

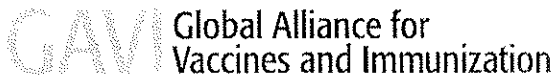
The Government of

Democratic Socialist Republic of Sri Lanka

Proposal for support submitted to the

Global Alliance for Vaccines and
Immunization (GAVI)

and the Vaccine Fund



This document is accompanied by an electronic copy on diskette for your convenience. Please return a copy of the diskette with the original, signed hard-copy of the document to GAVI Secretariat; c/o UNICEF; Palais des Nations; 1211 Geneva 10; Switzerland. Enquiries please to: Dr Tore Godal, tgodal@unicef.org or representatives of a GAVI partner agency. All documents and attachments must be submitted in English or French.

1. Executive Summary

Synopsis of the proposal including the specific requests for support from GAVI and the Vaccine Fund. The figures essential for the calculation of award amounts should be presented here, including: baseline data, current DTP3 coverage and targets for increased coverage, strategies for reaching all children, requested number of doses of vaccine(s) and their presentations (drawn from the tables in this form). Summarise also the nature of ICC participation in developing this proposal.

The Democratic Socialist Republic of Sri Lanka has a population of 19 million. About 327,574 children are born yearly. The current DPT1 and DPT3 coverage is 99%. The target is to achieve 100% and maintain it. The provision of vaccines free, for immunization will be continued and the quality of the immunization services will be improved by continuing to provide good quality vaccines. Further steps will be taken to improve the delivery of the services by reducing the waiting time at clinics and reducing adverse events following immunization. In addition staff performing immunization activities will be trained with a view to improving the delivery of services. They will also be provided with necessary equipment including gradual replacement of the presently used re-usable syringes with AD syringes. Monitoring and evaluation of the EPI programme will be strengthened at national, regional, district and field level. Steps have been taken already to improve the cold chain and logistic facilities at all levels with the assistance of WHO, UNICEF and JICA.

It is proposed to introduce Hep B vaccine to the EPI programme in a phased manner from the year 2003. In phase I, II and III, 170315, 87427 and 68797 children will be immunized respectively in the year 2003, 2004 and 2005. It is proposed, to introduce the vaccine as a combined DPT/Hep B vaccine if made available through GAVI. The schedule will be same as for DPT1, DPT2 and DPT3 presently used in the EPI programme at ages of 2,4 and 6 months. If combined vaccine is not available the monovalent vaccines will be introduced according to the same schedule. Presently the wastage of DPT vaccine is about 30% and it will be gradually reduced to 15%, commencing with 25% in the year 2003 in phase I area. In phase II areas and in phase III areas action will be taken to similarly reduce vaccine wastage from 25% to 15% commencing 2004 and 2005 respectively. Combined vaccine will be requested in 10 dose vials. If 2 dose vials of combined vaccine are available 25% of the total doses required will be in this presentation and the rest in 10 dose vials. If combined vaccine is not available monovalent vaccine will be used in the 10 dose and 2 dose vials presentation and 75% of the total requirement will be in 10 dose vials and 25% of the requirement will be in 2 dose vials. The total number of combined vaccine requirements for the years 2003, 2004 and 2005 will be 854,608, 1,290,650 and 1,537,391, according to the calculations given in GAVI application revision 3 August 2001.

UNICEF actively participated in the EPI programme from its inception and as an ICC member they have contributed in various ways including provision of a local consultant to prepare the multi year plan for the cold chain equipment and other supplies for the EPI programme. In addition an officer from UNICEF participated in formal and informal discussions at ICC meetings and outside to develop the multi year plan and the GAVI proposal.

WHO has provided technical assistance by making available 3 STC to assist in the final document of the multi year plan, GAVI application and the plan of action for introduction of Hep B vaccine into the EPI in Sri Lanka.

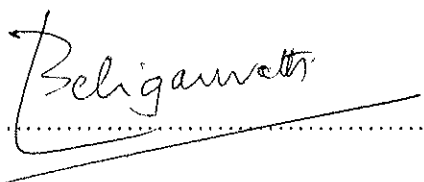
JICA as a member of the ICC has already continued to improve the cold chain and logistic support for the multi year plan.

Rotarians and other members actively participated at the ICC meetings and contributed valuable suggestions for developing the GAVI applications multi year plan and for introduction of Hep B vaccine.

Members of Prof. Associations, University staff and other interested parties in the government and non-governmental sectors had fruitful discussions with the STC involved in the preparation of the document on introduction of Hep B vaccine to the EPI.

2. Signatures of the Government and the Inter-Agency Co-ordinating Committee

The Government of Democratic Socialist Republic of Sri Lanka commits itself to develop the national immunization services on a sustainable basis in accordance with the multi-year plan presented with this document. Districts performance on immunization will be reviewed annually through a transparent monitoring system. The Government requests the Alliance and its partners to contribute financial and technical assistance to support immunization of children as outlined in this application.

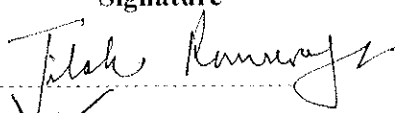
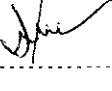
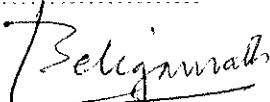
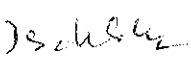
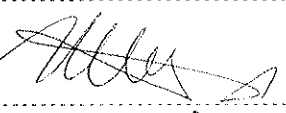
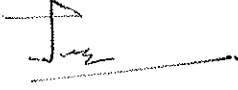
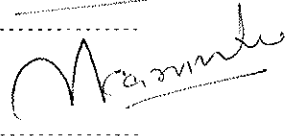
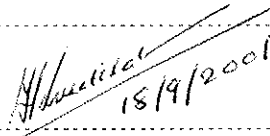
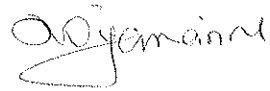
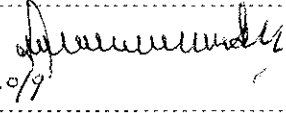
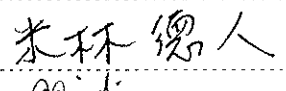
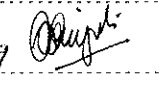
Signature: 

Title: Director General of Health Services

Date: 24.9.2001

The GAVI Secretariat is unable to return submitted documents and attachments to individual countries. Unless otherwise specified, documents may be shared with the GAVI partners and collaborators.

