September 2003

# Progress Report

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

by the Government of

## Lao People's Democratic Republic

Date of submission: ……

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 | X |
| 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

The first utilization of ISS funds occurred in 2002. A Master Plan for the use of ISS funding was developed for 2002-2004, and a 3-month workplan and budget (Sept-Nov 2002)was developed as the basis of an EPI request for receiving ISS funds from the MOH. On 29 August 2002 the MOH Steering Committee approved both the Master Plan and the 3-month workplan and budget. ISS funds were first made available to the EPI in September 2002. The ICC was not consulted previous to the submission of the plans to the Steering Committee. The approved plans were presented to the ICC at its September 2002 meeting.

In Feb/March 2003 a WHO consultant helped advance the management process. As of the end of September 2003, the process is as follows:

- A 3-monthly workplan and budget is developed by the Technical Working Group (TWG), which serves as the Secretariat for the ICC
- The completed workplan and budget is presented to the ICC for endorsement
- Once endorsed by the ICC, the workplan and budget is submitted to the Steering Committee of the Ministry of Health for approval
- With Steering Committee approval funds can be transferred from the MOH account to a separate account managed by EPI
    - Signators for the EPI account are the National EPI Manager and the Director of the MCH Center (in which the EPI is located organizationally). Either person can sign, it is not necessary for both to sign the same checks.
- At present the process for use of funds once they have been transferred to the EPI account is:
    - Detailed workplans for individual activities are developed, based on quarterly workplan
    - An internal EPI review of the workplans is conducted, individual plans are approved first by the MCH Center, and then by the Dept. of Hygiene and Prevention before checks can be prepared for signature
    - Once checks are cashed, receipts must be submitted to GAVI accountant to verify expenditure of funds

Problems/Issues:

- Accounting capacity within EPI. This person works very hard but is not a certified accountant. PWC was contracted in May 2003 to audit expenditures of GAVI funding as of the end of June and December 2003. It is planned that there will be a World Bank consultant in 2004 to identify support needs for developing financial management capacity.
- Delays in release of funding. Sometimes more than a month can pass from the time of ICC endorsement to Steering Committee approval.
- Expenditure accountability. This has improved greatly, but more improvement is needed
- Slow rate of expenditure. It is taking some time to work out the budgeting-expenditure cycle. Rates of expenditure have begun to increase in 2003 but are still slow.

### 1.1.2 Use of Immunization Services Support

**Funds received during the reporting year : $357,800 for ISS (20-5-02). In addition received $100,000 for improving immunization coverage (21.02.02). Also $68,700 was received for injection safety (17.10.02). Total ISS cash funding received = $457,800. (This amount plus the $68,700 for injection safety equals $526,500). All funds are being managed together, but injection safety funds were not received until after the budget was approved. No injection safety funding was expended in 2002.**

**Table 1 : Use of funds during reported calendar year 2002. The first budget for use of GAVI cash funding was approved 29 August 02. The approved amount was $50,767. By the end of the year the EPI had released $22,799 of the budgeted amount for expenditures.**

| Area of Immunization Services Support | Total amount in US $ | Amount of funds | | | |
|---|---|---|---|---|---|
| | | PUBLIC SECTOR | | | PRIVATE SECTOR & Other |
| | | Central | Region/State/Province | District | |
| Personnel | | | | | |
| Maintenance and overheads | 1561 | 1561 | | | |
| Training | 13592 | 2186 | 11406 | | |
| IEC / social mobilization | 838 | | 838 | | |
| Monitoring and evaluation | 1100 | 1100 | | | |
| Other: Operational Costs | 5630 | 4880 | 750 | | |
| Other: Meetings | 78 | 78 | | | |
| | | | | | |
| **Total:** | 22799 | 9805 | 12995 | | |
| **Remaining funds for next year:** | 434701 | | | | |

