Global Alliance for Vaccines and Immunisation (GAVI)

APPLICATION FORM FOR COUNTRY PROPOSALS

For Support to:

New and Under-Used Vaccines
Introduction of Pentavalent DTP+HepB+Hib Vaccine

ARMENIA

September 2008

Please return a signed copy of the document to:
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Ivone Rizzo, irizzo@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form.

CONTENTS

SECTION	SUPPORT	PAGE
1. Executive Summary	ALL	2
2. Signatures of the Government and National Coordinating Bodies	ALL	3
3. Immunisation Programme Data	ALL	5
4. Immunisation Services Support (ISS)	ISS	10
5. Injection Safety Support (INS)	INS	12
6. New and Under-Used Vaccine Support (NVS)	NVS	13
7. Additional comments and recommendations from the National Coordinating Body (ICC/HSCC)	ALL	21
8. Documents required for each type of support	ALL	22
Annex 1 – Banking Form	ISS + NVS	23
Annex 2 – Excel Spreadsheet	NVS	

Executive Summary

An overall performance of the national immunization program (NIP), strategies and most policies are in general well in place for routine immunization activities, and are in progress for disease elimination and control objectives- measles/rubella and diphtheria, with polio free status maintained since 2002.

There is high access to immunization services and high overall national coverage; from 2004 to 2005 the number of marzes with reported coverage at any age over 90% increased from 8/11 to 10/11. There is a structure in place for reporting of vaccine doses received and administered, and vaccination coverage. There is an effective structure for disease surveillance and timely "urgent case reporting" from health facility to district or marz, with generally good follow-up of cases reported to district or marz.

Surveillance system performance indicators are monitored on a monthly basis, AEFI and other guidelines are fully revised and implemented.

All injection equipment supplies were found to be reliable and, where observed, injection practices were good, and the vaccine cold chain was generally maintained well. There were no losses from cold chain failure, injection supply stock-outs or cold chain breakdowns in the last 6 months. Work is under-way to develop national guidelines and policy (norms) on injection safety, waste management, and open vial policy.

The health reform process is heading in the right direction at all levels, and there has been a sharp increase in state funding for health in recent years as a result of sound economic and fiscal policy.

While overall immunization coverage is improving, there are still districts reporting less than 80% coverage with DPT3, many of which have high drop-out also. There is still a significant proportion of false contraindications to immunization, especially in Yerevan. Waste management is poor, particularly burning/burying of used syringes/needles in safety boxes, at many health facilities. There are also significant communications challenges facing the immunization programme: Inconsistent and unqualified media commentary and opinions voiced on matters of policy by neuropathologists as well as "popular physicians" have sometimes affected the credibility of health facility staff and the immunization programme in general; similarly, questions raised about the quality of vaccines made in certain countries, sometimes by those with vested interests.

Although Hib disease burden is not thoroughly assessed in Armenia, introduction of Hib-containing Pentavalent vaccine is planned based on WHO position paper of November 2006 and cost-effectiveness of introduction.

Hib vaccine in its Pentavalent presentation will also compensate discontinuation of GAVI support for Hep B along with relieving burden on financing of other antigens and immunization supplies.

2. Signatures of the Government and National Coordinating Bodies

Government and the Inter-Agency Coordinating Committee for Immunisation

The Government of Armenia would like to expand the existing partnership with the GAVI Alliance for the improvement of the infants routine immunisation programme of the country, and specifically hereby requests for GAVI support for new and underused vaccine, namely introduction of Haemophilus influenza type B vaccine through the implementation of the combined DTP-HepB-Hib liquid + lyophilized vaccine (2 dose vials).

The Government of the Republic of Armenia commits itself to developing national immunisation services on a sustainable basis in accordance with the comprehensive Multi-Year Plan presented with this document. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

Table N°6.5 page 21 of this application shows the amount of support in either supply or cash that is required from the GAVI Alliance. Table N°6.4 of page 20 of this application shows the Government financial commitment for the procurement of this new vaccine (NVS support only).

"Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of February. The payment for the first year of co-financed support will be around February 2009".

Minister of Health:

Signature: ……

Name: Harutyun Kushkyan

Date: ……

Minister of Finance:

Signature: ……

Name:

Date: ……

National Coordinating Body - Inter-Agency Coordinating Committee for Immunisation:

We the members of the ICC/HSCC[1] met on the August 20 to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

- The endorsed minutes of this meeting are attached as DOCUMENT NUMBER 4

Name/Title	**Agency/Organisation**	**Signature**
H. Kushkyan / Minister, Chair of ICC	Ministry of Health	
H.Darbinyan / Deputy Minister	Ministry of Health	
S. Barseghyan / Deputy Minister	Ministry of Territorial Management and Substructures Coordination	

[1] Inter-agency coordinating committee or Health sector coordinating committee, whichever is applicable.