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this proposal on the basis of the supporting documentation that is attached. Signatures for endorsement of this proposal does not imply any financial (or legal) commitment on the part of the partner agency or individual:

Agency/Organisation	Name/Title	Date	Signature
Ministry of Health	Mr Tilak Ranaviraja Secretary Health	18/9	
Ministry of Health	Dr Nihal Jayatilaka Addl. Secretary	18/9	
Ministry of Health	Mrs J A S S Gunawardhene Senior Asst. Secretary (P&M)		
Department of Health Services	Dr A M L Beligaswatte Director General of Health Services	18/9/2001	
Department of Health Services	Dr (Mrs) Dula de Silva Deputy Director General of Public Health Services I	18/9	
Department of Health Services	Dr Manil Fernando Deputy Director General of Public Health Services II	24/9	
Department of Health Services	Dr K C S Dalpatadu Deputy Director General (Planning)	18/9/01	
Department of Health Services	Dr (Mrs) V Karunaratne Director (Maternal & Child Health)	18/9/2001	
Department of Health Services	Dr M Rajamanthri Actg. Director (H E & P)		
Department of Health Services	Dr T A Kulatilaka Epidemiologist	18/9/2001	
UNICEF	Dr (Mrs) Hiranthi Wijemanne Programme Officer, UNICEF	18/9/2001	
World Health Organization	Dr Kan Tun WHO Representative to Sri Lanka	18/9/2001	
World Bank	Dr Daya Samarasinghe		
Rotary International	Mr P. M. Gunawardena Representative, Rotary International	20/9	
JICA	Mr Niyonebayashi	20/9	
Sarvodaya	Dr Vinya Ariyaratne	18/9	

In case the GAVI Secretariat have queries on this submission, please contact :

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Thero Mawatha, Colombo 10,
Sri Lanka.

E-mail : ...dula@sri.lanka.net.....

3. Immunization-related fact sheet

Table 1 : **Basic facts** (For the year 2000 or most recent; specify dates of data provided)

Population	19.00 Million (1999) Estd.	GNP per capita	\$US 814.00
Surviving Infants*	322366	Infant mortality rate	15.9/ 1000 live births
Percentage of GDP allocated to Health	1.8	Percentage of Government expenditure for Health Care	5.6

* Surviving infants = Infants surviving the first 12 months of life

Table 2: **Trends of immunization coverage and disease burden by 12 months of age**
as per annual WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases

Trends of immunization coverage (in percentage)							Vaccine preventable disease burden		
Vaccine		Reported		Survey			Disease	Number of reported cases	
		1999	2000	1999	Age group	2000	Age group		
BCG		96.4	99.4	100	12-23 months	100.0	12-23 months	Tuberculosis	Under 5 yrs. 91
DTP	DTP1	99.2	99.5	99	-do-	100.0	-do-	Diphtheria	0
	DTP3	98.7	99.8	96	-do-	98.0	-do-	Pertussis	11
OPV3		97.9	99.8	96	-do-	98.0	-do-	Polio	0
Measles		94.8	99.5	95	-do-	99.0	-do-	Measles	147
TT2+ (Pregnant women)		91.8	99.5	94	Mother of index child	96.0	Mother of index child	NN Tetanus	8
Hib3		-	-	-	-	-	-	Hib	-
Yellow Fever		-	-	-	-	-	-	Yellow fever	-
HepB3		-	-	-	-	-	-	hepB seroprevalence (if available)	-
Vit A supplementation	Mothers (< 6 weeks after delivery)	-	-	-	-	-	-		
	Infants (> 6 months)	-	-	-	-	-	-		

The best official estimate: Indicate the best official estimate of coverage among infants as reported in WHO/UNICEF Joint reporting form. Provide explanatory comments on why these are the best estimates:
Best estimate is the routine immunization returns sent quarterly by Medical Officers of Health including the data on immunizations performed by the government and private sector institutions (including general medical practitioners).

- Summary of health system development status relevant to immunization:
 1. Provisional immunization as a free service for the clients.
 2. Use only vaccines meeting WHO requirements and procured by Government of Sri Lanka through international tenders.
 3. Regular immunization clinics in the field and health institutions.
 4. Health services are provided by the Ministry of Health at central level and by 8 provincial ministries of health by provincial government.
 5. Procurement of vaccines, other logistics, recruitment and training of staff involved in immunization are the responsibilities of the central government.
 6. The implementation of the programme at provincial, district and divisional level is the responsibility of the provincial staff.
 7. Technical guidance, supervision and evaluation of the programme are provided by regional epidemiologist and medical officers of maternal and child health under the direction of the Epidemiologist and the Director (Maternal and Child Health).
 8. Government of Sri Lanka provides vaccines used in the EPI to the private sector free of charge. The immunizations conducted are reported to the government. The issue of vaccines free of charge, ensures the use of good quality vaccine and adherence to the national schedule of immunization among all children in the country.

Ø Attached are the relevant section(s) of strategies for health system development

Document number...01 - Multi-year plan pages 1,2,67 and 69. Figures 2,3 & 5. . Document Number 06 – National Health Policy

4. Profile of the Inter Agency Co-ordinating Committee (ICC)

Various agencies and partners (including NGOs and Research Institutions) that are supporting immunization services are co-ordinated and organised through an inter-agency co-ordinating mechanism which is referred to in this document as ICC.