***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***. Meetings of September and December 2002

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

Activities: Lao PDR has decided to make the introduction of DTP/HepB and AD syringes part of a concerted effort to strengthen overall vaccination service delivery. Introduction is being conducted in a phased approach. Originally introduction was scheduled to be completed throughout the country by the end of 2003. It is now expected to be completed by mid-2004. In 2002 the new DTP/HepB vaccine, AD syringes and safety boxes were introduced into all districts of Khammouane Province, including outreach, in the 4 main hospitals of Vientiane Municipality, the Provincial Hospital of Luang Prabang, and 4 of 9 districts of Vientiane Municipality (about 10% of total population).
Problems: Training methodology issues, classroom style training vs. on-the-job training contributed to introduction delays. Related to this was the lack of a methodology for monitoring training effectiveness. Lack of meaningful follow-up to training and implementation was also a problem. Insufficient meaningful follow-up was primarily due to not having enough staff to do it once introduction activities began to expand.

### 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

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

Data quality has been recognized as a problem since 2001. Since 2002, activities have been initiated to improve routine reporting and analysis. These activities and lessons learned will form the basis of a plan of action for improving data quality.

A DQA was conducted in July of 2003. It did not identify issues/problems that were not already known, but did provide an external confirmation of problems already identified. This should strengthen the case for giving higher priority to data improvement activities.

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

WHO Consultant assisted with introduction of new DTP/HepB vaccine and AD syringes into routine immunization activities in districts of Khammouane Province February-May 2002. Introduction is being combined with efforts to improve efficiency and quality of immunization service delivery. This requires that problems/issues be identified so that they can be addressed. During this consultation the following issues were looked at and the following problems were noted:
Issues: Coverage, wastage, zone strategy, costs, efficacy of on-the-job training compared to traditional classroom style training, health worker knowledge about vaccine handling and logistics, bundling of injection supplies with vaccines provided.
Problems identified: high proportion of immunizations that must be delivered through outreach (80-85%); vaccine wastage will increase with increased coverage (because increased coverage will require reaching currently unreached (and remote) areas; MDVP for outreach not presently feasible for safety reasons; lack of good immunization data; lack of knowledge on how to use immunization data for programme management purposes; with introduction of AD syringes, need to bundle injection equipment with supplied quantities of vaccine: central-province, province-district, district-health facility, health facility to outreach team

## *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 vaccines were received during CY 2002. 268,000 doses of DTP/HepB were received in 2001 and 322,500 doses were received in 2003

No problems were encountered with respect to vaccine shipment from manufacturer to Lao PDR. Vaccines were received in good order and put into the EPI central vaccine store in Vientiane. The only problem with the vaccine has been the operational one of progressing with introduction of the new vaccine into the routine immunization schedule. Delays in introduction have restricted development of a clear estimate of vaccine wastage, which due to heavy programme reliance on outreach, is expected to be > 30%.

### 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.*

Activities: Phased introduction of new DTP/HepB vaccine and AD syringes into routine immunization schedule. In 2002 completed in Khammouane Province, 4 main hospitals of Vientiane Municipality, Provincial Hospital of Luang Prabang Province, and 4 of 9 districts in Vientiane Municipality.

A new introduction strategy was introduced in 2003, training with immediate implementation, monitored by Central Level staff and followed-up as possible. By end of July 2003, introduction had been extended to about 50% of total target population nationally. It is expected by the end of 2003 introduction will be extended to 75% of total target population nationally. It is further expected that introduction will be full completed by mid-2004. Problems: Debate of training methodology (classroom vs. on-the-job) was a serious constraint for introduction activities in 2002. Many of the delays were related to this issue. In 2003 this continued to be an issue. Because of the risk of having the new vaccine expire (due to delayed implementation), a compromise was worked out, which reduced the amount of classroom training and allowed experimentation with on-the-job training. Monitoring and follow-up of introduction activities by Central Level and national staff engaged by international organizations are being recognized as essential to successful introduction. During 2002 there was not enough meaningful follow-up of activities after training. When follow-up was conducted it was learned that the introduction was proceeding poorly, in terms of both number of immunizations provided and quality of service delivery. Efforts are underway in 2003 to provide more and better monitoring and follow-up. Having enough staff who can do this well is a programme constraint. In October of 2002, 10,000 doses of monovalent HepB vaccine were received to enable the piloting of a birth dose at health facilities in the country where substantial numbers of births occur. These include some provincial hospitals and major hospitals in Vientiane Municipality. Pilot activities have not yet begun.