F. Berikyan / Deputy Minister	Ministry of Labour and Social Affaires	
L. Rukhkyan / Deputy Minister	Ministry of Agriculture	
B. Yesayan / Deputy Minister	Ministry of Education and Sciense	
A. Parsadanyan / Chief of Medical Departement	Ministry of Defence	
P. Safaryan / Deputy Minister	Mnistry of Finanse and Economy	
R. Harutyunyan / Deputy Head	National Security Service	
V. Gabrielyan / Deputy Head	National Rescue Service of Ministry of Teritorial Managment	
G. Gevorgyan / Member of State Statistic Comitte	National Statistic Service	
A. Vanyan / Chief of SHAEI	Minstry of Health, State Hygienic and Anti-Epidemic Inspectorate	
V. Poghosyan /Head of Health Care Departement	Minstry of Health	
G. Sahakyan / NIP Manager, Secretary of ICC	Ministry of Health, State Hygienic and Anti-Epidemic Inspectorate	
E. Danielyan / Head of WHO Country office	WHO Country Office	
L. Hovakimyan / Manager of Health and Nutrition programmes	UNICEF	
R. Gyurjyan / Executive Manager	VRF	
S. Hayrapetyan / Representative of WB	World Bank/ Yerevan	
R. Jamalyan / Program Managment Specialist	USAID /Armenia	

In case the GAVI Secretariat has queries on this submission, please contact:

Name: Dr. Gayane Sahakyan

Title: National Immunization Programme Manager

Tel No: +374 10 65 03 05

Address: 10 Hovsepyan, Yerevan 0047, Armenia

Fax No: +374 10 65 16 60 …….
Email: epid@ph.am; ph@ph.am …….

The GAVI Secretariat is unable to return documents and attachments to individual countries. Unless otherwise specified, documents may be shared with the GAVI partners and collaborators.

The Inter-Agency Coordinating Committee for Immunisation

Agencies and partners (including development partners and CSOs) supporting immunisation services are co-ordinated and organised through an inter-agency coordinating mechanism (ICC/HSCC). The ICC/HSCC are responsible for coordinating and guiding the use of the GAVI ISS and NVS support. Please provide information about the ICC/HSCC in your country in the spaces below.

Profile of the ICC/HSCC

Name of the ICC/HSCC: **National Inter-Agency Coordination Committee for Immunization**

Date of constitution of the current ICC/HSCC: **September 2006**

Organisational structure (e.g., sub-committee, stand-alone): **Stand-alone**

Frequency of meetings: **Quarterly**

Composition:

Function	**Title / Organization**	**Name**
Chair	Minister of Health	Dr. H. Kushkyan
Deputy chair	Deputy Minister of Health	Dr. H. Darbinyan
Secretary	National Immunization Programme Manager	Dr. G. Sahakyan
Members	Deputy Minister of Territorial Management and Substructures Coordination	S. Barseghyan
	Deputy Minister of Labour and Social Affaires	F. Berikyan
	Deputy Minister of Agriculture	L. Rukhkyan
	Deputy Minister of Education and Sciense	B. Yesayan
	Chief of Medical Department, Ministry of Defence	A. Parsadanyan
	Deputy Mnister of Finanse	P. Safaryan
	Deputy Head, National Security Service	R. Harutyunyan
	Deputy Head, National Rescue Service of Ministry of Teritorial Managment	V. Gabrielyan
	Member of State Statistic	G. Gevorgyan

	Committee, National Statistic Service	
	Chief of State Hygienic and Anti-Epidemic Inspectorate, Minstry of Health	Dr. A. Vanyan
	Head of Health Care Departement, Minstry of Health	Dr. V. Poghosyan
	Head of WHO Country Office	Dr. E. Danielyan
	Manager of Health and Nutrition programmes, UNICEF	Dr. L. Hovakimyan
	Executive Manager, VRF	R. Gyurjyan
	Representative of WB, Yerevan	Dr. S. Hayrapetyan
	Program Managment Specialist, USAID /Armenia	Dr. R. Jamalyan

Major functions and responsibilities of the ICC/HSCC:

1. Immunization Coordination Republican Committee main goals are:

1.1. Reduce morbidity related to vaccine-preventable diseases in the Republic of Armenia through strengthening immunization services

1.2. Reduce mortality due to vaccine-preventable infectious diseases

1.3. Secure high level of protection of population against vaccine-preventable infectious diseases

2. Immunization Coordination Republican Committee implements following functions according to defined goals:

2.1. Exists as superior coordination organ for the development of cooperation between agencies and organizations interested in immunization