- Name of the ICC – ICC Sri Lanka
- Date of constitution of the current ICC - Commenced in 1995 formalized in 2001
- Organisational structure (e.g., sub-committee, stand-alone) No sub-committees
- Frequency of meetings Quarterly and when need arises
- Composition :

Function	Title / Organization	Name
Chair	Secretary/Ministry of Health	Mr Tilak Ranaviraja
Secretary	Epidemiologist	Dr T A Kulatilaka
Members	• Addl. Secretary • Director General of Health Services • DDG (PHS) I • DDG (PHS) II • D/MCH • D/HE&P • Representative of UNICEF • W R WHO • Asst.. Representative, JICA • Executive Director, Sarvodaya • Health Specialist, World Bank • Past Dis. Gov. Rotary International • Senior Asst. Secretary (P&M) • DDG (Planning) • World Bank • Sarvodaya	- Dr Nihal Jayatilaka - Dr A M L Beligaswatte - Dr (Mrs) Dula de Silva - Dr Manil Fernando - Dr V Karunaratne - Dr M Rajamanthri - Dr Hiranthi Wijemanne - Dr Kan Tun - Mr Nyonebayashi - Dr Vinya Ariyaratne - Dr Daya Samarasinghe - Mr Mangala Gunawardena - Mrs J A S S Gunawardhena - Dr K C S Dalpatadu - Dr Daya Samarasinghe - Dr Vinya Ariyaratne

Functional relationships of the ICC with other institutions in health sector:

- Major functions and responsibilities of the ICC:
 1. To review plans and budget projections for achieving polio eradication and other EPI disease reduction targets
 2. To identify constraints or needs impeding the progress of the country towards EPI disease reduction targets
 3. To co-ordinate potential sources of support for national and provincial programmes
 4. To provide information and feedback to other donor agencies and for advocacy.
 5. To facilitate and co-ordinate support from other agencies interested in initiating EPI support.
 6. To act as a focus for advocacy activities, which will increase political commitment towards achieving EPI targets.
 7. To act as a multisectoral body for the monitoring and evaluating the implementation of the multi-year plans of action to expand access and achieve vaccine preventable disease control targets.
- Three major strategies to enhance ICC's role and functions in the next 12 months:
 1. Action has been taken to increase the membership of the committee
 2. Regular feedback on the progress of the planned activities among the members
 3. Invite the members to actively participate in planning, monitoring and evaluation of new programmes on immunization and during review of activities
- Three main indicators (in addition to DTP3 coverage) that are chosen by the ICC to monitor implementation of this proposal:
 1. Submission of the GAVI application on time.
 2. Upgrading and replacement of the cold chain facilities before receipt of Hep B vaccine.
 3. Maintain coverage with Hep B vaccine and activities related to injection safety.

Attached are the supporting documents:

Ø Terms of reference of the ICC

**Document number: 01
Multi year plan Chapter 10,
Page 62**

Ø ICCs workplan of next 12 months

Annexure I

Ø Minutes of the three most recent ICC meetings or of any other meetings in which partners participated that concerned improving and expanding the national immunization program

Annexure II

5. Immunization services assessment(s)

Reference is made to the most recent assessments of the immunization system that have been completed within the three years prior to the submission of this proposal.

- Assessments, reviews and studies of immunisation services for current reference:

Title of the assessment	Main participating agencies	Dates
Government of Sri Lanka/WHO/UNICEF-EPI Review- February 2001 – Executive summary and recommendations	Epidemiological Unit, Family Health Bureau, WHO, Provincial and District Health Staff	February 2001

- The three major strengths identified in the assessments:

- Provision of immunization as a free service
- Government commitment to fund for the vaccines and purchase vaccines meeting WHO Requirements
- Discussion of EPI and initiation of remedial activities at the quarterly meetings of the Advisory Committee on Communicable Diseases chaired by the Director General of Health Services

- The three major problems identified in the assessments:

- Aging cold chain
- Aging transport
- Shortage of staff

- The three major recommendations in the assessments:

- Greater emphasis on forward planning and on supervision at all levels
- Develop detailed plans for phased out replacement of the aging cold chain and transport
- Develop a network of computers and computerize all data management.

- Attached are complete copies (with an executive summary) of:

- ☐ the most recent assessment reports on the status of immunization services
- ☐ a list of the recommendations of the assessment reports with remarks on the status of their implementation i.e. included in work-plan, implemented, not implemented, in progress....

**Document number...01 -
Multi- year plan Chapter 12
& Document number 02 Dr
Nick Ward's Report**

Annexure III

- Components or areas of immunization services that are yet to be reviewed (or studied).

Component or area	Month/Year
Disease burden study due to Hep B	August/Sept. 2001

6. Multi-Year Immunization Plan

Based upon the recommendations of the assessment of immunization services, the Government has developed (or updated) the multi-year immunization plan or adjusted the health sector plan.

- 0 Attached is a complete copy (with an executive summary) of the Multi-Year Immunization Plan or of the relevant pages of the health sector plan.

Document number 01
Multi-year plan

- **Technical support required for implementation of the immunization plan** (*expert consultants, training curricula, managerial tools...*)

Type of technical support	Period for the support	Desired from which agency
Expert on computerization of EPI information	3 months	W.H.O.

Table 3: Schedule of vaccinations with traditional and new vaccines, and with Vit A supplementation

Vaccine <i>(do not use trade name)</i>	Ages of administration <i>(by routine immunization services)</i>	Indicate by an "x" if given in:		Comments
		Entire country	Only part of the country	
BCG	At birth	X		
OPV 1/DPT 1	2 months	X		
OPV 2/DPT 2	4 months	X		
OPV 3/DPT 3	6 months	X		
HBV 1(2003)	2 months		X	Commencing from 2003 on a phased Basis. Whole country in 2005
HBV 2(2003)	4 months		X	
HBV 3(2003)	6 months		X	
Measles	9 months	X		
OPV 4/DPT 4	18 months	X		
MR	3 years	X		
OPV 5/DT	5 years	X		
aTd	10-15 years	X		
TT	Pregnant mothers	X		

- Summary of major action points and timeframe for improving immunization coverage:

Education of the public and health staff regarding importance of immunization according to the immunization schedule and contra indication for immunization.

Improve supervision.

Continue review of immunization coverage by districts at Director General of Health Services level.

Improve the quality of the service.

Maintain the vaccine self-sufficiency by purchasing all of its requirements for routine EPI vaccines.

Monitor adverse events following immunization and take corrective measures when needed.

Continue vaccine procurement through pre-qualified suppliers.

