



Annual Progress Report 2009

Submitted by

The Government of

The Union of Myanmar

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission:15th May 2010.....

Deadline for submission: 15 May 2010

Please send an electronic copy of the Annual Progress Report and attachments to the following

e-mail address: apr@gavialliance.org

any hard copy could be sent to :

**GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Note: Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application..

By filling this APR the country will inform GAVI about :

- *accomplishments using GAVI resources in the past year*
- *important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *how GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government hereby attest the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in page 2 of this Annual Progress Report (APR).

For the Government of the Union of Myanmar.....

Please note that this APR will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

Minister of Health (or delegated authority):

Title: H.E Professor Dr. Kyaw Myint

Signature:



Date:

This report has been compiled by:

Full name : Dr. Than Tun Aung Position : Assistant Director, (Project Manager) (EPI), Department of Health Telephone : 95-67-420237, 421205 E-mail- aungthantundr@googlemail.com	Full name : Dr. Khaymar Mya. Position : Assistant Director (EPI), Department of Health Telephone : 95-67-421205, 420437 E-mail-
Full name..... Position..... Telephone..... E-mail.....	Full name..... Position..... Telephone..... E-mail.....

**Government Signatures Page for all GAVI Support
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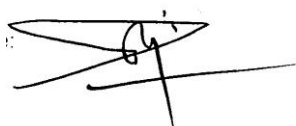
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For the Government of the Union of Myanmar.....

Please note that this APR will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

Minister of Finance (or delegated authority):

Title: U Kyaw Htay, Director Finance

A handwritten signature in black ink, consisting of a stylized 'U' followed by 'Kyaw Htay'.

Signature:

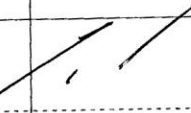
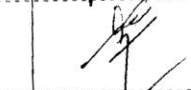
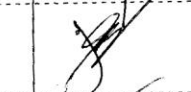
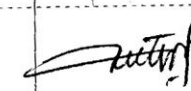
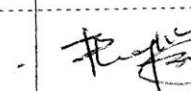
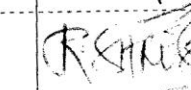
Date:

ICC Signatures Page

for country is reporting on ISS, INS, NVS support

We the undersigned members of the immunisation Inter-Agency Co-ordinating Committee (ICC) 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.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

Name/Title	Agency/Organisation	Signature	Date
Dr. A. H. Myint, Director General	Department of Health		
Dr. Saw Lwin, Deputy Director General (Disease Control)	Department of Health		
Dr. Soe Lwin Nyein, Director (Epidemiology)	Department of Health		
Dr. Than Htein Win, Deputy Director (Epidemiology)	Department of Health		
Dr. Than Tun Aung, Project Manager (EPI)	Department of Health		
Dr. Leonard Ortega, Acting Country Representative	WHO		
Dr. San Shwe Wynn, National Consultant	WHO		
Mr. Ramesh Shrestha, Country Representative	UNICEF		
Dr. Osamu Kunii, Chief, Health & Nutrition Section	UNICEF		

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

Comments from the Regional Working Group:

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List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
3. *Copy the document number in the relevant section of the APR*

Document N°	Title	APR Section
	Calculation of [Myanmar's] ISS-NVS support for 2011 (<i>Annex 1</i>)	1.1; 2.4; 3.7
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1. General Programme Management Component

1.1 Updated baseline and annual targets (fill in Table 1 in Annex1-excell)

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009**. The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In the space below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

Provide justification for any changes in births:

No Changes

Provide justification for any changes in surviving infants:

No changes

Provide justification for any changes in Targets by vaccine:

No changes in Targets by vaccine.

Provide justification for any changes in Wastage by vaccine:

No changes in Wastage by vaccine.

1.2 Immunisation achievements in 2009

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

The central EPI (CEPI) and Central Epidemiology Unit of the Department of Health are responsible for formulating and development of EPI planning and implementing vaccine and cold chain supplies and logistics, surveillance & response of vaccine preventable diseases, capacity building, vaccination, supervision, monitoring and evaluation of the programme.