2.2. Review juridical-normative act requirements of the Republic of Armenia related to immunization

2.3. Suggest development of national juridical-normative acts related to immunization

2.4. Supervise and coordinate activities of organizations and ministries involved in immunization programme implementation

2.5. Support ministries and organizations in the increasing the effectiveness of their activities related to immunization

2.6. Support involvement of public and non-governmental organizations into immunization

2.7. Review the progress in immunization programme implementation , develop recommendations on how to overcome constraints and omissions

2.8. Develop effective procedures to strengthen immunization programme in the Republic of Armenia, by presenting proposals to the interested ministries and organizations

2.9. Support development of long-term immunization programs and secure its implementation

2.10. Coordinate implementation of immunization programme at National and International level

2.11. Review proposals of the ministries, organizations and regional governmental

authorities related to immunization

2.12. Organize and coordinate immunization information and communication activities

Three major strategies to enhance the ICC/HSCC's role and functions in the next 12 months:

1. Expand ICC membership by involving public sector particularly representatives of NGOs working in immunization.

2. Improve quality of the meetings through following up implementation of ICC recommendations.

3. Ensure regularity of ICC meetings.

3. Immunisation Programme Data

Please complete the tables below, using data from available sources. Please identify the source of the data, and the date. Where possible use the most recent data, and attach the source document.

- Please refer to the Comprehensive Multi-Year Plan for Immunisation (or equivalent plan), and attach a complete copy (with an executive summary) as DOCUMENT NUMBER 1.
- Please refer to the two most recent annual WHO/UNICEF Joint Reporting Forms on Vaccine Preventable Diseases and attach them as DOCUMENT NUMBERS 2 and 3.
- Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.

Table 3.1: Basic facts for the year 2005-2006 (the most recent; specify dates of data provided)

	Figure	Date	Source
Total population	3 219 200	01.01.2006	National Statistical Service of RA
Infant mortality rate (per 1000)	13.9‰	01.01.2006	National Statistical Service of RA
Surviving Infants*	37 499	01.01.2006	National Statistical Service of RA
GNI per capita (US$)	US$ 1524	01.01.2005	National Statistical Service of RA
Percentage of GDP allocated to Health	1.71	2006	cMYP
Percentage of Government expenditure on Health	8.2	2006	cMYP

* Surviving infants = Infants surviving the first 12 months of life

Please provide some additional information on the planning and budgeting context in your country:

Please indicate the name and date of the relevant planning document for health

There is not strategic multi-year plan for health care sector in the Republic of Armenia. With the support of WHO the Ministry of Health of Armenia is going to develop a National Policy as a single comprehensive document defining health sector strategy.

The current national documents which set priorities and define strategies in health care are as following: the Strategy for Maternal and Child Health (MCH) (2003 – 2015), the Poverty Reduction Strategy Paper (2003 – 2015) as well as the Medium Term Expenditures Framework (MTEF) (2007 – 2009). As outlined in these strategic documents, the key objective of the Health Care

system of the country is to ensure sustainable, accessible and good quality health care services for the entire population.

According to the Mother and Child Health Strategy in Armenia 2003-2015, Armenia has mid levels of under 5 mortality rates by WHO classification. In 1990-2003 the UMR has shown definite trends of decline (1990- 23.7‰, 2002- 16.5‰). However during the last years both the Infant Mortality rates and the Under 5 Mortality rates tend to increase.

The Poverty Reduction Strategy Paper (2003 – 2015) provides a significant increase in state-financed health expenditures, particularly on the primary health care level as this is considered the key instrument to ensure physical and financial access to health services for the entire population, especially the poor.

The main goal of the **National Immunization Programme** (2006-2010), approved by the Government Decision N2119 of 9 November 2005, is to decrease through immunization morbidity from preventable infectious diseases and as a result of this to prevent death cases and to secure immunity of the population from infectious diseases.

The objectives of the programme are defined as follows:

- Improvement of immunization process security laws
- Increase, by routine immunization, average level of coverage to 95%
- Increase and maintain, by the year 2007, the level of coverage of routine immunization for all antigens up to 95% at regional level (marz)
- Create specialists working groups for immunization process
- Maintain the territory of the Republic of Armenia free of polio
- Eliminate measles local cases by the year 2009
- Implement surveillance system on rubella and mumps, as well as prevent congenital rubella syndrome (CRS)
- In case of necessity, provide immunization based on epidemic situation
- Supply the Republic with quality vaccine, maintain their quality and secure injection
- Decrease vaccine waste coefficient by not exceeding vaccine waste allowable margin
- Develop the immunization monitoring system
- Provide continuous improvement of healthcare workers in immunization process
- Raise awareness of the population about immunization
- Provide stable financing for National Immunization Programme from Government
- Implementation of the basis of immunization programme in curricula of medical universities, National Institute of Health and medical colleges

Is the cMYP (or updated Multi-Year Plan) aligned with this document (timing, content etc)

The Armenian cMYP, adopted by the Health Minister's order N335-A as of 06.03.2008, is aligned with the National Immunization Programme and covers 2007-2010 time period.