Table 4: Baseline and annual targets

Number of		Baseline	Targets						
		2000	2001	2002	2003	2004	2005	2006	2007
Births		327574	327574	327574	327574	327574	327574	327574	327574
Infants' deaths		5208	5208	5208	5208	5208	5208	5208	5208
Surviving infants		322366	322366	322366	322366	322366	322366	322366	322366
Infants vaccinated with BCG*		325481	325481	325481	325481	325481	325481	325481	325481
Infants vaccinated with OPV3**		321805	321805	321805	321805	324299	324299	324299	324299
Infants vaccinated with DPT3**		321805	321805	321805	321805	324299	324299	324299	324299
Infants vaccinated with Hepatitis B Comb (DPT-Hep B) (1 st preference)**: (Use one row for any new vaccine)					169637	256190	324299	324299	324299
Infants vaccinated with Hepatitis B Monovalent (2 nd preference)**: (Use one row for any new vaccine)					137081	232725	300877	321547	324299
Infants vaccinated with Measles**		320602	320602	320602	320602	320602	320602	320602	320602
Pregnant women vaccinated with TT+		325924	325924	325924	325924	325924	325924	325924	325924
Vit A supplementation	Mothers (< 6 weeks from delivery)								
	Infants (> 6 months)								

* Target of children out of total births

** Target of children out of surviving infants

- Summary of major action points and timeframe for reduction of vaccine wastage. If maximum allowance of wastage rates cannot be achieved immediately, the proposal has to provide a rationale for a higher rate. :

Accurate forecasting for vaccines, using accurate wastage rates.

Monitor wastage and educate health staff on management of vaccine.

Rearrangement of clinics to reduce number of immunization sessions to improve the ratio between children and vials
Using combination of different dose vials
Improve storage facilities at central and district level for efficient and safe handling of vaccines, good stock control and timely distribution
Use of vaccine vial monitors
In the future consider open vial policy.

Table 5: Estimate of annual DTP wastage and drop out rates

	Actual	Targets						
	2000	2001	2002	2003	2004	2005	2006	2007
Wastage rate ¹	30%	30%	30%	25%	25%	15%	15%	15%
Drop out rate $[(DIP1 - DIP3) / DIP1] \times 100$	0.6%	0	0	0	0	0	0	0

- Countries requesting YF vaccine have to present the same table for measles vaccine wastage rates.
- Planning and constraints for the Polio Eradication Initiative:
 1. No confirmed case of polio since 1993.
 2. All the performance criteria have been achieved nationally for the last 5 years.
 3. Regular meetings of the Polio Expert Committee and National Committee on Certification of Polio Eradication will be continued.
 4. Action has been planned for containment of the wild polio virus – laboratories
 5. Close monitoring of immunization coverage and AFP surveillance in all provinces with special emphasis on the north-east province.
 6. Training and action plans are being developed for provinces on emergency mopping up.
 7. Surveillance activities in the civil unrest areas of the North East province are not 100%.
 8. Sub-NIDs will be carried out in the north-east province for another 2 years.

7. Injection safety

7.1 Summary of the injection safety strategy for immunization (for all countries):

1. Use of steam sterilizers and re-usable syringes and needles at all immunization clinics is being practised.
2. One needle and one syringe per immunization is being practised.
3. Vaccines of good quality intended for UN agencies are being used.

- 0 Attached is a copy of the Plan to achieve Safe Injections (including plans for transition to auto-destruct syringes) and Safe Management of Sharps Waste or of the relevant pages of the health plan.

**Document number 03 Safety
of Injections & Safe disposal
of injection associated waste –
EPI**

¹ Formula to calculate DTP vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$ Whereby: A = The number of DTP doses distributed for use according to the supply records with correction for stock balance at start and end of the supply period; B = the number of DTP vaccinations

7.2 Injection safety equipment (For countries submitting a request for injection safety support).

AD syringes will be used with the introduction of Hep B vaccine in 2003.

The following tables calculate the amount of supplies requested for injection safety:

Estimated supplies for safety of vaccination with Hep B monovalent and combined vaccine – details are given in Hepatitis B – Action Plan – Table 7A and 7B.

Table 6.1: Estimated supplies for safety of vaccination with BCG (Use one table for each vaccine BCG, DTP, TT, Measles, MR, aTd, and DT and number them from 6.1 to 6.7)

		Formula	2002	2003	2004	2005
A	Target of children for vaccination (for TT target of women)	Match with targets in table 4		171350	258777	327574
B	Number of doses per child (for TT woman)	#		1	1	1
C	Number of doses - 75% of A	A x B		171350	258777	327574
D	AD syringes (+10% wastage)	C x 1.11		190199	287242	363607
E	AD syringes buffer stock ²	D x 0.25		47550	71811	90902
F	Total AD syringes	D + E		237748	359053	454509
G	Number of doses per vial	#		10	10	10
H	Number of re-constitution ³ syringes (+10% wastage)	C x 1.11 / G		19020	28724	36361
I	Number of safety boxes (+10% of extra need)	(F + H) x 1.11 / 100		2850	4304	5449

Table 6.2: Estimated supplies for safety of vaccination with DPT (Use one table for each vaccine BCG, DTP, TT, Measles, MR, aTd, and DT and number them from 6.1 to 6.7)

		Formula	2002	2003	2004	2005
A	Target of children for vaccination (for TT target of women)	Match with targets in table 4		171350	258777	327574
B	Number of doses per child (for TT woman)	#		1	1	1
C	Number of doses - 25% of A	A x B		171350	258777	327574
D	AD syringes (+10% wastage)	C x 1.11		190199	287242	363607
E	AD syringes buffer stock ⁴	D x 0.25		47550	71811	90902
F	Total AD syringes	D + E		237748	359053	454509
G	Number of doses per vial	#		10	10	10
H	Number of re-constitution ⁵ syringes (+10% wastage)	C x 1.11 / G		0	0	0
I	Number of safety boxes (+10% of extra need)	(F + H) x 1.11 / 100		2639	3985	5045

² The buffer stock for vaccines and AD syringes is set at 25%. This is calculated with 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 The buffer stock for vaccines and AD syringes is set at 25%. This is calculated with 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

Table 6.3. Estimated supplies for safety of vaccination with T.T. (Use one table for each vaccine BCG, DTP, TT, Measles, MR, aTd, and DT and number them from 6.1 to 6.7)

