of December 2002.

No problems, so far, were encountered during the delivery process.

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.*

- Advocacy for high level authorities at Central and Zonal level has been made,
- Intensive social mobilization through mass media, has been conducted in order to increase awareness in the general population,
- Training of health workers on introduction of new vaccines and safety injection has been conducted in all the zones,
- Safe management of sharps waste training was conducted at all implementation level,
- A DPT-Hepatitis B Post-Introduction Evaluation was conducting assessing the impact of the introduction and identified constraints and challenges. Recommendations have been made to fill the identified gaps.

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.

Proportion of 100,000 US\$ used activities under taken:

1. Improvement of Cold Chain at Central and Zonal level	58,303 USD (58.3%)
2. Transportation	9,225 USD (9.2%)
3. Training	14760 USD (14.8%)
4. Social Mobilization	2214 USD (2.2%)
Total	84.5%

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

Application for Safe injection submitted with clarification as per requested.
The country is waiting for approval.

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
Number of zones without AD syringes stock-out	100 %	100 %	None	
Number of zones without safety boxes stock-out	100 %	100%	None	
Number of zones with functioning incinerators	100%	10%	-Lack of funds -Lack of appropriate technology	50%
Number of health workers trained annually	300	250	-Competing activities -Shortage of qualified staff	
Number of serious adverse events reported annually	2	0	Lack of efficient monitoring system	

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:

No funds for injection safety have been received yet.

2. Financial sustainability

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

First Annual Report: Report progress on steps taken and update timetable for improving financial sustainability
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

Second Annual Progress Report: Append financial sustainability action plan and describe any progress to date.
Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.

Subsequent reports: Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.

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.gavittf.org> under FSP guidelines and annexes).

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

1. Orientation meeting on the FSP process for all the high authorities within the Ministry of Health was conducted after the Kampala meeting
2. The section 3 of the FSP document was drafted with the support of an external consultant
3. EPI Financial Sustainability Plan is still on process for submission on the 30th of November 2003
4. There is a need to have an external assistance for finalizing the FSP document,
5. A budget for completion of this task will be necessary,

3. Request for new and under-used vaccines for year 2004

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.

Number of	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS							
Births	108,000	111,240	114,577	118,015	121,555	125,202	128,958
Infants' deaths	7,128	7,342	7,562	7,789	8,022	8,263	8,511
Surviving infants	100,872	103,898	107,015	110,226	113,532	116,937	120,445
Infants vaccinated with DTP3 *							
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	58,437						
NEW VACCINES							
Infants vaccinated with DPT-HepB3 * (use one row per new vaccine)		67,624	80,261	93,692	102,179	105,244	108,401
Wastage rate of **. (new vaccine)		25%					
INJECTION SAFETY							
Women of child Bearing Age vaccinated with TT	108,545	117,219	284,443	324,540	364,664	406,905	451,351
Infants vaccinated with BCG	53,298	71,068	85,933	100,313	109,400	112,682	116,062
Infants vaccinated with Measles	43,282	57,471	80,261	93,692	102,179	105,244	108,401

* 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 that differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

No changes have been made.

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

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

Table 3: Estimated number of doses of DTP/HepB vaccine

		Formula	For year 2004	Remarks
A	Number of children to receive new vaccine		110,226	
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	85	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
C	Number of doses per child		3	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.
D	Number of doses	$A \times B / 100 \times C$	281,076	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.
E	Estimated wastage factor	(see list in table 3)	1.18	
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	331,670	
G	Vaccines buffer stock	$F \times 0.25$	0	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.
H	Anticipated vaccines in stock at start of year 2004.		90,000	
I	Total vaccine doses requested	$F + G - H$	241,670	AD syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines.
J	Number of doses per vial		10	Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines.
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	212,094	
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	26,825	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
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2,652	

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.

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

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

	Formula	For year 2004 (85%)	For year 2005 (90%)
A	Target of children for BCG vaccination ¹	#	100,312
B	Number of doses per child	#	1
C	Number of BCG doses	A x B	100,312
D	AD syringes (+10% wastage)	C x 1.11	111,346
E	AD syringes buffer stock ²	D x 0.25	0
F	Total AD syringes	D + E	111,346
G	Number of doses per vial	#	20
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2
I	Number of reconstitution ³ syringes (+10% wastage)	C x H x 1.11 / G	11,135
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	1,360
			1,400

NB: Target for BCG is calculated by no. of birth cohort

¹ 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).

² The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

³ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of 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 DTP-HepB

		Formula	For year 2004 (85%)	For year 2005 (90%)
A	Target of children for DTP/HepB vaccination	#	93,692	102,197
B	Number of doses per child	#	3	3
C	Number of DTP/HepB doses	A x B	281,076	306,537
D	AD syringes (+10% wastage)	C x 1.11	311,994	340,256
E	AD syringes buffer stock ⁴	D x 0.25	0	0
F	Total AD syringes	D + E	311,994	340,256
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1.6	1.6
I	Number of reconstitution ⁵ syringes (+10% wastage)	C x H x 1.11 / G	0	0
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	3,463	3,777

⁴ 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.