Please indicate the national planning budgeting cycle for health

The MOH drafts and approves the consolidated budget for entire health sector, including the budget of the National Immunization Programme, and submits it to the Ministry of Finance and then to the Government annually in August-September. In October-November the Government submits consolidated budget to the National assembly for discussion and endorsement.

Please indicate the national planning cycle for immunisation

The national planning cycle for Immunization Programme is aligned with the planning cycle for the health sector.

Table 3.2: Current Vaccination Schedule: Traditional, New Vaccines and Vitamin A Supplement *(refer to cMYP pages)*

Vaccine *(do not use trade name)*	**Ages of administration** *(by routine immunisation services)*	**Indicate by an "x" if given in:**		**Comments**
		Entire country	**Only part of the country**	
BCG	At birth, 7 years	X		7 year children are vaccinated only if do not have post vaccination scar.
HepB	At birth, 1.5 - 6 months	X		
DTP	3 – 4.5 – 6, 18 months	X		
Polio	3-4.5-6, 18, 20 months, 6 year	X		
MMR	12 months, 6 year	X		
Td	6, 16, 26,36,46,56 years	X		

Table 3.3: Trends of immunisation coverage and disease burden
(as per last two annual WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases)

Trends of immunisation coverage (in percentage)						**Vaccine preventable disease burden**		
Vaccine		**Reported**		**Survey**		**Disease**	**Number of reported cases**	
		2006	**2007**	**2006**	**200…**		**2006**	**2007**
BCG		90.4	94	96		Tuberculosis*	1613	1534
DTP	DTP1			93.1		Diphtheria	0	0
	DTP3	86.8	87.6	60.4		Pertussis	2	1
Polio 3		87.4	90.0	58.0		Polio	0	0
Measles (first dose)		91.9	92.0	80.3		Measles	137	1
TT2+ (Pregnant women)		NA	NA	NA		NN Tetanus	0	0
Hib3		NA	NA	NA		Hib **	ND	ND
Yellow Fever		NA	NA	NA		Yellow fever	0	0
HepB3		78.1	85.0	78.5		hepB sero-prevalence*	92	85
Vit A supplement	Mothers (<6 weeks post-delivery)	NA	NA	NA				
	Infants (>6 months)	NA						

* If available
** Note: JRF asks for Hib meningitis

If survey data is included in the table above, please indicate the years the surveys were conducted, the full title and if available, the age groups the data refers to:

IMMUNIZATION COVERAGE SURVEY, REPUBLIC OF ARMENIA, JULY 20006

ELIGIBLE AGE GROUPS ; CHILDREN AGED 18-41 MONTHS OF AGE.

Table 3.4: Baseline and annual targets *(refer to cMYP pages)*

Number		Baseline and targets					
		Year 1 2007	Year 2 2008	Year 3 2009	Year 4 2010	Year 5 2011	
Births		38,928	39,122	39,318	39,515		
Infants' deaths		968	934	900	865		
Surviving infants		37,766	37,994	38,223	38,453		
Pregnant women		50,354	50,606	50,859	51,114		
Target population vaccinated with BCG		36,797	37,371	37,949	38,532		
BCG coverage*		95%	96%	97%	98%		
Target population vaccinated with OPV3		35,635	36,203	36,775	37,745		
OPV3 coverage**		92%	93%	94%	96%		
Target population vaccinated with DTP3***		34,861	35,814	36,384	37,352		
DTP3 coverage**		90%	92%	93%	95%		
Target population vaccinated with DTP1***		38,734	38,928	39,122	39,318		
Wastage[2] rate in base-year and planned thereafter		10%	8%	7%	5%		
Target population vaccinated with **3rd dose** of Hib……..				35,210	37,352		
Hib…… Coverage**				90%	95%		
Target population vaccinated with **1st dose** of Hib……..				39,122	39,318		
Wastage[1] rate in base-year and planned thereafter				10%	5%		
Target population vaccinated with **1st dose** of Measles		38,734	38,928	39,122	39,318		
Target population vaccinated with **2nd dose** of Measles		34,860	35,814	39,122	36,383		
Measles coverage**		90%	92%	93%	94%		
Pregnant women vaccinated with TT+		NA	NA	NA	NA		
TT+ coverage****							
Vit A supplement	NA	NA	NA	NA	NA		
	NA	NA	NA	NA	NA		
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100		10%	8%	7%	5%		
Annual Measles Drop out rate (for countries applying for YF)							

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

[2] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check **table α** after Table 7.1.