	Formula	2002	2003	2004	2005
A Target of children for vaccination (for TT target of women)	Match with targets in table 4		171350	258777	327574
B Number of doses per child (for TT woman)	#		2	2	2
C Number of doses - 75% of A	A x B		342700	517554	655148
D AD syringes (+10% wastage)	C x 1.11		380397	574485	727214
E AD syringes buffer stock ⁶	D x 0.25		95099	143621	181804
F Total AD syringes	D + E		475496	718106	909018
G Number of doses per vial	#		10	10	10
H Number of re-constitution ⁷ syringes (+10% wastage)	C x 1.11 / G		0	0	0
I Number of safety boxes (+10% of extra need)	(F + H) x 1.11 / 100		5278	7971	10090

Table 6.4. Estimated supplies for safety of vaccination with Measles (Use one table for each vaccine BCG, DTP, TT, Measles, MR, aTd, and DT and number them from 6.1 to 6.7)

	Formula	2002	2003	2004	2005
A Target of children for vaccination (for TT target of women)	Match with targets in table 4		171350	258777	327574
B Number of doses per child (for TT woman)	#		1	1	1
C Number of doses - 25% of A	A x B		171350	258777	327574
D AD syringes (+10% wastage)	C x 1.11		190199	287242	363607
E AD syringes buffer stock ⁸	D x 0.25		47550	71811	90902
F Total AD syringes	D + E		237748	359053	454509
G Number of doses per vial	#		10	10	10
H Number of re-constitution ⁹ syringes (+10% wastage)	C x 1.11 / G		19020	28724	36361
I Number of safety boxes (+10% of extra need)	(F + H) x 1.11 / 100		2850	4304	5449

Table 6.5. Estimated supplies for safety of vaccination with MR (Use one table for each vaccine BCG, DTP, TT, Measles, MR, aTd, and DT and number them from 6.1 to 6.7)

	Formula	2002	2003	2004	2005
Target of children for vaccination (for TT target of women)	Match with targets in table 4		171350	258777	327574
Number of doses per child (for TT woman)	#		1	1	1
Number of doses - 25% of A	A x B		171350	258777	327574
AD syringes (+10% wastage)	C x 1.11		190199	287242	363607
AD syringes buffer stock ¹⁰	D x 0.25		47550	71811	90902
Total AD syringes	D + E		237748	359053	454509
Number of doses per vial	#		10	10	10
Number of re-constitution ¹¹ syringes (+10% wastage)	C x 1.11 / G		19020	28724	36361
Number of safety boxes (+10% of extra need)	(F + H) x 1.11 / 100		2850	4304	5449

⁶ The buffer stock for vaccines and AD syringes is set at 25%. This is calculated with 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

⁸ The buffer stock for vaccines and AD syringes is set at 25%. This is calculated with 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

¹⁰ The buffer stock for vaccines and AD syringes is set at 25%. This is calculated with the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

¹¹ Only for lyophilized vaccines. Write zero for other vaccines

Table 6.6. Estimated supplies for safety of vaccination with aTd (Use one table for each vaccine BCG, DTP, TT, Measles, MR, aTd, and DT and number them from 6.1 to 6.7)

	Formula	2002	2003	2004	2005
Target of children for vaccination (for TT target of women)	Match with targets in table 4		171350	258777	327574
Number of doses per child (for TT woman)	#		1	1	1
Number of doses - 25% of A	A x B		171350	258777	327574
AD syringes (+10% wastage)	C x 1.11		190199	287242	363607
AD syringes buffer stock ¹²	D x 0.25		47550	71811	90902
Total AD syringes	D + E		237748	359053	454509
Number of doses per vial	#		10	10	10
Number of re-constitution ¹³ syringes (+10% wastage)	C x 1.11 / G		0	0	0
Number of safety boxes (+10% of extra need)	(F + H) x 1.11 / 100		2639	3985	5045

Table 6.7: Estimated supplies for safety of vaccination with DT (Use one table for each vaccine BCG, DTP, TT, Measles, MR, aTd, and DT and number them from 6.1 to 6.7)

	Formula	2002	2003	2004	2005
Target of children for vaccination (for TT target of women)	Match with targets in table 4		171350	258777	327574
Number of doses per child (for TT woman)	#		1	1	1
Number of doses - 25% of A	A x B		171350	258777	327574
AD syringes (+10% wastage)	C x 1.11		190199	287242	363607
AD syringes buffer stock ¹⁴	D x 0.25		47550	71811	90902
Total AD syringes	D + E		237748	359053	454509
Number of doses per vial	#		10	10	10
Number of re-constitution ¹⁵ syringes (+10% wastage)	C x 1.11 / G		0	0	0
Number of safety boxes (+10% of extra need)	(F + H) x 1.11 / 100		2639	3985	5045

7.3 Areas for injection safety funds (For countries requesting funds equivalent to the supplies calculated above).

List of areas of injection safety funded by different sources: (For the GAVI/Vaccine Fund support, fill in "areas of support". For AD syringes and waste disposal, fill in "source of funds".)

Source of fund	Area of support	Start of fund utilization
	AD syringes and waste disposal boxes	2003
GAVI/Vaccine Fund		

(Use as many rows as necessary)

¹² The buffer stock for vaccines and AD syringes is set at 25%. This is calculated with the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

¹³ Only for lyophilized vaccines. Write zero for other vaccines

¹⁴ The buffer stock for vaccines and AD syringes is set at 25%. This is calculated with the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

¹⁵ Only for lyophilized vaccines. Write zero for other vaccines

8. New and under-used vaccines

- Summary of those aspects of the multi-year immunization plan that refer to the introduction of new and under-used vaccines.

