



Partnering with The Vaccine Fund

September 2003

Progress Report

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

BURUNDI

Date of submission: **September 2003**

Reporting period: **2002** *(Information provided in this report **MUST** refer to the 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

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

****Unless otherwise specified, documents may be shared with the GAVI partners and collaborators***

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1. Report on progress made during the previous calendar year

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

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

➔ Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC). Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The funds are paid into the EPI account that is held at the *Banque de la République de Burundi* (BRB).

The funds are administered jointly by the Ministry of Public Health and the Ministry of Finance. The co-administrators are: the EPI Director and the Director of Accounting.

Funds are withdrawn at the request of the EPI Director with covering letters from the Director of Health Services and Programmes and the Director-General of Public Health and with the authorization of the Minister of Public Health. Prior to the withdrawal of any funds, a plan of use was submitted for approval to the EPI Technical Committee and the Inter-Agency Coordinating Committee (ICC). Only those items approved by these committees are followed up. A report on the use made of the funds is likewise submitted to the aforementioned committees before being passed on to the ministries concerned.

The ICC plays a fundamental role in the context of this administrative structure. Any activity considered not to be worthwhile is not financed. The ICC meeting is prepared by that of the Committee responsible for EPI matters. These two committees must approve the use that is to be made of the funds before any request can be made for their withdrawal. The co-administrator from the Ministry of Finance must check to ensure that the activities for which the withdrawal of funds is requested correspond to those approved by the ICC.

Problems encountered:

- The funds arrived within the deadline but their use was delayed by changes at the head of the EPI and in the organization of other activities such as the measles and poliomyelitis campaigns.
- The funds arrived at a time when there was an urgent need for transport facilities at the district level. The decision taken to carry out repairs led to an overrun under that heading on account of the requirements of the health provinces. The whole question of logistics is currently a crucial one.

Requests for repairs continue to be made despite the work already done in that regard. Emphasis must be laid on the area of logistics and the means of supply, with particular attention being paid to the question of renewal.

1.1.2 Use of Immunization Services Support

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

Funds received during the reporting year: US\$ 162 500

Remaining funds (carry over) from the previous year: 0

Table 1 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel	39 743		39 743		
Transportation	37 858	10 622	27 236		
Maintenance and overheads					
Training					
IEC / social mobilization	6 664		6 664		
Outreach					
Supervision	30 204	5 348	24 856		
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles	47 990	10 160	37 830		
Cold chain equipment					
Bank commission	41	41			
Total:					
Remaining funds for next year:	0	26 171	136 329		

NB – For Burundi, the District corresponds to the Health Province

**If no information is available because of block grants, please indicate under ‘other’.*

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

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

- Catching-up activities during the last quarter.
- Repairs to health sector vehicles.
- Meeting to sensitize and mobilize the provincial health committees.
- Supervision of routine immunization activities and catching-up activities.

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

→ Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES

NO X

Burundi has not yet undergone the DQA. It is one of the countries which must do so this year. Following the insecurity that prevailed in the capital city in July and which still persists in the provinces, the team of external auditors postponed their mission. We are awaiting a decision on a new programme and for the details thereof to be communicated to us.

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

Please attach the minutes of the ICC meeting where the plan of action for the DOA was discussed and endorsed by the ICC.

→ Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

National survey on immunization coverage - measles campaign of June 2002 and routine immunization for all antigens.

RESULTS:

- *National campaign against measles in June 2002: immunization coverage of 90.11%.*
- *Routine immunization : BCG 95.6% , DTP3 68.8% , Polio3 60% , Measles 75.6% (Source: ENCV 2002)
BCG 113% , DTP3 94.5% , Polio3 89.2% , Measles 66.7% (Source: EPI 2002 Report)*

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 **Receipt of new and under-used vaccines during the previous calendar year**

→ Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

No new and under-used vaccine was received during 2002.