Table 3.5: Summary of current and future immunisation budget *(or refer to cMYP pages)*

	Estimated costs per annum in US$ (,000)					
Cost category	**Base year 2005**	**Year 1 2007**	**Year 2 2008**	**Year 3 2009**	**Year 4 2010**	**Year 5 2011**
Routine Recurrent Cost						
Vaccines (routine vaccines only)	$339,914	$430,405	$303,854	$749,441	$676,316	
Traditional vaccines	$96,876	$267,839	$137,270	$72,377	$74,174	
New and underused vaccines	$243,038	$162,565	$166,584	$677,064	$602,142	
Injection supplies	$41,488	$72,888	$74,483	$75,289	$77,440	
Personnel	$105,193	$110,558	$119,546	$125,643	$132,051	
Salaries of full-time NIP health workers (immunisation specific)	$90,299	$94,904	$99,744	$104,831	$110,177	
Per-diems for outreach vaccinators / mobile teams	$14,894	$15,654	$19,802	$20,812	$21,873	
Transportation	$11,300	$19,785	$29,716	$36,117	$42,544	
Maintenance and overheads	$204,958	$227,687	$235,972	$240,691	$244,234	
Training	$15,400	$59,568	$178,481	$96,061	$63,214	
Social mobilisation and IEC	$6,900	$100,000	$26,000	$15,000	$15,300	
Disease surveillance	$44,500	$70,000	$50,000	$50,000	$50,000	
Program management	$42,824	$114,800	$113,157	$69,857	$67,857	
Other	$0	$0	$0	$0	$0	
Subtotal Recurrent Costs	**$812,477**	**$1,205,691**	**$1,235,248**	**$1,458,098**	**$1,368,955**	
Routine Capital Costs						
Vehicles	$0	$29,749	$124,848	$267,424	$259,784	
Cold chain equipment	$0	$123,787	$15,107	$0	$0	
Other capital equipment	$380	$0	$0	$0	$0	
Subtotal Capital Costs	**$380**	**$153,537**	**$139,955**	**$267,424**	**$259,784**	
Campaigns						
Polio			$272,609			
Measles		$1,722,443				
Yellow Fever						
MNT campaigns						
Other campaigns /Rubella/			$364,826			
Subtotal Campaign Costs		**$1,722,443**	**$637,434**			

GRAND TOTAL	**$1,383,542**	**$3,681,132**	**$2,544,013**	**$1,936,231**	**$1,951,091**	

Please list in the tables below the funding sources for each type of cost category (if known). Please try and indicate which immunisation program costs are covered from the Government budget, and which costs are covered by development partners (or the GAVI Alliance), and name the partners.

Table 3.6: Summary of current and future financing and sources of funds *(or refer to cMYP)*

		Estimated financing per annum in US$ (,000)					
Cost category	**Funding source**	**Base year 2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Routine Recurrent Cost		***$ 1.161.646***	***$ 1.063.905***	***$ 1.327.351***	***$ 1.102.151***		
1.	1. Government	**$ 598,351**	**$ 478,780**	**$ 524,331**	**$ 577,431**		
2.	2. WHO	**$ 193,300**	**$ 118,300**	**$ 100,000**	**$ 100,000**		
3.	3. UNICEF	**$ 97,971**	**$ 138,076**	**$ 68,203**	**-**		
4.	4. GAVI Fund – Vaccines	**$ 44,193**	**$ 123,599**	**$ 485,000**	**$ 414,000**		
5.	5. GAVI Fund – HSS	**-**	**$ 83.280**	**$ 15.700**	**$ 10.720**		
6.	6. VRF	**$ 227,831**	**$ 121,870**	**$ 134,117**	**-**		
Routine Capital Costs		***$ 1.060.936***	***$ 84.000***				
1.	1. GAVI Fund – HSS	**-**	**$ 84.000**				
1.	1. VRF	**$ 1.060.936**	-				
Campaigns		***$ 1.679.222***	***$ 100.000***				
1.	1. Government	**$ 59,700**	**$ 100.000**				
2.	2. WHO	**$ 551,311**	**-**				
3.	3. UNICEF	**$ 720,711**	-				
4.	4. ANMF	**$ 180.000**	-				
5.	5. VRF	**$ 167,500**	-				
GRAND TOTAL		**$ 3.901.804**	**$ 1.247.905**	**$ 1.327.351**	**$ 1.102.151**		

4. Immunisation Services Support (ISS)

Please indicate below the total amount of funds you expect to receive through ISS:

Table 4.1: Estimate of fund expected from ISS

	Base Year	**Year 1 20…**	**Year 2 20…**	**Year 3 20…**	**Year 4 20…**	**Year 5 20…**
DTP3 Coverage rate						
Number of infants reported / planned to be vaccinated with DTP3 (as in Table 3.4)						

Number of *additional* infants that annually are reported / planned to be vaccinated with DTP3						
Funds expected ($20 per additional infant)						

* Projected figures
** As per duration of the cMYP

If you have received ISS support from GAVI in the past, please describe below any major lessons learned, and how these will affect the use of ISS funds in future.