It is proposed to introduce Hep B vaccine to the EPI programme in a phased manner from the year 2003. In phase I, II and III, 170315, 87427 and 68797 children will be immunized respectively in the year 2003, 2004 and 2005. It is proposed, to introduce the vaccine as a combined DPT/Hep B vaccine if made available through GAVI. The schedule will be same as for DPT1, DPT2 and DPT3 presently used in the EPI programme at ages of 2,4 and 6 months. If combined vaccine is not available the monovalent vaccines will be introduced according to the same schedule. Presently the wastage of DPT vaccine is about 30% and it will be gradually reduced to 15%, commencing with 25% in the year 2003 in phase I area. In phase II areas and in phase III areas action will be taken to similarly reduce vaccine wastage from 25% to 15% commencing 2004 and 2005 respectively. Combined vaccine will be requested in 10 dose vials. If 2 dose vials of combined vaccine are available 25% of the total doses required will be in this presentation and the rest in 10 dose vials. If combined vaccine is not available monovalent vaccine will be used in the 10 dose and 2 dose vials presentation and 75% of the total requirement will be in 10 dose vials and 25% of the requirement will be in 2 dose vials. The total number of combined vaccine requirements for the years 2003, 2004 and 2005 will be 854,608, 1,290,650, 1, and 537,391. According to the calculations given in GAVI application revision 3 August 2001.

- Assessment of burden of relevant diseases *(if available)*:

Disease	Title of the assessment	Date	Results
Hepatitis B	Sero prevalence surveys	Early 1999	Prevalence of HBsAg 2.5%

- (if new or under-used vaccines have been already introduced)*
Lessons learnt about storage capacity, protection from accidental freezing, staff training, cold chain, logistics, drop out rate, wastage rate etc. as per current experience with new and under-used vaccines:

Recent introduction of rubella vaccine to females with childbearing potential

Experience

At first the vaccine was not used at the expected rate

Use among school children was higher than among women

Resistance among some obstetricians to immunize mothers in the post partum wards before discharge.

Lessons Learnt

Intense social mobilization is necessary to the public and health staff at all levels.

Motivation among institutional staff with special emphasis on Obstetricians should be ensured from the beginning of the programme.

- Summary of the action points that address possible implications for storage capacity, staff training, cold chain, measures to avoid freezing of vaccines, logistics, drop out rate, wastage rate etc... in the Plan for Introduction of New and Under-used Vaccines:

Given in Hepatitis B introduction document: pages 11,12 & 13 and in the multi-year plan chapter 21. Further action already taken to obtain ice-lining refrigerators for Regional Medical Supplies Divisions (22) for storage of vaccines.

- **First preference:** required number of doses and presentations of requested new and under-used vaccines. *(For each one of the requested first preference of new and under-used vaccine, please use provided formulas)*

Table 7.1: Estimated number of doses of Combined vaccine – Phase 1 *(Specify one table for each presentation of any vaccine and number it 7.2, 7.3, ...)*

		Formula	2002	2003	2004	2005	2006	2007
A	Number of children to receive new vaccine ¹⁶	match with targets in table 4		171350	171350	171350	171350	171350
B	Number of doses per child	#		3	3	3	3	3
C	Estimated wastage rate in percent ¹⁷	%		25	25	15	15	15
D	Equivalent wastage factor	See list in table 4		1.33	1.33	1.18	1.18	1.18
E	Number of doses	$A \times B \times D$		683686.5	683686.5	606579	606579	606579
F	Number of vaccines buffer stock ¹⁸	$E \times 0.25$		170921.6	170921.6	151644.8	151644.8	151644.75
G	Total of vaccine doses needed	$E + F$		854608.1	854608.1	758223.8	758223.8	758223.75
H	Percentage of vaccines requested from the Vaccine Fund	%		100	100	100	100	100
I	Number of doses requested from the Vaccine Fund	$G \times H / 100$		854608.1	854608.1	758223.8	758223.8	758223.75
J	Number of doses per vial	#		10	10	10	10	10
K	Number of AD syringes ¹⁹ (+10% wastage)	$[(A \times B) + F] \times 1.11 \times H / 100$		760318.5	760318.5	738921.2	738921.2	738921.17
L	Number of AD syringes buffer stock	$K \times 0.25$		190079.6	190079.6	184730.3	184730.3	184730.29
M	Total of AD syringes	$K + L$		950398.1	950398.1	923651.5	923651.5	923651.47
N	Number of reconstitution ²⁰ syringes (+10% wastage)	$I \times 1.11 / J$		94861.5	94861.5	84162.84	84162.84	841162.0
O	Number of safety boxes ²¹ (+10% of extra need)	$(M + N) \times 1.11 / 100$		11602.38	11602.38	11186.74	11186.74	11186.739

¹⁶ 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 an explanation of the difference should be provided.

¹⁷ The country should 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.

¹⁸ The buffer stock for vaccines and AD syringes is set at 25%. This is calculated with the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

¹⁹ A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Vaccine Fund, excluding the wastage of vaccines.

²⁰ Only for lyophilized. Write zero for other vaccines

²¹ A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7.1a: Estimated number of doses of Combined vaccine – Phase 2 (Specify one table for each presentation of any vaccine and number it 7.2, 7.3, ...)

		Formula	2002	2003	2004	2005	2006	2007
A	Number of children to receive new vaccine ²²	match with targets in table 4			87427	87427	87427	87427
B	Number of doses per child	#			3	3	3	3
C	Estimated wastage rate in percent ²³	%			25	25	15	15
D	Equivalent wastage factor	See list in table α			1.33	1.33	1.18	1.18
E	Number of doses	$A \times B \times D$			348833.7	348833.7	309491.6	309491.6
F	Number of vaccines buffer stock ²⁴	$E \times 0.25$			87208.43	87208.43	77372.9	77372.9
G	Total of vaccine doses needed	$E + F$			436042.2	436042.2	386864.5	386864.5
H	Percentage of vaccines requested from the Vaccine Fund	%			100	100	100	100
I	Number of doses requested from the Vaccine Fund	$G \times H / 100$			436042.2	436042.2	386864.5	386864.5
J	Number of doses per vial	#			10	10	10	10
K	Number of AD syringes ²⁵ (+10% wastage)	$[(A \times B) + F] \times 1.11 \times H / 100$			387933.3	387933.3	377015.8	377015.8
L	Number of AD syringes buffer stock	$K \times 0.25$			96983.32	96983.32	94253.96	94253.96
M	Total of AD syringes	$K + L$			484916.6	484916.6	471269.8	471269.8
N	Number of reconstitution ²⁶ syringes (+10% wastage)	$I \times 1.11 / J$			48400.68	48400.68	42941.96	42941.96
O	Number of safety boxes ²⁷ (+10% of extra need)	$(M + N) \times 1.11 / 100$			5919.822	5919.822	5707.75	5707.75

²² 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 an explanation of the difference should be provided.