### 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.*

In Lao PDR the $100,000 lump sum amount and the ISS cash grant are pooled. They are both being used to support introduction and improvement of immunization services, as these two activities are being combined.

## *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*

$68,700 cash support was received in October 2002. This funding is to be made available to EPI through the same process as described for ISS funds (see Section 1.1.1)

A total of $548,200 commodity support was received in 2002 (figure taken from GAVI-provided spreadsheet). The equipment received is being introduced into the routine immunization programme concurrent with the phased introduction of the new DTP/HepB vaccine, but is being introduced for use with all injectable programme antigens (BCG, DTP/HepB, measles and TT). In 2002, all areas into which DTP/HepB was introduced also replaced re-usable syringes and needles. This replacement was accompanied by introduction of safety boxes for used injection material and installation of incinerators at the province level for the safe destruction of filled safety boxes.

### 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 |
|---|---|---|---|---|
| -Phased intro of ADs for all injectable EPI antigens | 3 provinces having 50,000 target age children | Closer to 20,000 | Delayed intro mostly due to training methodology issues | -75% target age children nationally by end 2003, 100% by mid-2004 |
| -Installation of incinerators in provinces before intro of ADs | All provinces where ADs being introducted | Achieved | None | -target extended to all provinces |
| -Pilot exchange strategy | All vaccinators using ADs for routine immunizations. | No pilot. Strategy explained during training | -Inadequate follow-up and monitoring. | -same as above, to include improved follow-up |
| -Increase HW knowledge improve HW practice | (same as above) | (same as above) | -Lack of follow-up for knowledge and practice. | -Target extended to all provinces |
| -Increase community awareness | All vaccinators and communities in intro areas | Included in training | -Have not found effective community mobilization methods | - (same as above) |

### 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

The Injection Safety cash funding was received in October 2002. None of the funding was disbursed during CY 2002.

WHO (with extrabudgetary funding, especially from AusAID) is funding installation of high-temperature, auto-combustion incinerators in all provinces. Installation must be completed in a province before introduction of AD syringes into routine immunization activities can begin.

## 2. Financial sustainability

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.

The focus of work has been on improving the financial management capacity of the national immunization programme and establishing improved processes to enable funds to be released. Ongoing work is planned to improve the use and tracking of funds and to eventually link financial and programmatic data.

In the IRC analysis of the FSP it was stated that "There are some inconsistencies between the amount of funds awarded by GAVI and the Vaccine Fund with those in the FSP". Response: The total GAVI/VF awards are correct. Lao PDR has opted to gradually phase in the new vaccine and is spreading the 5-year commitments over 7 to 8 years. The values for vaccines and supplies in the FSP are different as these were estimated based on the needs and adjusted coverage targets and much higher wastage rates for the DTP/HepB vaccine.

It is also noted that the IRC stated that there is a "high level of uncertainty surrounding future funding levels and commitments". This is indeed the predicament of Lao PDR. Long-term donor funding will be vital, and the cost of increasing coverage in this largely remote and inaccessible population will be much higher than any average costs seen globally. To respond to these issues a decision has been made to first build a foundation of improved financial management for the EPI as the building block for eventually achieving sustainability.

Therefore, the focus of work has been on improving the financial management capacity of the national immunization programme and establishing improved processes to enable funds to be released. Ongoing work is planned to improve the use and tracking of funds and to eventually link financial and programmatic data.

Even this simple step is taking considerable time and effort and will require additional support.

