



COUNTRY OFFICE IN MYANMAR

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GAVI Secretariat
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Attn: Dr Tore Godal
Executive Secretary
GAVI
c/o UNICEF
Palais des Nations
CH 1211 Geneva 10
Switzerland

Dated: 24 September 2003

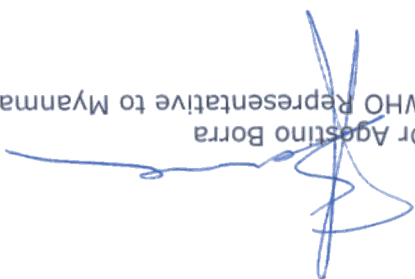
Dear Dr. Godal,

In reply please refer to: WRM/V3/27/1
Prière de rappeler la référence:

Subject: Annual Report 2002

I am hereby forwarding the Annual Report for 2002 as well as the necessary attachments on behalf of the Ministry of Health, Government of the Union of Myanmar.

Yours sincerely,


Dr Agostino Borra
WHO Representative to Myanmar

Cc : Dr Wann Maung, Director General

September 2003



Partnering with The Vaccine Fund

Progress Report

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

by the Government of

COUNTRY: Union of Myanmar

Date of submission: 30 September 2003

Reporting period: 2002

(Tick only one) :

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

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

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1. Report on progress made during the previous calendar year

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.

No funds have been received so far. Mechanisms to transfer the funds through WHO to the Government of the Union of Myanmar are being worked out. Allocation of funds to activities is decided by the ICC.

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 : None

Remaining funds (carry over) from the previous year : None

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	-				

Transportation				
Maintenance and overheads	-			
Training	-			
IEC / social mobilization	-			
	-			
Supervision	-			
Monitoring and evaluation	-			
Epidemiological surveillance	-			
Vehicles	-			
Cold chain equipment	-			
Other (specify)	-			
Total:	-			
Remaining funds for next year:	-			

**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.*

No funds received hence no GAVI funded activities were carried out. (Ref. GAVI/03/093/jj, dated 7 July 2003)

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.

No DQA has taken place yet and is scheduled for 2004 (Ref: GAVI/03/093/jj, dated 7 July 2003).

Please attach the minutes of the ICC meeting where the plan of action for the DQA 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)

Vaccine Management Review conducted by WHO/SEARO in 15 – 19 July 2002

International Review of Acute Flaccid Paralysis Surveillance by WHO SEARO : 25 March – 6 April 2002 Myanmar

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

1.2. 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.

<i>Hep B vaccines received</i>			
Vials	Vials	Date	PO No.
1-dose	46,400	30 Sep 2002	45031655
6-dose	110,063	30 Sep 2002	45031630
6-dose	57,150	18 Nov 2002	45031630
6-dose	18,290	16 Dec 2002	45031630

<i>Injection safety equipment received</i>			
Item	Quantity	Date	PO no.
AD syringes	139200	12 Aug 2002	45032084
Safety boxes	11525	21 Oct 2002	50012082

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.

No activities were carried out in 2002 as no funds were received in country.

3.1.3.1.3 of GAVI/The Vaccin Fund financial support US\$ 00 000 for the introduction of the vaccine programme. A report on the proportion of 00,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for the programme.

The financial support for introduction of Hepatitis B was not yet received in 2002, hence no activities were carried out.

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

Item	Amount	Date	PO No
BCG Syringes (AD)			50013778
AD Syringes	1,113,600	12 Aug 2002	45032082
Reconstitution Syringes BCG	35,000	10 Oct 2002	45030718
Reconstitution Syringes Measles	48,000	10 Oct 2002	45030718
Safety Boxes	30,400	21 Oct 2002	45033413

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
		No activities implemented in 2002 as it was planned for 2003.		

3.3 Statement on use of GAVI/The VI and injection safety support (if received in the form of cash contribution)

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

No activities were conducted during 2002 with GAVI support as this was planned for 2003 along with the introduction of Hepatitis B.

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</u> completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
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.gaviftf.org under FSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level

The issue of financial sustainability has not been addressed in 2002 as no funds were received in 2002 and supplies received in 2002 were used in 2003 only.

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

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.