²³ The country should 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.

²⁴ The buffer stock for vaccines and AD syringes is set at 25%. This is calculated with the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

²⁵ A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Vaccine Fund, excluding the wastage of vaccines.

²⁶ Only for lyophilized. Write zero for other vaccines.

²⁷ A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7.1b: Estimated number of doses of Combined vaccine – Phase 3 (Specify one table for each presentation of any vaccine and number it 7.2, 7.3, ...)

	Formula	2002	2003	2004	2005	2006	2007
Number of children to receive new vaccine ²⁸	match with targets in table 4				68797	68797	68797
Number of doses per child	#				3	3	3
Estimated wastage rate in percent ²⁹	%				25	25	15
Equivalent wastage factor	See list in table 12				1.33	1.33	1.18
Number of doses	$A \times B \times D$				274500	274500	243541.4
Number of vaccines buffer stock ³⁰	$E \times 0.25$				68625.01	68625.01	60885.35
Total of vaccine doses needed	$E + F$				343125	343125	304426.7
Percentage of vaccines requested from the Vaccine Fund	%				100	100	100
Number of doses requested from the Vaccine Fund	$G \times H / 100$				343125	343125	304426.7
Number of doses per vial	#				10	10	10
Number of AD syringes ³¹ (+10% wastage)	$[(A \times B) + F] \times 1.11 \times H / 100$				305267.8	305267.8	296676.7
Number of AD syringes buffer stock	$K \times 0.25$				76316.94	76316.94	74169.19
Total of AD syringes	$K + L$				381584.7	381584.7	370845.9
Number of reconstitution ³² syringes (+10% wastage)	$I \times 1.11 / J$				38086.88	38086.88	33791.37
Number of safety boxes ³³ (+10% of extra need)	$(M + N) \times 1.11 / 100$				4658.355	4658.355	4491.474

Calculations done by WHO Consultant according to division 2, November 2000 are given in Annexure X and the document prepared by WHO Consultant for the introduction of Hepatitis B, Action Plan.

Table α: 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

- **Second preference:** Required number of doses and presentations of requested new and under-used vaccines, if first preference is not available. (Please use provided formulas as per table 7.1)

²⁸ 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 an explanation of the difference should be provided.

²⁹ The country should 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.

³⁰ The buffer stock for vaccines and AD syringes is set at 25%. This is calculated with the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

³¹ A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Vaccine Fund, excluding the wastage of vaccines.

³² Only for lyophilized. Write zero for other vaccines.

³³ 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

Monovalent Hepatitis B 75% 10 dose vials, 25% 2 dose vials – Refer STC document on Hepatitis B introduction Table 7a Page 9.

- Ø Attached is the plan of action for vaccinations with new or under-used vaccines
(if already contained within the national, multi-year plan, indicate pages)

Document number 04
WHO Consultant's
Plan of Action for Hep
B introduction

9. Strategic directions to mobilise additional resources for immunization

- Summary of strategies that the Government intends to pursue to increase the resources for immunization of children, and that will be converted in a comprehensive Financial Sustainability Plan by the time of the mid-term review. Highlights of the agreements made with donor agencies (i.e.: Vaccine Independence Initiative) and the use of funds freed by debt relief:

The Government of Sri Lanka fully realise the importance of a successful immunization programme leading to healthier and prosperous nation. The Government is trying to provide maximum possible resources for the programme. The partners EPI duly support the government's efforts.

The Ministry of Health intends to secure additional funding for EPI strengthening through:

- Availing the funds been provided by GAVI
- Making a request to Government of Sri Lanka for corresponding increase in the resources allocated for the EPI.
- Requesting the partner agencies for greater support of EPI.
- Approaching the potential donors, through sharing with them the plans and achievements of EPI, for bilateral funding.
- Effective utilization of the support.

A comprehensive resource mobilization plan shall be ready by the end of 2003.

- Ø Tables of expenditure for 2000 and resource needs detailing the sources of funds for 2000 and subsequent years are attached in Annex 1.

*** Document number**
05 and Annexure IV.

* Finance for the EPI is under the funds for preventive health services and maternal and child health. However, funds for vaccines (EPI and JE) are about Rs. 200 million for the year 2000. Estimated cost for 2001 onwards is given in multi year plan chapter 15.

- Remarks on recurrent cost reduction strategies which contribute to financial sustainability, such as vaccine wastage reduction:
 - Close monitoring of wastage of vaccines
 - Use of combined vaccines
 - Reduction of frequency of clinics
 - Proper management of cold chain

- Summary of support to immunization generated from the poverty reduction strategies (including the use of funds freed by debt relief), of which relevant pages are attached:

Document number
.....**Not applicable**

10. Summary of requests to GAVI and the Vaccine Fund

With reference to all points presented above, the Government of Democratic Socialist Republic of Sri Lanka,

Being eligible for support from the Global Alliance for Vaccines and Immunization (GAVI) and the Global Funds for Children's Vaccines (The fund),

considering that its DTP3 coverage for 2000 was 99% corresponding to 321805 number of children vaccinated with DTP3,

Hereby requests the Alliance and its partners to contribute financial and technical assistance required to increase immunization of children and maintain the high coverage and to improve the quality of the immunization services and to introduce new antigens.

Specifically, the Government does hereby apply to receive support from the fund.

- *Support for Immunization Services*
- *Support for New and Under-used vaccines*
- *Support for Injection Safety*

YES

NO

YES

NO

YES

NO

10.1 SUPPORT FOR IMMUNIZATION SERVICES

GAVI and the Vaccine Fund are requested to fund the strategies for strengthening immunization services in year 2002 according to the number of additional children (as compared to the baseline) that are targeted to be immunized with DTP3 as presented in table 4, namely (*number of children*). Funds will also be requested for following years as estimated in table 4.