In this regards, CEPI and CEU and Department of Health, closely collaborate with WHO & UNICEF for implementing immunization programme which is an important strategy MDG goals, it is also a proven cost effective intervention yielding broad benefits to both mother and children. It was note that due to whole society approach & strengthening cooperation & collaboration with partners, great achievement was found in EPI programme.

Immunization Achievement in 2008 and 2009

Sr.No	Antigen	Achievement		
		2008	2009 Estimate in (2008 APR)	2009 Coverage
1.	BCG	89 %	90 %	93 %
2.	OPV ₃	86 %	90 %	90 %
4.	DPT ₃	86 %	88 %	90 %
5.	Hep B	85 %	88 %	90 %
6.	Measles	83 %	85 %	87 %

The major challenges

- Continuous support and Substantiality of vaccine supply (Hep B Vaccine)
- Implementing Immunization Programme in hard to reach area
 - Vaccine supply and cold chain management
 - Transportation
 - Communication
 - Community participation
 - Synchronizing & Integration of Vaccine Preventable Disease Surveillance & Response & Immunization Activity.
- Cross Border Immunization

Community empowerment and Risk communication.

The Major Activities over come the challenges.

1. High political commitment through advocacy meeting with National Health Committee & all stake holders
2. Strengthening Leadership & planning process of Immunization program & Vaccine Preventable Disease Surveillance.
3. strengthening capacity building at all levels including pre service training.
(Integration with Department of Medical Science & Department of Health, EPI unit.)
4. Empowering RED strategy Approach to over comes challenges of Hard to reach areas and routine immunization.
5. Development & Distribution of standard operating procedures & field guides to strengthen immunization & Vaccine Preventable Diseases Surveillance & Response activity.
6. Promoting whole society approach to improve community participation including NGOs, professional bodies and other sectors through effective communication strategy.

If targets were not reached, please comment on reasons for not reaching the targets:

1.3 Data assessments

- 1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)¹.

Due to one data source (i.e, Health Management Information System (HMIS) from Department of Health Planning (DHP), there to discrepancy on immunization coverage data. Regular Assessment of Immunization coverage of all level by Regional Surveillance Officers, (WHO), Field Officers, (UNICEF), and special Disease Control Unit, (DOH) to improve data validity.

- 1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [YES]. If YES:

Please describe the assessment(s) and when they took place.

EPI review was conducted by international assessment team from 15-24 March, 2008.

A team of national and international experts reviewed the Expanded Programme on immunization (EPI) of Myanmar with the general objective of determining the status of implementation of the EPI Programme and achievements in vaccine preventable disease control and to explore how to improve the quality and coverage.

10 assessment teams and Each team consisted of two from national and one from international who expert in planning, implementation and evaluation of various aspects of EPI programme. The international expertise were from PATH, UNICEF, WHO and two consultants from Bhutan and India.

The review was conducted at three levels

- National,
- Sub national: State/divisions, townships
- Service delivery level: (Station hospitals/Rural health centers/MCH centers, Sub centers and visits to the communities)

12 out of 17 states/divisions were reviewed. The selected states/divisions included well performing, moderately performing and low performing ones, based on the immunization coverage.

At each level following key technical areas were reviewed using a structured data collection guides developed for each level.

- Immunization service delivery
- Injection safety
- Vaccine preventable Disease surveillance
- Vaccine supply and Quality including cold chain management
- Logistics
- Advocacy and communications
- Health system support for immunization.

Following are the key recommendations

- Immediate priority action to improve the routine immunization services for the whole country. .
- Developing realistic micro plans from sub center level considering local needs that includes sustainable mobile clinics, outreach clinics and crash programme according to the geographical extent of the area and the population sized.
- Collaboration with private sector and non governmental organizations to reach all communities
- Adequate resources and essential support for operational & field supervision especially on mobility to go to field delivery of vaccines.