Please state what the funds were used for, at what level, and if this was the best use of the flexible funds; mention the management and monitoring arrangements; who had responsibility for authorising payments and approving plans for expenditure; and if you will continue this in future.

Major Lessons Learned from Phase 1	**Implications for Phase 2**
1.	
2.	
3.	
4.	
5.	
6.	

If you have not received ISS support before, please indicate:

a) when you would like the support to begin:

b) when you would like the first DQA to occur:

c) how you propose to channel the funds from GAVI into the country:

d) how you propose to manage the funds in-country:

e) who will be responsible for authorising and approving expenditures:

- Please complete the banking form (annex 1) if required

5. Injection Safety Support

- Please attach the National Policy on Injection Safety including safe medical waste disposal (or reference the appropriate section of the Comprehensive Multi-Year Plan for Immunisation), and confirm the status of the document: DOCUMENT NUMBER……

- Please attach a copy of any action plans for improving injection safety and safe management of sharps waste in the immunisation system (and reference the Comprehensive Multi-Year Plan for Immunisation). DOCUMENT NUMBER……

Table 5.1: Current cost of injection safety supplies for routine immunisation

Please indicate the current cost of the injection safety supplies for routine immunisation.

	Annual requirements		***Cost per item (US$)***		***Total Cost (US$)***
Year	***Syringes***	***Safety Boxes***	***Syringes***	***Safety Boxes***	
20…					

Table 5.2: Estimated supply for safety of vaccination with …….. vaccine

(Please use one table for each vaccine BCG(1 dose), DTP(3 doses), TT(2 doses) [1], Measles(1 dose) and Yellow Fever(1 dose), and number them from 5.1 to 5.5)

		Formula	**Year 1 20…**	**Year 2 20…**	**Year 3 20…**	**Year 4 20…**	**Year 5 20…**
A	Number of children to be vaccinated [2]	*#*					
B	Percentage of vaccines requested from GAVI [3]	*%*					
C	Number of doses per child	*#*					
D	Number of doses	*A x B/100 x C*					
E	Standard vaccine wastage factor [4]	*Either 2.0 or 1.6*					
F	Number of doses (including wastage)	*A x B/100 x C x E*					
G	Vaccines buffer stock [5]	*F x 0.25*					
H	Number of doses per vial	*#*					
I	Total vaccine doses	*F + G*					
J	Number of AD syringes (+ 10% wastage) requested	*(D + G) x 1.11*					
K	Reconstitution syringes (+ 10% wastage) requested [6]	*I / H x 1.11*					
L	Total of safety boxes (+ 10% of extra need) requested	*(J + K) / 100 x 1.11*					

[1] GAVI supports the procurement of AD syringes to deliver two doses of TT to pregnant women. If the immunisation policy of the country includes all Women in Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of two doses for Pregnant Women (estimated as total births)
[2] To insert the number of infants that will complete vaccinations with all scheduled doses of a specific vaccine.
[3] Estimates of 100% of target number of children is adjusted if a phased-out of GAVI/VF support is intended.
[4] A standard wastage factor of 2.0 for BCG and of 1.6 for DTP, Measles, TT, and YF vaccines is used for calculation of INS support
[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 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.
[6] It applies only for lyophilized vaccines; write zero for other vaccines.

- If you do not intend to procure your supplies through UNICEF, please provide evidence that the alternative supplier complies with WHO requirements by attaching supporting documents as available.

6. New and Under-Used Vaccines (NVS)

Please give a summary of the cMYP sections that refer to the introduction of new and under-used vaccines. Outline the key points that informed the decision-making process (data considered etc):

The alternative scenario of cMYP assumes that country introduces a new DTP-Hib-HepB vaccine in 2009. In case of introduction of the new pentavalent vaccine, the procurement of one dose of DTP traditional vaccine and one dose of Hep B vaccine will be required.

Armenia is considered under the group of "least poor countries" and expected co-payment level for the pentavalent vaccine is $ 0.30 and $ 0.345 in 2009 and 2010 respectively.

