

# Annual Progress Report

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

by the Government of

**Islamic Republic of Pakistan**

Date of submission: **September 30, 2002**

Reporting period: **2001** (*previous calendar year*)

(Tick only one) :  
Inception report

First annual progress report

Second annual progress report

Third annual progress report

Fourth annual progress report

Fifth annual progress report

Financial Sustainability plan attached

## 1. Progress Report

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

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

### 1.1. Immunization Services

1.1.1 Receipt of immunization services funding Date (s) of receipt of funds.....

GAVI Funds allocated in May 2001 & 2002 .

A system for finalization of the Financial System for GAVI fund transfer and utilization is being finalized.

Interagency Coordination Committee is fully involved in finalization of the financial system for GAVI funds transfer and utilization. Please report on the progress, including any problems that have been encountered with regard to support for immunization strengthening. Please describe the mechanism for management of these funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

#### 1.1.2 Statement on use of GAVI/The Vaccine Fund immunization services support.

The use of the support under window 2 has not begun yet.

In the past year, the following major areas of activities have been financed with the GAVI/The Vaccine Fund contribution.

Area of immunization services support	Total amount in US \$	Proportion of funds by level.	
		Central	District
Vaccines			Services delivery.
Injection Supplies			
Personnel			
Transportation			
Maintenance and overheads			
Training			
IEC / social mobilization			
Monitoring and surveillance			
Vehicles			
Cold Chain equipment			
Other.....(specify)			

Please indicate the date(s) of the ICC meeting(s) when the allocation of funds was discussed : .....

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

*A plan of action improve the reporting system based on the recommendations from the DQA, has been prepared.*

YES

NO

*The plan of action has been discussed and endorsed by the ICC in the meetings of .....(Date).*

The plan of action is being prepared and will be discussed in the IACC meeting.

**1.2 New & Under-used Vaccines**

**1.2.1 Receipt of new and under-used vaccines**

*Date(s) of receipt of vaccines till 31 Dec 2001 (Hepatitis B Vaccine) August 8,2001 , December 8, 2001 , December 15, 2001 December 29, 2001*

*Please report on the progress, including starting date of vaccinations and any problems that have been encountered with regard to vaccines and supplies provided by GAVI/ The Vaccine Fund.*

**1.2.2 Major activities**

Vaccinator's manual has been updated to include information regarding Hepatitis B immunization. Training to all the vaccinators has been provided. Federal EPI cell is monitoring the logistics and technical issues related to introduction of Hepatitis B immunization in routine EPI through field visits and data collection.

*Please outline what major activities have been or will be undertaken to prepare for new vaccine introduction.*

Period: reviews will be undertaken  
The monitoring will be continued

### **1.2.3 Statement on use of GAVI/The Vaccine Fund financial support ( US\$ 100,000 ) for the introduction of the new vaccine**

*The following major areas of activities have been funded (specify the amount in US\$) with the GAVI/The Vaccine Fund support:*

Not utilized yet.

It was decided in the IACC meeting that this financial support will be utilized for advocacy and bridging the financial gaps at operational level with the approval of IACC.

## **1.3 Injection safety**

### **1.3.1 Receipt of injection safety support**

Proposal for Injection safety support was submitted for consideration in 7<sup>th</sup> (May 2002) round. Conditional approval was granted. The clarifications sought were discussed in the IACC meeting held on August 10, 2002. The revised calculations based on the decisions of IACC have been communicated to GAV secretariat.

***Please report on the progress, including any problems that have been encountered with regard to the injection safety support.***

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

Injection safety procedures are being followed in the EPI. A section on use and disposal of AD syringes has been included in the vaccinator's manual. EPI is supplying AD syringes and safety boxes for all the immunizations being given through EPI since 2001.

An assessment of Injection safety was carried out by a WHO STC in April 2002. Based on the recommendations of the STC a plan of action for Injection safety in EPI has been prepared.