- Strengthening capacity building of sate/divisional staff for AEFI Vaccine Prevention Disease Surveillance
- Ensure ongoing RED (reaching Every district) training reaches all BHS staff especially midwives and follow up to motivate that they practice what they learned in micro planning, implementation of the micro plans and monitoring
- Develop a comprehensive communication strategy that includes closer partnership with local authorities and NGOs in all areas, information to the public about date and time of immunization clinics and updated IEC materials for immunization
- To further improvement of the existing immunization waste disposal system consider use of needle cutters and the recycling of used syringes

¹ Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series

1.3.3 Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

Activities undertaken to improve administrative data systems from 2008 to the present by Expanded Programme on Immunization of Myanmar Current System 1. Data management (EPI) at central level and statistical offices from Department of Health planning are working as data management at State and Division Level. 2. Identifying reporting units & focal person for data collections 3. Monthly data collection for 5 state & Division by Department of Health planning. Data transfer to EPI unit monthly. 4. Monthly Assessment of vaccine balance Immunization Achievement, coverage, ways & drop out rate by RSO, Focal officers, SDCU Team Leaders. <u>Activities under taken to improve administrative data systems.</u> - Supporting Reporting facilities - Conducting data Management training. - Distribution of data dictionary, SOP and guideline on data management. - Assenting focal person at all level - Monitoring & Supervision & Evaluation of data Management System.

1.3.4 Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

1. Strengthening Upgrading Data Management System: Data Manager as focal persons for data management at central and all State & Division. 2. Developing & Utilization of the Data base software programme at Central and State & Division level and distributing standard operating procedure, field guides, Data dictionary to BHS. 3. Conducting Data management training at central & State & Division level. 4. Appointing focal person & reporting Unit in all state and Division, District, Township, RHC level. 5. Strengthening reporting facilities of all state and Division Special Disease control unit. 6. Establishment of Sentinel & Hospital & Public Health Sector & Community base reporting system. 7. Strengthening data management workshop with WHO & UNICEF.

1.4 **Overall Expenditures and Financing for Immunisation**

The purpose of Table 2 is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Table 2: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$.

<i>Expenditures by Category</i>	Expenditure Year 2009	Budgeted Year 2010	Budgeted Year 2011
Traditional Vaccines ²	3,173,499		
New Vaccines	1,332,021.67		
Injection supplies with AD syringes	213,012		
Injection supply with syringes other than ADs	206,055.31		
Cold Chain equipment	252,592		
Operational costs			
Other (please specify)			
Total EPI			
Total Government Health			

Exchange rate used	
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² Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

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1.5 Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2009? (2) ICC meeting conducted in 2009.
Please attach the minutes (**Document N°.....**) from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

1. I.C.C Meeting on Review and Proposed Plan for GAVI Funded Activities (4-3-2009)
2. I.C.C Meeting on Approval of GAVI Annual Progress Report (2008) (16-6-2009)
(Meeting minutes attached)

Key Recommendation

(1) I.C.C Meeting on Review and Proposed Plan for GAVI Funded Activities (4-3-2009)

1. Installation of hybrid solar system to support cold chain capacity at of sub deport strategies area
2. Finding the steps to support co-financing for new vaccine introduction.
3. Continues support for the immunization programme with new vaccine introduction GAVI (eg.. pentavalent vaccine)

(2) I.C.C Meeting on Approval of GAVI Annual Progress Report (2008) (16-6-2009)

1. ICC member agree utilisation of remaining fund in planned activities of strengthening of cold chain system and routine EPI.
2. Conducting rapid assessment on cold chain requirement at township level.
3. Formulate & Develop supply vaccine & logistic procurement plan.
4. ICC meeting agreed for co-financing to apply new vaccine introduction.
5. ICC members agreed to apply for new vaccine introduction of measles (second dose in routine EPI Program) to GAVI Board.

Are any Civil Society Organisations members of the ICC ?: **[No]**. If yes, which ones?

List CSO member organisations:

1.6 Priority actions in 2010-2011

What are the country's main objectives and priority actions for its EPI programme for 2010-2011?
Are they linked with cMYP?