Burundi was one of the countries which should have introduced the pentavalent vaccine in 2003. This option has not been implemented owing to vaccine availability problems with the suppliers. A reprogramming was effected following the GAVI / UNICEF mission to Burundi in January 2003. The consultations led to the introduction of liquid DTP-Hib and liquid HepB in two injections in January 2004. The pentavalent vaccine will take over in January 2005.

1.2.2 Major activities

→ Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

A. Activities carried out

1. Information day on GAVI and the new vaccines (April 2002).
2. Workshop on the new vaccines with the collaboration of the pharmaceutical company Glaxo Smith Kline (September 2002).
3. Training of provincial healthcare promotion technicians in social mobilization (August 2002).
4. Training of health centre proprietors in management of the EPI and introduction of the new vaccines (May-June 2003).

B. Activities envisaged

- Training of communal healthcare promotion technicians through social mobilization.
- Training of community healthcare operatives (outlying areas) through mobilization.
- Introduction of the dropout recovery system based on the registration system.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

→ Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

- Media workshop on the new vaccines:	\$ 789
- Day of discussion on GAVI and the new vaccines:	\$ 5325
- Training of provincial healthcare promotion technicians:	\$ 9406
- Training of health centre proprietors:	\$ 74 108
- Bank commission:	\$ 41

NB – We have not encountered any problems in this regard.

Activities to be envisaged

- Training of communal healthcare promotion technicians: \$ 10 331 (to be carried out before 2004).
- Training of community healthcare operatives (outlying areas) through mobilization (**funds to be sought**).
- Introduction of the dropout recovery system based on the registration system (**funds to be sought**).

1.3 Injection Safety

1.3.1 Receipt of injection safety support

→ Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

Burundi has received auto-disable syringes (a total of 1 720 800), syringes for BCG (a total of 268 500) and safety boxes (a total of 23 000) under the heading of injection safety. The safe injection policy was introduced in 1999. The problem we are currently encountering is that our present incinerators are not up to the task as they are unable to destroy the needles. We need to find another type that is able to do so, plus adequate funds for their construction.

In the forecasts the Montfort incinerator was proposed, but we ran up against the problem of the budget.

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

→ Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
<i>Number of health units using auto-disable (AD) syringes and safety boxes.</i>	<i>Ensure that all injection practices are safe by 2005.</i>	<i>All health centres providing immunization use AD syringes and safety boxes.</i>		
<i>Number of health units having an incinerator or other means of destroying wastes.</i>	<i>Ensure that all used materials are destroyed.</i>	<i>Used materials are increasingly being destroyed in health centres.</i>	<i>Lack of powerful incinerators capable of destroying needles.</i>	<i>Provide health units with a powerful incinerator.</i>
<i>Number of AD syringes and safety boxes received.</i>	<i>Ensure the supply of AD syringes and safety boxes.</i>	<i>Injection materials are regularly supplied.</i>		<i>Ensure that the health provinces are supplied on a quarterly basis.</i>

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:

<i>Auto-disable syringes:</i>	<i>\$ 90 124</i>
<i>Safety boxes:</i>	<i>\$ 13 394</i>
<i>BCG syringes:</i>	<i>\$ 19 788</i>

2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Report :	Report progress on steps taken and update timetable for improving financial sustainability <u>Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.</u>
Second Annual Progress Report :	Append financial sustainability action plan and describe any progress to date. Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
Subsequent reports:	Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible. Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gaviff.org under FSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level

- Raising the awareness of concerned parties regarding immunization support.
- Raising the Government's awareness regarding GAVI's objective and the need for increased support for immunization.
- Advocacy actions vis-à-vis other partners aimed at securing their support for immunization, particularly on the logistics side.
- The financial sustainability plan is being drawn up and will be submitted to the GAVI Secretariat by 30 November 2003. The team is currently working on the fourth section (programme cost projections).