## 3. Request for new and under-used vaccines for year 2004

### 3.1. Up-dated immunization targets

**Table 2 : Baseline and annual targets**

| Number of | Baseline and targets | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
| DENOMINATORS | | | | | | | | |
| Births | 175,373 | 179,582 | 183,892 | 188,306 | 192,825 | 197,453 | 202,192 | 207,044 |
| Infants' deaths | 14,381 | 14,367 | 14,160 | 13,935 | 13,883 | 13,822 | 13,749 | 13,665 |
| Surviving infants | 160,993 | 165,216 | 169,773 | 174,371 | 178,942 | 183,631 | 188,443 | 193,379 |
| **Infants vaccinated with DTP3 *** | | | | | | | | |
| Infants vaccinated with DTP3: or administrative figure reported in the WHO/UNICEF Joint Reporting Form | 101,515 | 94,773 | 87,829 | 63,000 | 23,200 | | | |
| **NEW VACCINES** | | | | | | | | |
| Infants vaccinated with DTP/HepB | | 198 | 6752 | 42,000 | 92,800 | 128,500 | 132,000 | 135,000 |
| Wastage rate of 35%** | | 3% | 35% | 35% | 35% | 30% | 30% | 25% |
| **INJECTION SAFETY** | | | | | | | | |
| Pregnant women vaccinated with TT[1] | 103,801 | 93,937 | 109,148 | 113,000 | 125,300 | 148,000 | 161,750 | 165,600 |
| Infants vaccinated with BCG | 114,146 | 113,837 | 125,728 | 131,800 | 144,620 | 157,960 | 161,750 | 165,600 |
| Infants vaccinated with Measles | 71,161 | 137,212[2] | 129,405[3] | 95,900 | 107,300 | 128,500 | 132,000 | 135,000 |

* Indicate actual number of children vaccinated in past years and updated targets. ** Estimates of wastage are being developed. Monitoring of outreach activities currently indicates 30-40% wastage, but estimates will be further refined in coming year.

[1]Doses given to pregnant women. [2]Includes SIA doses, 9-59 months, which were not separated from routine numbers as they should have been. [3]Includes all immunizations provided to children 9-23 months of age.

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

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

The request for supplies and equipment for 2004 and future years is based on the targets in Table 2. The request for 2004 needs to be adjusted for estimated stock at the end of 2003:

| | |
|---|---|
| DTP/HepB Vaccine: | 291,600 doses |
| 0.1 cc AD syringes: | 22,077 pieces |
| 0.5 cc AD syringes: | 1,620,909 pieces |
| 2cc Reconstitution syringes: | 3,393 pieces |
| 5cc Reconstitution syringes: | 9,836 pieces |
| Safety boxes (5 l.): | 23,932 pieces |

Please note:

1. Actual BCG wastage is much higher than 50% due to large proportion of target children than must be reached through outreach and the use of 20 dose vials. This means reconstitution syringes will be used at a higher rate than allowed by calculations of Table 4.
2. Because of low TT coverage, Lao PDR will have to spend several years "catching up" before it can concentrate only on pregnant women. This means higher usage to TT vaccine and related injection equipment than is allowed by calculations of Table 7.
3. Core data is provided in tables 3-7 for necessary calculations. Calculations have not been done as it is understood that they will be done by the GAVI Secretariat

**Table 3: Estimated number of doses of *DTP/HepB* vaccine**

| | | Formula | For year 2004 | Remarks |
|---|---|---|---|---|

| | | | |
|---|---|---|---|
| **A** | **Number of children to receive new vaccine** | | 92,800 |
| **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 x B/100 x C* | |
| **E** | **Estimated wastage factor** | *(see list in table 3)* | 1.54 |
| **F** | **Number of doses ( incl. wastage)** | *A x C x E x B/100* | |
| **G** | **Vaccines buffer stock** | *F x 0.25* | (see below) |
| **H** | **Anticipated vaccines in stock at start of year 2004** | | 291,600 doses |
| **I** | **Total vaccine doses requested** | *F + G - H* | |
| **J** | **Number of doses per vial** | | Prefer 5 |
| **K** | **Number of AD syringes (+ 10% wastage)** | *( D + G – H ) x 1.11* | |
| **L** | **Reconstitution syringes (+ 10% wastage)** | *I / J x 1.11* | |
| **M** | **Total of safety boxes (+ 10% of extra need)** | *( K + L ) / 100 x 1.11* | |

- **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 3 : Wastage rates and factorswq**

| 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.*

Buffer Stock: part of buffer stock already received. Expect to extend introduction to entire country by mid-2004. Believe remaining buffer stock entitlement is for 45% of population.