Goal and Objectives

The vision of the immunization program during the next five years, as reflected in the cMYP, is to contribute towards the MDG 4 through reduction of under 5 morbidity and mortality caused by vaccine preventable diseases.

The overall objective of the immunization program is to reach the routine immunization coverage of 90% nationally in children under one with 7 antigens and with TT in pregnant women, and at least 80% coverage in all townships by 2011.

The priority actions in 2010-2011

1. Strengthening data management system and reporting net working.
2. Strengthening the routine surveillance with RED strategy.
3. Strengthening cold chain management system.
4. EPI training for BHS.
5. Developing and Distribution of field guideline& SOP.
6. Strengthening supervision & monitoring system at all levels.

Immunisation Services Support (ISS)

1.1 Report on the use of ISS funds in 2009

Funds received during 2009: US\$.....**903,020**.....

Remaining funds (carry over) from 2008: US\$.... **548,433**

Balance carried over to 2010: US\$.....**265,823**.....

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009

To major activities conducted to strengthen immunisation using ISS funds in 2009.

- Procurement of cold chain equipments
- Office equipments for central EPI & State & Division office.
- Development and distribution of Operational manuals for EPI
- Conducting EPI Evaluation Workshop
- Conducting Tsp Level Trainings on strengthening & routine immunization.
- Conducting ICC Meetings implementation the ICC recommendation
- Conducting BHS Trainings for measles elimination.
- Purchasing of 20 ambulance & 2500vials of Anti-snake venom for Public Health Emergency.

1.2 Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year?

[IF YES] : please complete **Part A** below. { In process
[IF NO] : please complete **Part B** below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds.

Part B: briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the ICC in this process.

- Funds flow not directly from GAVI to the Government.
- ICC decided procurement through UNICEF for new vaccine and safe injection support.
- WHO as transferring agency for ISS support.
- Central EPI unit at the Department of Health develops the plan of action for immunization services strengthening in the country.
- Proposals are prepared by the EPI unit for the planned activities and submitted to WHO through Planning Division of Department of Health and International Health Division of Ministry of Health in the form of Direct Financial Cooperation (DFCs) or Agreement on performance of Work (APWs).
- These proposals are reviewed by the MO / Technical officer in WHO and sent it to Budget and Finance unit for the release the funds for the activities as per plans. DoH receives the funds and releases to Central, State/ Division and township levels depending upon the implementation status.

1.3 Detailed expenditure of ISS funds during the 2009 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year (**Document N°.....**). (Terms of reference for this financial statement are attached in Annex 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached (**Document N°.....**).

1.4 Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and
- b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the \$ amount by filling Table 3 in Annex 1.³

2. **New and Under-used Vaccines Support (NVS)**

2.1 Receipt of new & under-used vaccines for 2009 vaccination programme

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]	
Vaccine Type	Total doses for 2009 in DL	Date of DL	Total doses received by end 2009 *	Total doses of postponed deliveries in 2010
Hepatitis B 6 Dose	419870	UNICEF reference letter No GAVI - MAMA - 2009	419870	0
Hepatitis B 1 Dose	145500	UNICEF reference letter No GAVI - MAMA - 2009	145500	0

* Please also include any deliveries from the previous year received against this DL

If numbers [A] and [B] are different,

What are the main problems encountered? (Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...)	•
What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF SD)	•

2.2 Introduction of a New Vaccine in 2009

³ The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

2.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	No new vaccine introduced in 2009
Phased introduction [YES / NO]	Date of introduction
Nationwide introduction [YES / NO]	Date of introduction
The time and scale of introduction was as planned in the proposal? If not, why?	•

2.2.2 Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received: US\$	Receipt date:
---	---------------

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant.

--

Please describe any problems encountered in the implementation of the planned activities:

--

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]

If YES, how much? US\$.....