3. Request for new and under-used vaccines for year (indicate forthcoming year)

*Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.*

3.1. Up-dated immunization targets

→ Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

An updated request for new and under-used vaccines was submitted to GAVI and to UNICEF. The request was approved and the first batch of vaccine is scheduled for November 2003.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10) . Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	303 889	312 702	321 770	331 101	340 703	350 584	360 751	371 213
Infants' deaths	39 242	40 339	41 508	42 772	43 951	45 225	46 537	47 886
Surviving infants	264 647	272 363	280 262	288 329	296 752	305 359	314 214	323 327
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	179 785	163 418	132 577					
NEW VACCINES						Pentavalent DTP – Hep B-Hib		
Infants vaccinated with _____ * (use one row per new vaccine)	-	-	-	<u>DTP-Hib</u> <u>Hep B</u>	<u>222 564</u> <u>222 564</u>	244 256	267 081	290 993
Wastage rate of ** (new vaccine)	-	-	-		25%	5%	5%	5%
INJECTION SAFETY								
Pregnant women vaccinated with TT	151 337	187 621	209 151	231 771	255 528	280 467	288 601	296 970
Infants vaccinated with BCG	192 901	234 526	294 018	126 024	306 633	315 525	324 676	334 091
Infants vaccinated with Measles	159 557	177 036	173 389	133 096	237 402	259 555	282 793	282 793

SOURCE: EPISTAT

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

For 2003, the figures correspond to infants vaccinated over six months. For the following years the fixed targets are shown.

→ Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

- The changes are due to the new option adopted in January to introduce liquid DTP-Hib and monovalent liquid HepB in two injections following a UNICEF-GAVI mission to Burundi to explain the difficulties being encountered by UNICEF's supplies service.

The target could, moreover, be modified on account of the 94% coverage rate achieved in 2002 thanks to the catching-up activities we carried out in the fourth quarter. The current target is to maintain this coverage rate at over 90%. This situation could thus result in changes during the coming years.

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

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

The revised request was submitted to GAVI and to UNICEF in March 2002 and was confirmed. We expect to receive the first batch of vaccines in November and to begin work in early 2004. The second batch is scheduled for May 2004.

Table 3: Estimated number of doses of DTP-Hib vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004
A	Number of children to receive new vaccine		222 564
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	667 692
E	Estimated wastage factor	(see list in table 3)	1,33
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	701 078
G	Vaccines buffer stock	$F \times 0.25$	175 269
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	876 347
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	1 169 608
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	12 892

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **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 vaccines.
- **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

Table 4: Estimated number of doses of HepB vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004
A	Number of children to receive new vaccine		222564
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	667 692
E	Estimated wastage factor	(see list in table 3)	1,33
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	701 078
G	Vaccines buffer stock	$F \times 0.25$	175 269
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	876 347
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	1 169 608
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	12 892

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **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 vaccines.
- **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

Table 5 : Wastage rates and factors

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

*Please report the same figure as in table 1.

3.3 Confirmed/revised request for injection safety support for the year **2004** (*indicate forthcoming year*)

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 to 8*)

		Formula	For year 2004	For year 2005
A	Target of children for vaccination (for TT : target of pregnant women)¹	#	306 633	315 525
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	306 633	315 525
D	AD syringes (+10% wastage)	C x 1.11	340 437	350 316
E	AD syringes buffer stock ²	D x 0.25	0	0
F	Total AD syringes	D + E	340 500	350 400
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ³	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution ⁴ syringes (+10% wastage)	$C \times H \times 1.11 / G$	17 022	17 516
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	3 970	4 090

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

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

³ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

⁴ Only for lyophilized vaccines. Write zero for other vaccines.

Table 4.2: Estimated supplies for safety of vaccination for the next two years with DTP (*Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8*)

		Formula	For year 2004	For year 2005
A	Target of children for vaccination (for TT : target of pregnant women)⁵	#		
B	Number of doses per child (for TT woman)	#		
C	Number of doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock ⁶	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor ⁷	<i>Either 2 or 1.6</i>		
I	Number of reconstitution ⁸ syringes (+10% wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$		

DTP will not be provided on its own in 2004, but will be accompanied by Hib. That is why supplies are not shown here.

⁵ 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).