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	1,352,282	1,379,137	1,407,570	1,436,003	1,465,010	1,494,603	1,525,794	
Infants' deaths	81,143	82,748	84,454	86,160	87,190	89,676	91,488	
Surviving infants	1,271,239	1,296,389	1,323,116	1,349,843	1,377,110	1,404,927	1,433,307	
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	894,863	914,545	1,023,186	1,148,802	1,170,544	1,264,434	1,289,976	
NEW VACCINES								
Infants vaccinated with Hepatitis B	-	-	0	240,383	842,791	1,264,434	1,289,976	
Wastage rate of ** (new vaccine)								

INJECTION SAFETY							
Pregnant women vaccinated with TT	855,811	904,732	1,000,513	1,148,802	1,101,688	1,194,188	1,289,976
Infants vaccinated with BCG	958,259	961,090	1,063,081	1,148,802	1,239,399	1,264,434	1,289,976
Infants vaccinated with Measles	913,288	918,088	996,392	1,148,802	1,170,544	1,264,434	1,289,976

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

** Indicate actual wastage rate obtained in past years

→ 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.

Myanmar has committed itself to measles mortality reduction by 50% by 2005 compared to 1999. One of the strategies to achieve this is 90% routine coverage for measles by 2005. Therefore Hep B and DTP3 routine coverage should also reach 90% by 2005.

3.2 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.

Increase in Hep B vaccine and AD syringes/Safety boxes is a revised request for consideration based on increased coverage.

Table 3: Estimated number of doses of *Hepatitis B* vaccine

		Formula	For year 2004
A	Number of children to receive new vaccine		842,791
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	$A \times B / 100 \times C$	2,528,374
E	Estimated wastage factor	(see list in table 3)	1.33 and 1.05
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	3,327,340
G	Vaccines buffer stock	$F \times 0.25$	831,835
H	Anticipated vaccines in stock at start of year		
I	Total vaccine doses requested	$F + G - H$	4,159,175
J	Number of doses per vial	6 dose	133,108 vials
		1 dose	33,185 vials
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	3,696,230
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	41,028

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 3 : 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

	Formula	For year 2004	For year 2005
A	#	1,239,399	1,264,434
B	#	1	1
C	A x B	1,239,399	1,264,434
D	C x 1.11	1,375,733	1,403,522
E	D x 0.25	343,933	350,881
F	D + E	1,719,666	1,754,403
G	#	20	20
H	Either 2 or 1.6	2	2
I	$C \times H \times 1.11 / G$	137,573	140,352
J	$(F + I) \times 1.11 / 100$	20,615	21,032

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

	Formula	For year 2004	For year 2005
A	#	1,170,544	1,264,434
B	#	3	3
C	A x B	3,511,631	3,793,303
D	C x 1.11	3,897,910	4,210,566

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

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 hypophilled vaccines. Write zero for other vaccines.

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

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).

E	AD syringes buffer stock ⁵	$D \times 0.25$	974,477	1,052,642
F	Total AD syringes	$D + E$	4,872,387	5,263,208
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	54,083	58,422

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

		Formula	For year 2004	For year 2005
A	Target of children for measles vaccination ⁷	#	1,170,544	1,264,434
B	Number of doses per child	#	1	1
C	Number of doses	$A \times B$	1,170,545	1,264,435
D	AD syringes (+10% wastage)	$C \times 1.11$	1,299,304	1,403,523
E	AD syringes buffer stock ⁸	$D \times 0.25$	324,826	350,881
F	Total AD syringes	$D + E$	1,624,130	1,754,404
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	207,889	224,564
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	20,335	21,967

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

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

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 for TT vaccination ¹⁰	#	1,101,688	1,194,188
B Number of doses per pregnant woman	#	2	2
C Number of doses	A x B	2,203,376	2,388,376
D AD syringes (+10% wastage)	C x 1.11	2,445,747	2,651,097
E AD syringes buffer stock ¹¹	D x 0.25	611,437	662,774
F Total AD syringes	D + E	3,057,184	3,313,872
G Number of doses per vial	#	20	20
H Vaccine wastage factor ⁴	Either 2 or 1.6	1.6	
I Number of reconstitution ¹² syringes (+10% wastage)	C x H x 1.11 / G	0	0
J Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	33,935	36,784

8: 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	1,719,666	1,754,403	
for other vaccines	9,553,702	10,331,483	
Total of reconstitution syringes	345,462	364,916	
Total of safety boxes	128,969	138,204	

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

Because of introduction of AD syringes throughout the country during Supplementary Immunization Activities for MNT and measles it is

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).

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

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*

The ICC has endorsed the Annual Report. Transfer of funds for strengthening immunization services is becoming an urgent matter.

7. Signatures

For the Government of the Union of Myanmar

Signature: 

DR. WANN MAUNG
Director General

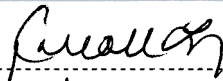
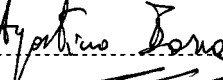

Title: Dr. Wann Maung, Director General, Department of Health and Chair of ICC

Date:

19 SEP 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	Ms. Carroll Long	18/9/03					
WHO	Dr. Agostino Borra	15/9/03					
JICA	Mr Takahiro Sasaki	18/9/03					

~ End ~