Please describe the activities that will be undertaken with the balance of funds:

--

2.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year (**Document N°.....**). (*Terms of reference for this financial statement are attached in Annex 2*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

2.3 Report on country co-financing in 2009 (if applicable)

Table 5: Four questions on country co-financing in 2009

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1 st Awarded Vaccine (specify)			
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 2: Actual co-financed amounts and doses?			
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses	
1 st Awarded Vaccine (specify)			
2 nd Awarded Vaccine (specify)			
3 rd Awarded Vaccine (specify)			
Q. 3: Sources of funding for co-financing?			

1. Government
2. Donor (specify)
3. Other (specify)
Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?
1.
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy http://www.gavialliance.org/resources/9_Co_Financing_Default_Policy.pdf

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Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[October/2009]*

If conducted in 2008/2009, please attach the report. (**Document N°**.....)

An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Was an action plan prepared following the EVSM/VMA? *[YES]*

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

Effective Vaccine Store Management/Vaccine Management Assessment was conducted in October, 2009 by the National immunization Programme alone. No external member was included. But, the compilation of the EVSM assessment forms has not been finished. The report can be submitted in the second half of 2010.
--

When is the next EVSM/VMA* planned? *[November/2010]*

*All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.

2.4 Change of vaccine presentation

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

Hepatitis B vaccine 10-dose vials
--

Please attach the minutes of the ICC meeting (**Document N°.....**) that has endorsed the requested change.

2.5 Renewal of multi-year vaccines support for those countries whose current support is ending in 2010

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for *.Hepatitis B Vaccine 10-dose Vials [Recombinant]* vaccine for the years 2011-2016.....[end year]. At the same time it commits itself to co-finance the procurement of[vaccine type(s)] vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of[vaccine type(s)] vaccine support is in line with the new cMYP for the years [1st and last year] which is attached to this APR (**Document N°.....**).

The country ICC has endorsed this request for extended support of[vaccine type(s)] vaccine at the ICC meeting whose minutes are attached to this APR. (**Document N°.....**)

2.6 Request for continued support for vaccines for 2011 vaccination programme

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm] / [NO, I don't]

If you don't confirm, please explain:

3. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

3.1 Receipt of injection safety support in 2009 (for relevant countries)

Are you receiving Injection Safety support in cash [NO] or supplies [YES] ?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received
AD Syringes	2212000 pcs	1.5.2009
AD Syringes	153800 pcs	31.5.2009
AD Syringes	1236000 pcs	5.10.2009
Safety Boxes	24325 pcs	27.4.2009
Safety Boxes	1725 pcs	31.5.2009
Safety Boxes	13725 pcs	22.7.2009

Please report on any problems encountered:

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

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	BCG Syringe & needle, mixing syringe	UNICEF
Measles	AD Syringe, mixing syringe	UNICEF
TT	AD Syringe	UNICEF
DTP-containing vaccine	AD Syringe	UNICEF

Please report how sharps waste is being disposed of:

Does the country have an injection safety policy/plan? [YES / NO]

If YES: Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)

IF NO: Are there plans to have one? (Please report in box below)

3.3

3.4 Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution)

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

Fund from GAVI received in 2009 (US\$):

Amount spent in 2009 (US\$):.....

Balance carried over to 2010 (US\$):.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US\$
Traditional Vaccines ⁴	3,173,499
New Vaccines	1,332,021.67
Injection supplies with AD syringes	213,012
Injection supply with syringes other than ADs	206,055.31
Cold Chain equipment	252,592

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US\$
Total	

⁴ Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

4. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)		ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR				
2	Signature of Minister of Finance (or delegated authority) of APR				
3	Signatures of members of ICC/HSCC in APR Form				
4	Provision of Minutes of ICC/HSCC meeting endorsing APR				
5	Provision of complete excel sheet for each vaccine request				
6	Provision of Financial Statements of GAVI support in cash				
7	Consistency in targets for each vaccines (tables and excel)				
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine				
10	Report on targets achieved (tables 15,16, 20)				
11	Provision of cMYP for re-applying				
OTHER REQUIREMENTS		ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1				
13	Consistency between targets, coverage data and survey data				
14	Latest external audit reports (Fiscal year 2009)				
15	Provide information on procedure for management of cash				
16	Health Sector Review Report				
17	Provision of new Banking details				
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support				
19	Attach the CSO Mapping report (Type A)				

5. Comments

Comments from ICC/HSCC Chairs:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments

GAVI-Annual Progress Report 2009 was presented to ICC members in 8th May 2010 for review and also for the endorsement.

