

Liberia



REPUBLIC OF LIBERIA
MINISTRY OF HEALTH & SOCIAL WELFARE

P. O. BOX 10-9009
1000 MONROVIA 10, LIBERIA
WEST AFRICA.

Ref. No.
MHSW/NTGL/PSC-M/212/04/RL

June 8, 2004

Dr. Tore Godal
Executive Secretary
GAVI

RECEIVED ON

11 JUN 2004

GAVI Secrétariat

04/356

Dear Dr. Godal:

Greetings.

I wish to apologize for the delay in submitting the GAVI Annual Progress Report due to some irregularities observed in the report that needed some correction.

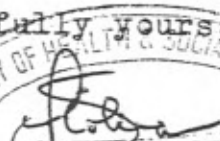
I am pleased however to submit the corrected Annual Report for the second year of GAVI support. Included in the report are the following elements:

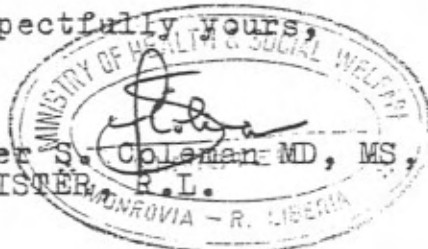
- a. Immunization Services
- b. New and under use vaccines
- c. Affixation of the signatures of the ICC members to document

Attached is the copy of the minutes of the last ICC meeting. While awaiting your response, I thank you very much for your understanding and continual support to the EPI Program of Liberia.

Kind Regards.

Respectfully yours,


Peter S. Coleman MD, MS, FWACS
MINISTER, P.L.



Progress Report

RECEIVED ON

11 JUN 2004

To the
Global Alliance for Vaccines and Immunization (GAVI) Secretariat
and
The Vaccine Fund
04/356

By the Government of

COUNTRY:

LIBERIA

Date of submission: 28 May 2004

Reporting period: 2002

Information provided in this report **MUST** refer to the previous calendar year

(Tick only one) :

Inception report	<input type="checkbox"/>
First annual progress report	<input type="checkbox"/>
Second annual progress report	<input checked="" type="checkbox"/>
Third annual progress report	<input type="checkbox"/>
Fourth annual progress report	<input type="checkbox"/>
Fifth annual progress report	<input type="checkbox"/>

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**

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

- 1.1 Immunization Services Support (ISS)
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- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
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 - 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

2. Financial Sustainability

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

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year...
- 3.3 Confirmed/revised request for injection safety support for the year...

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

5. Checklist

6. Comments

7. Signatures

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 first trench of the second year GAVI came in May 2003. Because the postponement of the second year DQA due to security concerns, GAVI Secretariat proposed to MOH&SW that half of the second year allocated budget should be sent during the year and the other half be sent after the DQA has been carried out.

GAVI funds are used to support routine immunization activities that are endorsed by the ICC. Technical subcommittee of the ICC develops POA, which contains activities that will be supported by GAVI fund, and presents it for ICC approval. Based on the approved POA, quarterly implementation plans, indicating priority activities and costs, are prepared and presented to ICC for approval. After implementation of the quarterly plan, technical and financial reports are to ICC. Only activities approved by ICC are funded and implemented using GAVI funds. Minutes of ICC meetings are attached to requests for funds and to reports of activities implemented. Requests and reports are cross-checked by the principal signatories, i.e. the Minister of Health and the WHO Representative.