⁵ 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.

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

		Formula	For year 2004 (85%)	For year 2005 (90%)
A	Target of children for Measles vaccination	#	93,692	102,179
B	Number of doses per child	#	1	1
C	Number of Measles doses	A x B	93,692	102,179
D	AD syringes (+10% wastage)	C x 1.11	103,998	113,419
E	AD syringes buffer stock ⁶	D x 0.25	0	0
F	Total AD syringes	D + E	103,998	113,419
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1.6	1.6
I	Number of reconstitution ⁷ syringes (+10% wastage)	C x H x 1.11 / G	16,640	18,147
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	1,339	1,460

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.

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

	Formula	For year 2004	For year 2005
A	Target of pregnant women for vaccination	107,416 (75%)	114,575 (80%)
B	Number of doses per woman	2	2
C	Number of TT vaccine doses	214,832	229,150
D	AD syringes (+10% wastage)	238,463	253,356
E	AD syringes buffer stock ⁸	0	0
F	Total AD syringes	238,463	253,356
G	Number of doses per vial	10	10
H	Vaccine wastage factor ⁴	1.6	1.6
I	Number of reconstitution ⁹ syringes (+10% wastage)	0	0
J	Number of safety boxes (+10% of extra need)	2,647	2,812

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 2005		Justification of changes from originally approved supply:
	For the year 2004	For the year 2005	
Total AD syringes	111,346	134,926	
	for BCG		
Total of reconstitution syringes	654,455	707,031	
	for other vaccines		
Total of safety boxes	27,775	29,616	
	8,809	9,449	

⁸ 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.

⁹ 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.

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/IF support

Indicators	Targets	Achievements	Constraints	Updated targets
1. Reduction of DPT/HepB wastage rate	25 %	17 %	-	15 %
2. Dropout rate reduction (DPT/HepB1-DPT/HepB3)	15%	10.4 %	-	10 %
3. Reduction of serious AEFIs	< 1/100,000	-	There is no AEFI monitoring system in place	- <1/100,000 - AEFI monitoring system will be introduced

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	✓	
Reporting Period (consistent with previous calendar year)	✓	
Table 1 filled-in	✓	
DQA reported on		Not applicable
Reported on use of 100,000 US\$	✓	
Injection Safety Reported on		Not applicable
FSP Reported on (progress against country FSP indicators)	✓	
Table 2 filled-in	✓	
New Vaccine Request completed	✓	
Revised request for injection safety completed (where applicable)		Not applicable
ICC minutes attached to the report	✓	
Government signatures	✓	
ICC endorsed	✓	

6. Comments

→ *ICC comments:*

We Appreciate the support of the GAVI and the Vaccine Fund. It is believed from the ICC group that because of this support the Eritrean Expanded Programme on Immunization has made important achievements and we are very optimistic that the fund will continue. As Eritrea is one of the poorest nations, we expect that allocated for the past years was satisfactory. However, it is the expectations of the ICC that the fund will increase so that we can improve the training of health workers, intensify safety injection, finishing and equipping the new building of central cold room for the country and other interventions.

Dr Zemuy Alemu
ICC Chairperson.

7. Signatures

For the Government of State of Eritrea

Signature:

Title:

Date:



[Handwritten Signature]
SALEH MEKY
MINISTER OF HEALTH

02/10/2003

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
Ministry of Health	Dr. Zemuy Alemu: Director PHC	<i>30/09/03</i>	<i>[Signature]</i>	Rotary Club	Dr. Tsegaei Gherezgheir: Polio Plus	<i>[Signature]</i>	<i>[Signature]</i>
Ministry of Health	Mr. Filli Said Fill: EPI Manager	<i>30/09/03</i>	<i>[Signature]</i>	Vision Eritrea	Mr. Toumzghi Sengal: Health Coor.	<i>[Signature]</i>	<i>[Signature]</i>
Ministry of Health	Dr. Goitom Mebrahtu: Director CDC	<i>30/09/03</i>	<i>[Signature]</i>	Ministry of Education	Ms. Abeba Habtom: Pre-School Coor.	<i>[Signature]</i>	<i>[Signature]</i>
WHO	Dr. Ghirmay A/Michael: F.H. Adviser	<i>30/09/03</i>	<i>[Signature]</i>	Eritrean Red Cross	S/Brikty Tecltesion: Health Coor.	<i>[Signature]</i>	<i>[Signature]</i>
UNICEF	Dr. Ivan Camanor: Health and Nutrition	<i>[Signature]</i>	<i>[Signature]</i>				
USAID	Ms Linda Lou Kelley : Health Programme						

~ End ~