Members congratulated the Ministry of Health and Programme manager for the improvement in the implementation of the GAVI-Phase 1 supported activities for Immunization Services Strengthening at central, state/divisional and township levels and for successful external EPI review conducted in March, 2008.

ICC members observed that many important activities were supported by GAVI funds, which are in line with the general agreement under ISS.

ICC members also pointed out that there is a considerable amount remained up –spent as on 1st January 2010, and requested DoH and Programme Managers to speed up the utilization rate.

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW
VACCINE INTRODUCTION GRANTS

- I. All countries that have received ISS /new vaccine introduction grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.
 - a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
 - b. Income received from GAVI during 2009
 - c. Other income received during 2009 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2009
 - f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2009 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS						
	Local Currency (CFA)		Value in USD ⁷			
Balance brought forward from 2008 <i>(balance as of 31 December 2008)</i>	25,392,830		53,000			
Summary of income received during 2009						
Income received from GAVI	57,493,200		120,000			
Income from interest	7,665,760		16,000			
Other income (fees)	179,666		375			
Total Income	65,338,626		136,375			
Total expenditure during 2009	30,592,132		63,852			
Balance as at 31 December 2009 <i>(balance carried forward to 2010)</i>	60,139,324		125,523			

Detailed analysis of expenditure by economic classification ⁸ – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

⁷ An average rate of CFA 479.11 = USD 1 applied.

⁸ Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

2.1.1 Use of Immunization Services Support

In 2009, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2009 _____903,020_____

Remaining funds (carry over) from 2008 _____548,433_____

Balance to be carried over to 2010 _____265,823_____

Table 1.1: Use of funds during 2009*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	5,505				
Injection supplies			117,728		
Personnel	0				
Transportation	754,165				
Maintenance and overheads	19,420				
Training	18,069				
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment	72,413				
Other NID	21,385				
Otherdiscrepancy on ADR	9,000				
Other Anti snake Venom	285,673				
Total:	1,185,630				
Remaining funds for next year:	265,823				

How many times did the ICC meet in 2009? (2) ICC meeting.

Please attach the minutes (Document N°.....) from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

(1) I.C.C Meeting on Review and Proposed Plan for GAVI Funded Activities (4-3-2009)

(2) I.C.C Meeting on Approval of GAVI Annual Progress Report (2008) (Meeting minutes attached)

(4th March, 2009)

The Inter-agency Coordinating Committee meeting was held in Ministry of Health organized by EPI, MoH. The meeting aimed to inform the status of GAVI fund utilization status and seek approval on the use of remaining funds. The meeting was attended by UNICEF, WHO, JICA and MoH staff.

- The meeting was chaired by Dr. Win Myint, Director General of Department of Health. The DG addressed the opening remarks and mentioned that this is the first meeting for ICC in 2009 to review and draw plan for GAVI funded activities and thanked to all of the participants for helping to smooth implementation of National Immunization Days-2009.
- The DG also stressed that another important agenda for this meeting was to review and draw plan for GAVI funded activities.
- After the opening session, EPI Program Manager Dr. Than Tun Aung presented on Composition & Terms of References of ICC, Review & Proposed GAVI ISS Reward Funded Activities and Summary Report on NIDs 2009 in Myanmar.
- Dr. Nilar Tin, Director (Planning) presented on Current Status of GAVI HSS.
- After the above presentations, general discussion on follow-up of NCIP decision for new vaccine introduction was continued.

Discussions

- Dr. Than Tun Aung, project manager, presented GAVI, ISS fund receiving and utilization status, and planned allocation on remaining fund. The GAVI provided fund to Myanmar in 3 batches as a reward funds.