GAVI funds are used to support:

- *County/district level micro-planning, refresher training, outreach EPI services including outreach to hard-to-reach areas, etc.*
- *Strengthening of supportive supervision and social mobilization at national, county and district levels.*
- *Operational costs at national and county/district levels: (incentives, transport, office equipment, etc).*
- *Cold chain maintenance (kerosene supply to health facilities).*
- *Multi-antigen campaign in selected counties.*

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\$301,338.00

Remaining funds (carry over) from the previous year: US\$216,163.71

Table 1 : Use of funds during reported calendar year: August 2002 to December 2003

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	56,365.00	25,165.00	2,300.00	28,900.00	
Transportation	17,537.30	4,290.80		13,246.50	
Maintenance and overheads					
Training					
IEC / social mobilization	2,800.00			2,800.00	
Outreach (Multi-antigen)	19,243.00			19,243.00	
Supervision	11,719.00		5,160.00	6,119.00	
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other(specify): Program Support	21,000.00	21,000.00			
Total:	128,664.30	50,455.80	7,900.00	70,308.50	
Remaining funds for next year:	392,837.41				

**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.

*Inv = sent on 10/02
27-03.*

Major activities implemented:

- *Micro-planning to strengthen routine EPI was conducted at regional level in three regions.*
- *Refresher training for county health teams & EPI service providers was conducted.*
- *Began the updating of EPI training and operational manual.*
- *Supportive supervision from national to county level and from county to health facility level was strengthened.*
- *Social mobilization was strengthened; e.g. training of media practitioners, chiefs, traditional birth attendants, etc.*
- *Provided operational support to county health teams: including incentives to health workers involved in planning, providing and supervising immunization services.*
- *Provided operational support to national EPI Programme: including incentives to staff, fuel and vehicle maintenance costs, and office running costs (office equipment, stationery).*
- *Purchased kerosene for cold chain refrigerators at health facilities.*
- *Conducted multi-antigen catch-up campaigns in selected counties.*

Problems:

- *Inaccessibility due to insecurity in the first & second quarter of 2002.*
- *State of emergency declared during the first six months of the year.*
- *Displacement of many people in the camps in Montserrado county.*

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

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

Due to security concerns, the second DQA has not yet been conducted in Liberia.

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

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

No studies or surveys conducted during the period.

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

Start of vaccinations with the new and under-used vaccine:

MONTH...JUNE. YEAR...2002.

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

Liberia received Yellow Fever Vaccine:

*January 18, 2000: 81,600 doses
March 20, 2002: 67,000 doses
December 11, 2002: 103,600 doses.*

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.

- *Yellow fever vaccine had been introduced in all accessible counties since June 2002.*
- *Completion of training for the introduction of yellow fever vaccine into routine EPI for four remaining counties could not be done because of security concerns.*
- *Lack of yellow fever vaccine for routine EPI for second half of 2002 due to rapid use of vaccine stock to avoid being wasted due to alleged exposure during shipment.*

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.

Liberia received the fund in July 2002. The planned training for the introduction of yellow fever vaccine in remaining counties as well as plan for introduction of Hepatitis B vaccine could not be implemented because of security concerns.

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

Liberia received injection materials along with donated vaccines (yellow fever vaccine).

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
Proportion of EPI service delivery points using AD syringes for all injectable immunizations	To use AD syringes in all health facilities/EPI service centers	100% of health facilities/EPI service centers using AD syringes	Occasional shortage of AD syringes	100% of facilities/EPI service centers to continue to use AD syringes
Availability of injection safety policy	To develop policy by end of 2002	Not achieved	Insecurity: State of emergency	To develop policy at beginning of 2004
Injection safety proposal prepared & submitted to GAVI Secretariat	To submit injection safety proposal to GAVI by end of 2002	Not achieved	Insecurity: State of emergency	To submit proposal at beginning of 2004

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:

Liberia has not yet received fund for injection safety from GAVI. Liberia has not yet submitted proposal to GAVI for injection safety support.

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 Progress Report: Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

By the end of 2002, Liberia had not participated in training workshop for the development of FSP.

Liberia was one of the countries eligible to develop FSP in 2003. Liberia has participated in the FSP workshop that was held in Kampala, Uganda in May 2003. Further, detailed plan with time frame was developed for the preparation of FSP for Liberia. The team briefed ICC and established a task force. A proposal for funding the preparation process was developed and accepted and consequently funded by WHO. However, because of the continual conflict in 2003, plan could not be materialized. Liberia will develop FSP in 2004.