- The Government takes full responsibility to manage the in-country transfer of funds.
(*In case an alternative mechanism is necessary please describe it and the reasons for it:*)

Not Applicable

- Operational mechanism that is followed for safeguarding transparency, standards of accounting, long-term sustainability and empowerment of the government in using the funds:

Not Applicable

- Countries requesting immunization services support should submit the "Banking Details" form (Annex 3) with their proposal

10.2 SUPPORT FOR NEW AND UNDER-USED VACCINES

GAVI and the Vaccine Fund are requested to fund the introduction of New and Under-used Vaccines by providing the following vaccines: *(fill in only what is being requested from the Vaccine Fund in line with tables 7.1, 7.2...)*

Table 9: New and under-used vaccines requested from GAVI and the Vaccine Fund

Vaccine presentation	Number of doses per vial	Starting month and year	Number of doses requested for first calendar year	Number of doses requested for second calendar year *
Combined Vaccine (DPT-Hep B)	10 dose	Jan 2003	854608	1290640
AD Syringes		- do -	950398	1435314
Safety boxes	-	- do -	11602	17522

* Vaccines will also be requested for following years as described in tables 7.1, 7.2...

- Vaccines will be procured *(tick only one)*:

By UNICEF

☒

By GOVERNMENT

☐

- (If vaccines are proposed to be procured by the Government)* Process and procedures of the National Regulatory Authority to control the purchase and delivery of vaccines into the country, including weaknesses, constraints and planned measures to improve the control system:

Not Applicable

- (In case you are entitled to receive US\$ 100,000 to facilitate the introduction of new vaccines)* Please submit the attached "Banking Details" form (Annex 3) with the proposal.

Funds will be channelled through UNICEF and Department of Health Services, Sri Lanka – details attached.

10.3 SUPPORT FOR INJECTION SAFETY

GAVI and the Vaccine Fund are requested to support the injection safety plan by providing:

(Tick one choice only):

☒

The amount of supplies listed in table 8

☐

The equivalent amount of funds

Table 8: Summary of total supplies for safety of vaccinations with BCG, DTP, TT, MEASLES, DT, aTd and MR requested from GAVI and the Vaccine Fund (fill in the total sums of rows "F", "H" and "I" of tables 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7

	ITEM		2002	2003	2004	2005
F	Total AD syringes	for BCG		237,748	359,053	454,509
		for other vaccines		1,664,236	2,513,371	3,181,563
H	Total of reconstitution syringes			57,060	86,173	109,082
I	Total of safety boxes			21,745	32,840	41,571

- *(In case you request funds equivalent to the above supplies at the prices obtained by UNICEF) Please submit the attached "Banking Details" form (Annex 3) with the proposal.*

11. Additional comments and recommendations from the ICC

ANNEX 1

Statement of financing and of unmet needs for immunization (USD, 000)

Table 1

Expenditure in 2000 from different sources										
Ref. #	Category / Line item	Central Govern- ment	Local Govern- ment	Private sector	Donor 1 ¹	Donor 2	Donor 3	Donor 4	Donor n. ²	Total Expend- iture in 2000
1.	Vaccines,	2500								
1.1	▪ Line item ...									
1.2	▪ Line item ... ³									
2.	Equipment (cold chain, spare parts, sterilisation...)	Funds are identified collectively under preventive and MCH services. Action is been taken to develop a computerized information system to identify EPI supplies, logistics and financial commitments. ADB study on health financing indicates unmet needs given in multi-year plan chapter 15. Also unmet needs for measles campaign given in multi-year plan chapter 6 page 45.								
2.1	▪ Line item ...									
2.2	▪ Line item ... ³									
3.	Other item immunization specific									
3.1	▪ Line item ...				UNICEF	WHO				
3.2	▪ Line item ... ³									
Total expenditure in 2000										

¹ If basket funding or a similar aggregated funding approach is used, please describe the total funding amounts, and/or detail partner contributions as fully as possible.
² Please use the electronic version of the document and insert as many columns for partner contributions as are necessary for your submission
³ Please use the electronic version of the document to insert as many line items as necessary for your submission

Table 2

Budget for 2000 (Fill in a similar table for subsequent years)										
Ref. #	Category / Line item	Contributions committed by partners							Total projected needs	Unmet needs
		Central Govern- ment	Local Govern- ment	Private sector	Donor 1 ¹	Donor 2	Donor 3	Donor n. ²		
1.	Vaccines, AD syringes...									
1.1	▪ Line item ...									
1.2	▪ Line item ... ³	Given in Multi Year Plan Chapter 15								
2.	Equipment (cold chain, spare parts, sterilisation...)									
2.1	▪ Line item ...									
2.2	▪ Line item ... ³									
3.	Other item immunization specific									
3.1	▪ Line item ...									
3.2	▪ Line item ... ³									
Total commitment										

¹ If basket funding or a similar aggregated funding approach is used, please describe the total funding amounts, and/or detail partner contributions as fully as possible.
² Please use the electronic version of the document and insert as many columns for partner contributions as are necessary for your submission
³ Please use the electronic version of the document to insert as many line items as necessary for your submission

ANNEX 2

Summary of documentation³⁴

Background information on Health System Development status	
a) Attached are the relevant section(s) of strategies for health system development	Document number...1 & 6....
Profile of the Inter Agency Co-ordinating Committee (ICC)	
b) ICC's workplan of next 12 months	Document number Annexure I.....
c) Terms of reference of the ICC	Document number 01.....
d) Minutes of the three most recent ICC meetings or any meetings concerning the introduction of new or under-used vaccines or safety of injections	Document number Annexure II.....
Immunization Services Assessment	
e) Most recent, national assessment report(s) on the status of immunization services	Document number 02.....
f) Summary of the recommendations of the assessment report(s) with remarks on the status of implementation of each recommendation.	Document number Annexure III.....
Multi-Year Immunization Plan	
g) Complete copy (with executive summary) of the Multi-Year Immunization Plan or of the relevant pages of the health sector plan.	Document number...01...
h) Action plan for the introduction of new or under-used vaccines into immunization services (if already contained within the national, multi-year plan, please indicate page and paragraphs)	Document number 03...
i) A copy of the Plan to achieve Safe Injections (including plans for transition to auto-destruct syringes) and Safe Management of Sharps Waste or of the relevant pages of the health plan.	Document number 04.....
Unmet needs requiring additional resources	
j) Tables of expenditure for 2000 and resource needs (Annex 1)	Document number...05 & Annexure IV...

³⁴ Please submit hard copy documents with an identical electronic copy whenever possible