Received Date	Fund received
Rewards 1 (2005)	USD 842,440
Rewards 2 (1st half, 2007)	USD 903,020
Rewards 2 (2nd half, 2008)	USD 903,020
Total	USD 2,648,480

- Out of USD 2648480, USD 1,000,000 was earmarked to provide to UNICEF for strengthening of cold chain system in Myanmar.

The following table was presented at the meeting on fund utilization status.

Sr No	Description	Plan	Obligate		Balance (USD)
			06-07 (USD)	08-09 (USD)	
1	Cold Chain Maintenance	527,014	445,778	29,966	51,270
2	Purchase of one food safety Mobile unit	102,856		102856	0
3	NID	509,091	509,091		0
4	S & E for EPI (PA System)	16,608	8,234	7,374	0
5	Anti-snake venom	118,911		118,911	0
6	Procurement of ambulance/vaccine transport	650,000		650,000	0
7	Purchase of another ten food safety Mobile units	625,000			625,000
8	Construction of cold room in Naypyitaw	100,000			100,000
Total		2,648,480	963,103	909,107	776,270

The remaining balance USD 776,270 was planned allocated as follows.

No.	Items	Amount (USD)
1	Solar Refrigerators(80x 5000)	400,000
2	Strengthening of Routine EPI	265,000
3	Other Cold Chain Maintenance including Cold Chain Engineers Salary	100,000
4	Salary of accountants	5,000
5	Office Equipments for CEPI	6,270
Total	776,270	

- All the participants agreed that it is too immature to agree on above planned allocation and would like to approve on conditional basis. The participants generally agreed on cold chain engineer and accountant salary.
- For the strengthening of cold chain system, WHO and UNICEF proposed the urgent requirement on installation of hybrid solar system in 7 sub-depots and that the required supply for hybrid solar were arrived at the warehouse. UNICEF shared the required cost USD 130,000 to the participants for renovating the buildings and installing hybrid system.
- Project Manager proposed that the fund for strengthening of routine EPI will be used in production of IEC materials and operation cost for monitoring and supervision of programme. The participants agreed generally with him but requested him to provide detailed activities under strengthening of routine EPI.
- Regarding GAVI-HSS fund, UNICEF requested Dr, Nilar Tin to provide supply plan under the fund so that UNICEF can find way to procure supply from UNICEF supply division although the fund was hold temporarily to Myanmar.
- All the participants requested to UNICEF and WHO to find way to flow GAVI funding to Myanmar. Currently GAVI-HSS funding is temporary hold to Myanmar.

Recommendations/ Follow up

3. EPI manager will provide detailed budget breakdown for the remaining fund planned utilisation such as Strengthening of cold chain system and routine EPI.
4. UNICEF will bring cold chain expert to Myanmar and conduct rapid assessment on cold chain requirement on sub-depots and install hybrid solar system
5. Dr. Nilar Tin will provide supply procurement plan under GAVI-HSS fund.
6. All members agreed to find out donors for co-financing if the country applies for Tetravalent vaccine form GAVI.
7. I.C.C members agreed to apply for new vaccine introduction of measles second dose in routine EPI Program to GAVI Board.

**Minutes of Inter-agency Coordinating Committee (ICC) Meeting
on Approval of GAVI Annual Progress Report (2008)**

16th June, 2009

The Inter-agency Coordinating meeting was held in Ministry of Health organized by EPI, Ministry of Health organized by EPI, Ministry of Health. The meeting aimed to approve the GAVI Annual Progress Report (2008).

The meeting was attended by UNICE, WHO and MOH staff.