⁶ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁷ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

⁸ Only for lyophilized vaccines. Write zero for other vaccines.

Table 4.3: Estimated supplies for safety of vaccination for the next two years with TT or VAT (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2004	For year 2005
A	Target of children for vaccination (for TT : target of pregnant women)⁹	#	255 528	280 467
B	Number of doses per child (for TT woman)	#	2	2
C	Number of doses	A x B	5 111 100	561 000
D	AD syringes (+10% wastage)	C x 1.11	567 321	622 710
E	AD syringes buffer stock ¹⁰	D x 0.25	0	0
F	Total AD syringes	D + E	567 321	622 710
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ¹¹	<i>Either 2 or 1.6</i>	1,33	1,33
I	Number of reconstitution ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	56 732	62 271
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	6 930	7 610

⁹ 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).

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

¹¹ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

¹² Only for lyophilized vaccines. Write zero for other vaccines.

Table 4.4: 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 to 8)

		Formula	For year 2004	For year 2005
A	Target of children for vaccination (for TT : target of pregnant women)¹³	#	237 402	259 555
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	237 500	259 600
D	AD syringes (+10% wastage)	C x 1.11	263 625	288 156
E	AD syringes buffer stock ¹⁴	D x 0.25	0	0
F	Total AD syringes	D + E	263 625	288 156
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ¹⁵	<i>Either 2 or 1.6</i>	1,33	1,33
I	Number of reconstitution ¹⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	26 363	28 816
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	3 220	3 520

¹³ 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).

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

¹⁵ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

¹⁶ Only for lyophilized vaccines. Write zero for other vaccines.

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 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	340 500	350 400	No changes with respect to request.
	for other vaccines	830 946	910 866	
Total of reconstitution syringes		43 385	46 332	
Total of safety boxes		14 120	15 220	

→ If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

The quantities differ from those contained in the GAVI letter of approval because there has been a change in terms of the introduction of new and under-used vaccines. The vaccines to be introduced in 2004 are DTP-Hib and monovalent HepB in two injections, the request made having been for Pentavalent.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
Number of doses ordered	Introduce Pentavalent in 2003	-	Difficulties with supply and availability at the supplier end	Introduce DTP-Hib and HepB in two injections in 2004. Introduce Pentavalent in 2005.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	30 September 2003	
Reporting Period (consistent with previous calendar year)	2002	
Table 1 filled-in	OK	
DQA reported on	-	Not yet done
Reported on use of 100,000 US\$	OK	
Injection Safety Reported on	OK	
FSP Reported on (progress against country FSP indicators)	-	In progress
Table 2 filled-in	OK	
New Vaccine Request completed	OK	
Revised request for injection safety completed (where applicable)	OK	
ICC minutes attached to the report	OK	
Government signatures	OK	
ICC endorsed	OK	

6. Comments

→ *ICC comments:*

- The ICC members adopted the document.
- As regards training activities, a number of providers were trained in 2003 while the introduction of the new vaccines is planned for 2004. This period is long by comparison with the activity. What steps are foreseen to ensure that all providers are at the same level when the time comes to start using the new vaccines? The programme should organize further training activities to harmonize knowledge of these new vaccines prior to their introduction.
- Given that the existing incinerators are not powerful enough (since they do not destroy the needles) and that the programme is due to receive major quantities of auto-disable and dilution syringes that will have to be destroyed in the interests of public safety, the Ministry should approach all partners that could provide assistance for the construction of powerful incinerators. To that end, *Coopération Belge* could participate in the study and in the installation of Montfort incinerators.
- The ICC further recommends that the document be reviewed by the technical committee, particularly as regards the figures, to ensure that consistency with the targets is maintained.

7. Signatures

For the Government of the **Republic of BURUNDI**

Signature:

Family and first names: **Dr KAMANA Jean**

Title: **Minister of Public Health**

Date: **26 September 2003**

Signature:

Family and first names: **Mr GAHUNGU Athanase**

Title: **Minister of Finance**

Date: **26 September 2003**

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature

~ End ~