- Second Annual Progress Report: Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Table 2 : Sources (planned) of financing of new vaccine (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	20..	20..	20..	20..	20..	20..	20..	20..	20..	20..
Proportion funded by GAVI/VF (%)										
Proportion funded by the Government and other sources (%)										
Total funding for (new vaccine) *										

* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.

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.gavittf.org> under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

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 approved with country application: 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 12). Targets for future years MUST be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS	165,096	187,609	159,105	97,690	118,448	122,002	125,662	129,432	133,315
Births	165,096	187,609	180,426	110,051	134,143	138,168	142,313	146,582	150,980
Infants' deaths	17,689	21,101	21,320	12,361	15,695	16,166	16,651	17,150	17,665
Surviving infants	147,407	167,508	159,105	97,690	118,448	122,002	125,662	129,432	133,315
Infants vaccinated / to be vaccinated with 1 st dose of DTP (DTP1)*									
Infants vaccinated / to be vaccinated with 3 rd dose of DTP (DTP3)*	86,391	103,200	81,306						
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1 st dose of Yellow Fever (new vaccine)		59,334	28,313						
Infants vaccinated / to be vaccinated with 3 rd dose of (new vaccine)		NA	NA						
Wastage rate of *** (new vaccine)		ND	ND						
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT			86,804						
Infants vaccinated / to be vaccinated with BCG			106,544						
Infants vaccinated / to be vaccinated with Measles			79,870						

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

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 figures are the same as in the WHO UNICEF Joint Reporting Form

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year ...2003... (Indicate forthcoming year)

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

Request is the same as with the original yellow fever proposal.

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

		Formula	For year	Remarks
A	Infants vaccinated / to be vaccinated with 1 st dose of Yellow Fever Vaccine(new vaccine)	160,155	2003	<ul style="list-style-type: none"> 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: Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial. 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, <u>excluding</u> 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
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	100%		
C	Number of doses per child	1		
D	Number of doses	$A \times B/100 \times C$	160,155	
E	Estimated wastage factor	(see list in table 3)	1.25	
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	200,194	
G	Vaccines buffer stock	$F \times 0.25$	50,048	
H	Anticipated vaccines in stock at start of year		20,000	
I	Total vaccine doses requested	$F + G - H$	230,242	
J	Number of doses per vial		10	
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	211,125	
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	25,556	
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2,627	

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 3.

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

Table 6: Estimated supplies for safety of vaccination for the next two years with
(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year	For year
A	Target of children for vaccination (for TT : target of pregnant women) ¹	#		
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 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		
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$		

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

Liberia has yet to submit proposal for injection safety support.

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 children aged 0 – 11 months receiving:			➤ Inaccessibility due to security problems.	
➤ 3 doses of DPT	60%	51% (81,306 children aged 0 –11 months)	➤ Declaration of State of Emergency	
➤ 1 dose of BCG		67% (106,544 children aged 0 – 11 months)	➤ Irregular supply of vaccines	

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.

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/RWG comments:

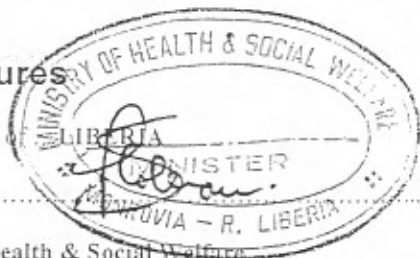
7. Signatures

For the Government of

Signature:

Title: Minister of Health & Social Welfare

Date: May 28, 2004



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
World Health Organization	Dr. Omar J. Khatib WR		National Drug Service	Mr. Tom Gurley General Manager	 05/28/04
UNICEF	Ms Angela Kearney Country Representative				
USAID	Dr. Adams K. Lincoln Health Coordinator				
Rotary International	Mr. David Vinton Liberia coordinator				
Save the Children/UK	Jean Gilardi, NGO Sector Representative				

~ End ~