## 3.4 Confirmed/revised request for injection safety support for the year 2004

**Table 4: Estimated supplies for safety of vaccination for the next two years with BCG**

| | | Formula | For year 2004 | For year 2005 |
|---|---|---|---|---|
| **A** | **Target of children for BCG**[1] | # | 134,980* | 148,090* |
| **B** | **Number of doses per child** | # | | |
| **C** | **Number of BCG doses** | A x B | | |
| **D** | **AD syringes (+10% wastage)** | C x 1.11 | | |
| **E** | **AD syringes buffer stock** [2] | D x 0.25 | | |
| **F** | **Total AD syringes** | D + E | | |
| **G** | **Number of doses per vial** | # | | |
| **H** | **Vaccine wastage factor** [4] | *Either 2 or 1.6* | 2.0 | 2.0 |
| **I** | **Number of reconstitution** [3] **syringes (+10% wastage)** | *C x H x 1.11 / G* | | |
| **J** | **Number of safety boxes (+10% of extra need)** | *( F + I ) x 1.11 / 100* | | |

**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 ... | For the year ... | **Justification of changes from originally approved supply:** |
|---|---|---|---|---|
| Total AD syringes | for BCG | | | |
| | for other vaccines | | | |
| Total of reconstitution syringes | | | | |
| Total of safety boxes | | | | |

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

- **Assume 70% coverage in 2004 and 75% in 2005.*
- *Actual wastage in higher than 50%, due to heavy reliance on outreach and the use of 20 dose vials.*

## 3.3 Confirmed/revised request for injection safety support for the year 2004

[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] Only for lyophilized vaccines. Write zero for other vaccines

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

**Table 5: Estimated supplies for safety of vaccination for the next two years with DTP/HepB**

| | | Formula | For year 2004 | For year 2005 |
|---|---|---|---|---|
| **A** | **Target of children for DTP and DTP/HepB vaccination** [4] | # | 116,000* | 128,500* |
| **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** [5] | D x 0.25 | | |
| **F** | **Total AD syringes** | D + E | | |
| **G** | **Number of doses per vial** | # | | |
| **H** | **Vaccine wastage factor** [4] | *Either 2 or 1.6* | 1.6 | 1.6 |
| **I** | **Number of reconstitution** [6] **syringes (+10% wastage)** | *C x H x 1.11 / G* | | |
| **J** | **Number of safety boxes (+10% of extra need)** | *( F + I ) x 1.11 / 100* | | |

**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 … | For the year … | **Justification of changes from originally approved supply:** |
|---|---|---|---|---|
| Total AD syringes | for BCG | | | |
| | for other vaccines | | | |
| Total of reconstitution syringes | | | | |
| Total of safety boxes | | | | |

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

*Assume 65% coverage in 2004 and 70% coverage in 2005

## 3.3 Confirmed/revised request for injection safety support for the year 2004

**Table 6: Estimated supplies for safety of vaccination for the next two years with Measles**

[4] 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).

[5] 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.

[6] Only for lyophilized vaccines. Write zero for other vaccines

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

| | | Formula | For year 2004 | For year 2005 |
|---|---|---|---|---|
| **A** | **Target of children for measles vaccination** [7] | # | 107,300* | 128,500* |
| **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** [8] | D x 0.25 | | |
| **F** | **Total AD syringes** | D + E | | |
| **G** | **Number of doses per vial** | # | | |
| **H** | **Vaccine wastage factor** [4] | *Either 2 or 1.6* | 2 | 2 |
| **I** | **Number of reconstitution** [9] **syringes (+10% wastage)** | *C x H x 1.11 / G* | | |
| **J** | **Number of safety boxes (+10% of extra need)** | *( F + I ) x 1.11 / 100* | | |