The main activities for 2003 are planned as follows:

- Development and implementation of a specific plan for advocacy and communication of issues related to injection safety.
- Establishment of a GMP assurance scheme for production and procurement of vaccines and syringes etc
- Establishment of an annual budget line for injection safety
- Introduction of the regular 'bundled' supply of Vaccines syringes and safety boxes.
- Strengthening of the monitoring and supervision
- Injection safety assessment in a randomly selected districts

*Should include objectives, indicators, main achievements, main constraints and targets for next year.*

**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.*

The Injection safety support will begin from 2003

**2. Financial Sustainability**

- Inception Report:** Outline steps towards the development of a financial sustainability plan
- Subsequent Reports:** Submit completed financial sustainability plan
- Subsequent Reports:** Summarize progress on financial sustainability.

GAVI is requested to provide guidelines for development of financial sustainability through trainings or other wise.

### 3.1 Up-dated immunization targets

Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) of the multi-year immunization plan approved with country application: revised Table 4 of approved application form and give reasons for any changes.

**Table1 Baseline and annual targets.**

Number of	Baseline and targets						
	2000	2001	2002	2003	2004	2005	2006
Births	5,444,000	5,580,000	5,721,000	5,863,000	6,009,000	6,159,000	
Infant's deaths	445,000	456,000	468,000	479,000	491,000	503,000	
Surviving infants	4,999,000	5,124,000	5,253,000	5,384,000	5,518,000	5,656,000	
Infants vaccinated with DTP*	3,701,922	3,882,498					
Infants vaccinated with* ... (use one row for any new vaccine)							
Wastage rate of ** ..... ( new vaccine)							

\* Indicate actual number of children vaccinated in past years. (source: JRF Jan-Dec 2000 & 2001)

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

If the request for supply for the coming years differs from previously approved plan:

*Please indicate the reasons for those changes and , where relevant the related modification of targets of children to be vaccinated, wastage rate and type of vaccine. Indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes. Summarize the related modifications of the activities and of the budgets of the work-plan for introduction of new vaccines and indicate the date of the ICC meeting when the changes were endorsed.*

It was decided in IACC meeting held on August 10, 2012 held in Islamabad to use the same target as that of window 2 proposal for injection safety for the purpose of consistency. Same analogy is being used to modify the targets for Hepatitis B vaccination. This will cause an increase in vaccine doses by about 2.5%.



**Table 2 : Estimated number of doses of Hepatitis 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 2003
A	Number of children to receive new vaccine	$5.384,700 \times 90\%$	4,845,600
B	Percentage of vaccines requested from The Vaccine Fund	%	100
C	Number of doses per child	3	3
D	Number of doses	$A \times B / 100 \times C$	14,536,800
E	Estimated wastage factor	(see list in table 3)	1.25
F	Number of doses ( incl. wastage)	$A \times C \times E \times B / 100$	18,171,000
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year 2003		0
I	Total vaccine doses requested	$F + G - H$	18,171,000
J	Number of doses per vial	10	0
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	16,135,848
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	8
M	Total of safety boxes (+ 10 extra need)	$(K + L) / 100 \times 1.11$	179,108

### Remarks

**Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended if targets for age 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. For vaccine in single or two-dose vials the maximum wastage allowance is 5 %. 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 %. 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]

**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 vaccine.

**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.

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

**3.3 Confirmed/revise request for injection safety support**  
(if quantity of current request differs from the GAVI letter of approval, please present the justification for that difference).

Injection safety support is planned for 2003-2005

**Table 4.1: Estimated supplies for safety of vaccination for the next two years with BCG (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4.1 to 4.4)**

	Formula	For Year 2003.	For Year 2004
<b>A</b>	Target of children for BCG vaccination <sup>1</sup>	5,628,000	5,889,000
<b>B</b>	Number of doses per child	1	1
<b>C</b>	Number of BCG doses	5,628,000	5,889,000
<b>D</b>	AD syringes (+ 10 % wastage)	6,248,000	6,537,000
<b>E</b>	AD syringes buffer stock <sup>2</sup>	1,562,000	0
<b>F</b>	Total AD syringes	7,810,000	6,537,000
<b>G</b>	Number of doses per vial	20	20
<b>H</b>	Vaccine Wastage factor <sup>3</sup>	2	2
<b>I</b>	Number of re-constitution <sup>4</sup> Syringes (+ 10 % wastage)	625,000	654,000
<b>J</b>	Number of safety boxes (+ 10% of extra need)	93,625	79,820

<sup>1</sup> 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).

