

T 22020/06/2005/CH -Vo. III  
Government of India  
Ministry of Health and Family welfare  
CC&V Section

Nirman Bhawan, New Delhi  
Dated: 31<sup>ST</sup> March, 2014

To

Mr. Dirk Gehl  
Country Responsible Officer  
GAVI Alliance  
2 Chemin des Mines  
1202 Geneva  
Switzerland

**Subject: Annual Progress Report submitted by India- reg.**

Sir,

The undersigned is directed to refer to your letter No. GAVI/14/181/ap/dg dated 25.03.2014 intimating approval with clarifications for the support of Pentavalent programme and its nationwide scale-up.

In this regard, the following clarifications are submitted for your perusal:

In table No. 3 [page 7 of the aforementioned letter], 100% annual target for 11 States starting from October 2014 and 16 States starting from April 2015 with 100% coverage has been presumed, which is not correct. This incorrect assumption has led to the incorrect cost projection of US\$493.25 million for 2015 & 2016.

As a matter of fact, the Ministry requested for 100% Pentavalent vaccines with 100% coverage in the first year and for the subsequent year only replacement quantity is being asked which ranges from 60% to a maximum of 90%. The same principle would be applicable for expansion of Pentavalent to other States also. Table 3 [provided by GAVI in IRC] has been modified accordingly and enclosed for perusal.

As per the decision conveyed earlier, the Ministry would expand the Pentavalent vaccination in a phased manner [i.e. in 11 States from October 2014 onwards and in remaining 16 States from April 2015 onwards]. Thus, the targets should be considered accordingly.

From April 2016 onwards, the birth cohort would be covered by the Government of India.

The projections have been revised accordingly assuming target of 80% of birth cohort and 15% wastage. The Ministry has projected to supply the Pentavalent vaccine in 2014 anticipating the state wise targets ranging from 60% to a maximum of 90%.

The exact number of doses being requested from GAVI and the number of doses are enclosed.

Partnership Framework Agreement was received in this Ministry in February 2013. Since then the execution of PFA is under active consideration. GAVI had been either in loop or been apprised regularly about the updates on PFA.

Recently, a meeting was held on 19<sup>th</sup> February, 2014 to discuss the modalities of PFA in Department of Economic Affairs (DEA) which was also attended by Mr. Amitabh Mehta [via teleconference]. In this meeting it was decided that the PFA would be modified thereby incorporating the amendment in Liability Clause. Besides, it was also decided that GAVI would make an explicit request to the MEA [Ministry of External Affairs] for tax exemption and the same is under process with MEA.

As far as implementation plan to improve vaccine storage standards at GMSD and State Central Stores along with National Cold Chain and Vaccine Logistics Action Plan (NCCVLAP) is concerned, it may be mentioned that these are generic programmatic observations. However, the Ministry is committed to strengthen the cold chain system which is being done in a phased manner. The detailed documentation and the precise action plan will be shared with GAVI as per the timelines shared in the IRC observations.

Encl: as above

Yours faithfully,



31.3.2014

**(Dr. Rakesh Kumar)**

Joint Secretary (RCH)

Ministry of Health and Family Welfare

Nirman Bhawan

New Delhi

<b>Infant cohort targeted and vaccine requirement for Pentavalent vaccination in India</b>				
	Year	2014	2015	2016
1	<b>Target infant cohort</b>			
1.1	Cohort already being covered as on Jan 01 of the year (a)	50,37,000	1,83,00,000	68,48,500
1.2	Additional targeted cohort to start in the year (b)	32,63,250	68,20,500	0
2	<b>Vaccine doses requirement</b>			
2.1	For the cohort already being covered for entire year. This is the replacement quantity being requested for 8 States/UTs where the programme is being pursued. (c)	1,19,62,250	5,18,25,600	1,93,94,952
2.2	For the additional cohort starting in the year (d) for 3 months in 2014 and 9 months in 2015 with 100% coverage	1,15,51,905	2,41,44,570	0
2.3	Buffer stock needed for the cohort starting in the year (equal to 25% of annual cohort being targeted for 100% coverage $= (b * 25\% * 3 * 1.18)$ (e))	1,15,51,905	80,48,190	0
3	<b>Total vaccine doses requirement in the year (=c+d+e)</b>	<b>3,50,66,060</b>	<b>8,40,18,360</b>	<b>1,93,94,952</b>
<b>US\$ (US\$ 2.10 per dose)</b>		<b>7,36,38,726</b>	<b>17,64,38,556</b>	<b>4,07,29,399</b>

**Remarks:**

1. In the year 2014, the additional cohort for 11 States will start from Oct 2014 onwards. Therefore the birth cohort taken as 25% of annual target (surviving infants) and vaccine supply for this additional cohort has been calculated for 3 months only. Thus, for 2014, the calculation has been done as (equal to 3 months of supply or one fourth of annual cohort with 100% coverage in 1st year).
2. In the year 2015, the additional cohort will start from April 2015 onwards. Thus additional supply has been calculated for 9 month period. Thus, for 2015, the calculation has been done as (equal to 9 months of supply or three fourth of annual cohort for 100% coverage in 1st year).
3. The one time buffer stock has been calculated for additional birth cohort starting in that year and equivalent of 25% requirement for annual cohort.
4. Wastage rate for vaccine has been calculated at 15% and wastage multiplication factor is 1.18.
5. The 2nd year onwards requirement of vaccine would be based on replacement quantity i.e. coverage taken at 80%.