A comparison of future resource requirements on vaccines between the baseline and alternative scenarios shows that alternative scenario requires more resources for vaccine supply and logistics than the baseline; due to the introduction of new DTP-Hib-Hep B vaccine future resource requirements increase from $ 1.936.231 to $ 2.393.002 in 2009 and from $ 1.951.091 to $ 2.329.912 in 2010. The difference in the resource requirements between the above mentioned two scenarios is presented in table below.

Table 1: Comparison of future resource requirements on vaccine supply and logistics by scenarios and years

		2009		2010
Baseline scenario	$	1.936.231	**$**	**1.951.091**
Alternative scenario	$	2.393.002	**$**	**2.329.912**
Difference (in $US)	$	456.772	**$**	**378.821**
As % of the baseline		24		**19**

It is important to highlight that introduction of the new vaccine besides of extra resources on vaccine purchase will increase requirements for social mobilization, trainings, program management and also may be for new cold chain equipment.

Due to several problems information on the burden of Hib disease is limited and data are difficult to interpret. However, according to WHO position, the lack of local data on disease burden should not delay the introduction of Hib vaccines, especially in countries where overwhelming regional evidence points to a high burden. In such countries, data from comparable neighbouring areas should be considered sufficient evidence of the local situation. Taking into account all above mentioned as well as the efficacy and effectiveness of Hib vaccine against invasive disease, which have been clearly demonstrated in all parts of the world where such vaccines have become part of routine childhood immunization program, the Government of Armenia is proposing to introduce the Pentavalent vaccine in its routine EPI with GAVI fund support starting in July 2009

Please summarise the cold chain capacity and readiness to accommodate new vaccines, stating how the cold chain expansion (if required) will be financed, and when it will be in place. Please use attached excel annex 2a (Tab 6) on the Cold Chain. Please indicate the additional cost, if capacity is not available and the source of funding to close the gap

An EVSM assessment conducted in 2005 recommended reorganization and refurbishment of the national cold store, install safe and efficient equipment of adequate capacity, organize and use adequately packing/unpacking areas to allow respecting standard operating procedures, making inventories and ensure safe conditions of work.

Table 6.1: Capacity and cost (for positive storage) (*Refer to Tab 6 of Annex 2a or Annex 2b)*

		Formula	Year 1 2009	Year 2 2010	Year 3 20…	Year 4 20…	Year 5 20…
A	Annual ***positive*** volume requirement, including new vaccine (specify: DTP-HepB-Hib) litres[3]	*Sum-product of total vaccine doses multiplied by unit packed volume of the vaccine*	18,403	13,891.5			
B	Annual ***positive*** capacity, including new vaccine (specify: DTP-HepB-Hib) litres[3]	#	50,011.5	50,011.5			
C	Estimated minimum number of shipments per year required for the actual cold chain capacity	*A / B*	1	1			
D	Number of consignments / shipments per year	*Based on national vaccine shipment plan*	2	2			
E	Gap (if any)	*((A / D) - B)*	0	0			
F	Estimated cost for expansion	*US $*	$0	$0			

Please briefly describe how your country plans to move towards attaining financial sustainability for the new vaccines you intend to introduce, how the country will meet the co-financing payments, and any other issues regarding financial sustainability you have considered (refer to the cMYP):

This exercise revealed that even if secured and probable financing materializes Armenian NIP will have resource gaps from 2007 and beyond. Furthermore, the current funding gap for next years will not allow the program to cover essential activities like trainings, and polio and rubella campaigns, which are included in the plan. Therefore, extra resources for the immunization program are needed to maintain the program at current and planned level. It is important to mention that immunization is an inexpensive program that only costs around 20 cents in per capita terms (including vaccines, injections, and operational costs).

If the government would fully finance the immunization program (assuming no donor support) the total cost of the program will only represent approximately 1.1 % of the government health budget and 0.3% of total health expenditures. Figures and tables below present some indicators regarding the financial requirements of the immunization program.

Figure 20: Sustainability Analysis

[3] Use results from table 5.2. Make the sum-product of the total vaccine doses row (I) by the unit packed volume for each vaccine in the national immunisation schedule. All vaccines are stored at positive temperatures (+5°C) except OPV which is stored at negative temperatures (-20°C).