<sup>2</sup> The buffer stock for vaccine 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>3</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.

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



Table 4.2: Estimated supplies for safety of vaccination for the next two years with DPT (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4.1 to 4.4)

		Formula	For Year 2003.	For Year 2004
A	Target of children for DPT vaccination <sup>1</sup>	#	4,846,000	4,966,000
B	Number of doses per child	#	3	3
C	Number of DPT doses	$A \times B$	14,537,000	14,899,000
D	AD syringes (+ 10 % wastage)	$C \times 1.11$	16,136,000	16,537,000
E	AD syringes buffer stock <sup>2</sup>	$D \times 0.25$	4,034,000	
F	Total AD syringes	$D + E$	20,170,000	16,537,000
G	Number of doses per vial	#	10	10
H	Vaccine Wastage factor <sup>3</sup>	Either 2 or 1.6		
I	Number of re-constitution <sup>4</sup> Syringes (+ 10 % wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+ 10% of extra need)	$(F + D) \times 1.11 / 100$	223,887	183,560

Table 4.3: Estimated supplies for safety of vaccination for the next two years with Measles( Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4.1 to 4.4)

		Formula	For Year 2003.	For Year 2004
A	Target of children for Measles vaccination <sup>1</sup>	#	4846,000	4,966,000
B	Number of doses per child	#	1	1
C	Number of Measles doses	$A \times B$	4,846,000	4,966,000
D	AD syringes (+ 10 % wastage)	$C \times 1.11$	5,379,000	5,512,000
E	AD syringes buffer stock <sup>2</sup>	$D \times 0.25$	1,345,000	5,512,000
F	Total AD syringes	$D + E$	6,723,000	5,512,000
G	Number of doses per vial	#	10	10
H	Vaccine Wastage factor <sup>3</sup>	Either 2 or 1.6	1.6	1.6
I	Number of re-constitution <sup>4</sup> Syringes (+ 10% wastage)	$C \times H \times 1.11 / G$	861,000	882,000
J	Number of safety boxes (+ 10% of extra used)	$(F + J) \times 1.11 / 100$	84,182	70,973

Table 4.4: Estimated supplies for safety of vaccination for the next two years with TT (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4.1 to 4.4)

		Formula	For Year 2003.	For Year 2004
A	Target of pregnant women for TT vaccination <sup>1</sup>	#	4,623,000	4,867,000
B	Number of doses per women	#	2	2
C	Number of TT doses	$A \times B$	9,247,000	9,734,000
D	AD syringes (+ 10% wastage)	$C \times 1.11$	10,264,000	10,805,000
E	AD syringes buffer stock <sup>2</sup>	$D \times 0.25$	2,566,000	
F	Total AD syringes	$D + E$	12,830,000	10,805,000
G	Number of doses per vial	#	10	10
H	Vaccine Wastage factor <sup>3</sup>	Either 2 or 1.6		
I	Number of re-constitution <sup>4</sup> Syringes (+ 10% wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+ 10% of extra need)	$(F + D) \times 1.11 / 100$	142,413	119,935

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year 2003,...	For the year 2004	Justification of changes from originally approved supply:
Total AD Syringes	For BCG	7,810,000	6,537,000	
	For other vaccines (DPT, Measles & TT)	39,723,000	32,855,000	
Total of reconstitution syringes		1,485,000	1,536,000	
Total of safety boxes		544,111	454,288	

#### 4. Signatures

For the Government of Pakistan.

Signature : 

**Ejaz Rahim**  
Secretary, Ministry of Health, Government of Pakistan

Date: 28 September, 2002

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 of 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 based on the regular government audit requirements as detailed in the Banking form. The IEC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Note: No GAVI funds have been so far utilized.

Agency/Organization	Name	Title	Signature	Date
WHO	Dr. Khalif Bile Mohamud	Country Representative		
UNICEF	Dr. T. O. Kayw-Myint	Chief PHEC		
CDC/WHO	Dr. Anthony Mounts	Medical Officer		
Rotary International	Abdul Haiy Khan	Chairman, National Polio Plus committee		
World Bank	Dr. Inam-ul-Haq	Sr .Health Specialist		
JICA				
DFID				
Planning & Development Division	Dr. Shafique ud din	Chief (Health)		