- The meeting was chaired by Dr. Saw Lwin, Director General of Department of Health. The Director General addressed the opening remarks and mentioned that ICC meeting was the second meeting of ICC members for 2009 and discussion is to be focused upon GAVI Annual Progress Report 2008, Introduction of Pentavalent Vaccine in Myanmar and opinion for conducting sNID in 2009, Strengthening Measles Case Based Surveillance and Measles Control Strategies and Upgrading Vaccine Sub-depots in 7 sub-depots. He stressed to find ways to mobilize resources for co financing issue for introduction of new vaccine in routine programme. He also mentioned on situation of wild and vaccine derived polio cases that Myanmar has encountered in 2007 and 2008 and asked ICC members to discuss thoroughly on option for supplementation immunization activities for maintaining polio free status in Myanmar. Finally he urged to make decision on upgrading of sub-depots in 7 state and division. He mentioned his thank for attending the meeting to all the ICC members.
- Dr. Soe Lwin Nyein preceded discussion on polio SIA. He said that the department of health has planned training of the RSO for strengthening surveillance. For sustaining high immunity of polio in the country, conduct sNID in late 2009 or early 2010 and technical Justification was discussed on that issue.
- Dr. Nihal Singh presented the justification on introduction of new vaccine to Myanmar EPI programme and information on supplementary immunization activities for polio eradication and maintaining polio free status in Myanmar.
- Professor Adik Wobowo mentioned her remark on new vaccine introduction and described that usage of GAVI fund effectively on new vaccine introduction. She suggested decision making should not only be based on financial matter but should be no technical, cultural and social aspect of the beneficiaries. She suggested to carry out some assessment of disease burden. She also pointed out that financing for new vaccine should be based on realistic population since the country had been using the population from old census. She mentioned to take lesson from another programme like TB programme, it received support from global drug facility. She urged to draw the sound technical proposal on National Strategic Plan and to find donors. She pointed out that according to her experiences the GAVI plan on usage of reward money has been weak and there is still remaining fund carried over from previous year that 519,192 USD has not been spent.
- Dr. Saw Lwin discuss that Pentavalent vaccine would be introduced to the routine vaccination programme after adaptation in cultural and social factors and estimating the real target.
- Dr. Than Tun Aung presented on GAVI Annual Progress Report 2008 then the I.C.C Members advised to make some minor modification. I.C.C members pointed out the achievement of second dose of measles is quite low that the members suggested finding ways for improvement using various strategies. The members discussed on the use of I.S.S fund and review on proposed plan for remaining fund.

- Dr. Osamu Kunii asked whether part of the remaining fund could be use as the fund needed for completion of hybrid installation in six sub-depots since the necessary equipments were already procured since 2008.
- Professor Adik Wibowo mentioned that GAVI money is a unique one that has to use along with rules and regulations of WHO and the unused money should be used before 30th June 2009.
- Dr. Nihal Singh mentioned that the fund allotted to use for cold chain strengthening during 2008 had not be utilized at that time. And as the time went on, the old plan had replaced with the newly proposed activities so the fund may be limited in compare with the time of initial planning.
- Professor Adik Wibowo also raised the issue on the establishment of new cold room in Taunggyi asking why the cost are high in compared with other sites since the funding for these site range from 30,000 USD to 20,000 USD but the cost for Taunggyi is 152,500 USD.
- The meeting was concluded by closing remarks by Dr. Nilar Tin.

Recommendations

1. I.C.C members endorse the APR 2008 and will be send to GAVI after singing by His Excellency (Done)
2. To introduce the new penta-valent vaccine (DPT-Hep B-Hib) to EPI programme
3. To conduct sub-NIDs at the end of 2009 of early 2010
4. To strengthen Measles case based surveillance
5. To raise community awareness on second routine dose of Measles
6. To prepare the proposals on fund request for strengthening cold chain sub-depots on hybrid solar installation
7. To prepare the necessary steps for MNTE validation
8. To arrange one focal person for health cluster activity

Distribution List:

- 1) Dr. Win Myint (Director General , DOH)
- 2) Dr. . Saw Lwin (Deputy Director General, DOH)
- 3) Dr. Soe Lwin Nyein (Director, Epidemiology, DOH)
- 4) Dr. Than Htein Win, Deputy Director, Epidemiology, DOH)
- 5) Professor Adik Wibowo (WHO)
- 6) Mr. Ramesh Shrestha (UNICEF)
- 7) Dr. Nihal Singh (WHO)
- 8) Dr. Osamu Kunii (UNICEF)
- 9) (JICA)
- 10) Other Participants