**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 ... | For the year ... | **Justification of changes from originally approved supply:** |
|---|---|---|---|---|
| Total AD syringes | for BCG | | | |
| | for other vaccines | | | |
| Total of reconstitution syringes | | | | |
| Total of safety boxes | | | | |

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

*Assume 60% covrage in 2004 and 65% in 2005

4. **Table 7: Estimated supplies for safety of vaccination for the next two years with TT**

| | | Formula | For year 2004 | For year 2005 |
|---|---|---|---|---|
| **A** | **Target of pregnant women)**[10] | # | 125,300* | 148,000* |

[7] 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).

[8] 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.

[9] Only for lyophilized vaccines. Write zero for other vaccines

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

[10] 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).

| | | | | |
|---|---|---|---|---|
| **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** [11] | D x 0.25 | | |
| **F** | **Total AD syringes** | D + E | | |
| **G** | **Number of doses per vial** | # | | |
| **H** | **Vaccine wastage factor** [4] | *Either 2 or 1.6* | 1.6 | 1.6 |
| **I** | **Number of reconstitution** [12] **syringes (+10% wastage)** | *C x H x 1.11 / G* | | |
| **J** | **Number of safety boxes (+10% of extra need)** | *( F + I ) x 1.11 / 100* | | |

**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 ... | For the year ... | **Justification of changes from originally approved supply:** |
|---|---|---|---|---|
| Total AD syringes | for BCG | | | |
| | for other vaccines | | | |
| Total of reconstitution syringes | | | | |
| Total of safety boxes | | | | |

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

*Assumes 65% coverage in 2004, 75% in 2005
Note: Because of low TT coverage in CBAWs, it will be necessary in Lao PDR to spend several years "catching up" with TT vaccinations for CBAWs. It will thus be several years before the programme has the luxury to concentrate only on pregnant women. This has implications for the amount of TT vaccine and injection equipment required. Requirements are greater than for prenant women only.

## 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

[11] 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.
[12] Only for lyophilized vaccines. Write zero for other vaccines
4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

| Indicators | Targets | Achievements | Constraints | Updated targets |
|---|---|---|---|---|
| Indicators were not included in the proposal. | | | | |

## 5. Checklist

Checklist of completed form:

| Form Requirement: | Completed | Comments |
|---|---|---|
| Date of submission | | |
| Reporting Period (consistent with previous calendar year) | | |
| Table 1 filled-in | | |
| DQA reported on | | |
| Reported on use of 100,000 US$ | | |
| Injection Safety Reported on | | |
| FSP Reported on (progress against country FSP indicators) | | |
| Table 2 filled-in | | |
| New Vaccine Request completed | | |
| Revised request for injection safety completed (where applicable) | | |
| ICC minutes attached to the report | | |
| Government signatures | | |
| ICC endorsed | | |

## 6. Comments

→ *ICC comments:*

**WHO Technical Officer for EPI:** Vaccine needs projections based on Table 2 figures will not be completely consistent with UNICEF projections for 2004-2008. The two documents serve slightly different purposes, so the inconsistencies are not considered a serious matter. Also, the numbers in Table 2 are supposed to be vaccinations given to children in first year of life. Lao PDR allows children up to age 2 to complete their immunizations. Thus a number of immunizations are given in the 12-23 months age group, increasing the amount of vaccine used, and needed. The UNICEF projections are updated annually.

## Signatures

For the Government of ……..……

Signature: …Dr. Ponmek Dalaloy…signed and stamped……...……...

Title: …Minister of Health……..…….

Date: …September 29,2003……..…….

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 |
|---|---|---|---|---|---|---|---|
| UNICEF | Dr. D. Robez-Masson<br>Officer-In-Charge | 29/09/03 | signed | | | | |
| WHO | Dr. G. Deodato<br>WHO Representaive | 30/09/03 | signed | | | | |
| JICA | Dr. Chiaki Miyoshi<br>MoH Adviser | 30/09/03 | signed | | | | |
| | | | | | | | |
| | | | | | | | |

~ End ~