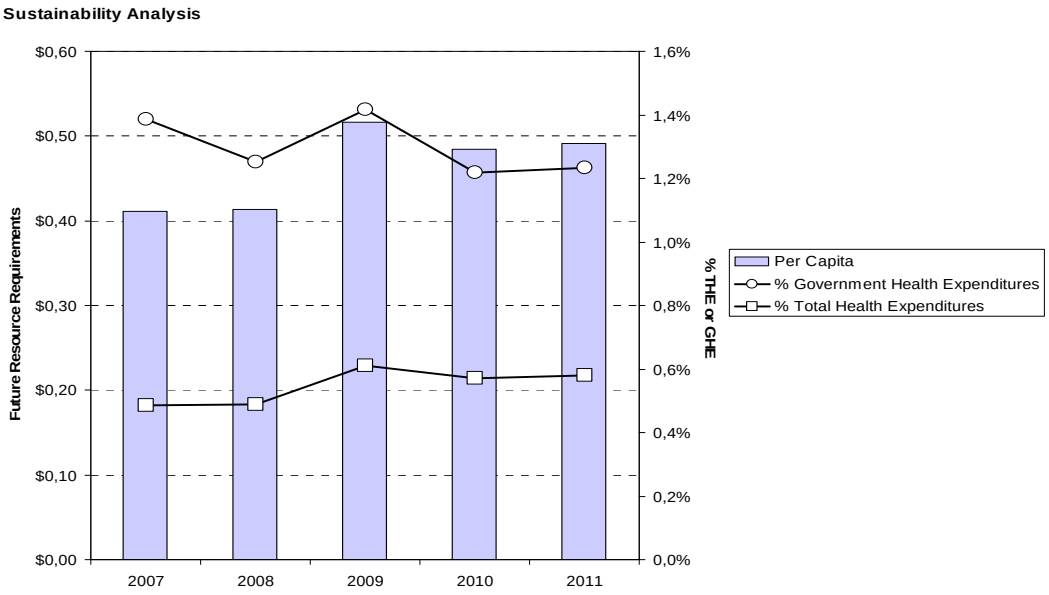

Table 15: Macroeconomic and Sustainability indicators

Macroeconomic and Sustainability Indicators	**2007**	**2008**	**2009**	**2010**
Per capita GDP ($)	$2,084	$2,387	$2,595	$2,819
Total health expenditures per capita (THE per capita $)	$84.7	$84.7	$84.7	$84.7
Population	$3,310,614	$3,327,167	$3,343,803	$3,360,522
GDP ($)	$6,899,751,962	$7,942,527,086	$8,675,715,424	$9,472,289,302
Total Health Expenditures (THE $)	$280,430,620	$281,832,773	$283,241,937	$284,658,146
Government Health Expenditures (GHE $)	$98,150,717	$109,914,781	$121,794,033	$133,789,329
Resource Requirements for Immunization				
Routine and Campaigns	$3,978,105	$1,918,838	$1,501,172	$1,409,043
Routine Only ($)	$2,255,662	$1,281,404	$1,501,172	$1,409,043
per DTP3 child ($)	$74.7	$39.7	$43.6	$38.6
% Total Health Expenditures				
Resource Requirements for Immunization				
Routine and Campaigns	1.4%	0.7%	0.5%	0.5%
Routine Only	0.8%	0.5%	0.5%	0.5%
Funding Gap				
With Secure Funds Only	0.4%	0.4%	0.2%	0.1%
With Secure and Probable Funds	0.0%	0.2%	0.1%	0.1%
% Government Health Expenditures				
Resource Requirements for Immunization				
Routine and Campaigns	4.1%	1.7%	1.2%	1.1%
Routine Only	2.3%	1.2%	1.2%	1.1%
Funding Gap				
With Secure Funds Only	1.2%	1.1%	0.4%	0.3%
With Secure and Probable Funds	0.1%	0.6%	0.1%	0.2%
% GDP				
Resource Requirements for				

Immunization				
Routine and Campaigns	0.06%	0.02%	0.02%	0.01%
Routine Only	0.03%	0.02%	0.02%	0.01%
Per Capita				
Resource Requirements for Immunization				
Routine and Campaigns	$1.20	$0.58	$0.45	$0.42
Routine Only	$0.68	$0.39	$0.45	$0.42

The main strategy for financial sustainability of the program should be based on prioritization of immunization program by the government and increasing domestic financial allocations towards the program. In average 0.9% of the state health care budget is enough to ensure financial sustainability of the NIP. Tenacious efforts of the ICC will be needed to advocate for and convince the government in the necessity of increasing government's spending on immunization at the indicated level.

Table 6.2: Assessment of burden of relevant diseases *(if available)*:

Disease	Title of the assessment	Date	Results

If new or under-used vaccines have already been introduced in your country, please give details of the lessons learnt from storage capacity, protection from accidental freezing, staff training, cold chain, logistics, drop out rate, wastage rate etc., and suggest solutions to address them:

Lessons Learned	Solutions / Action Points
Health staff, including medical professionals and vaccination personnel, need advance training on new vaccines.	Specific training to health staff to be conducted prior to new vaccine introduction. This should be complemented by relevant and effective advocacy and communication activities.
The capacity of cold chain was sufficient for Hep B (single dose presentation) and MMR (single dose presentation) vaccines introduction throughout the country.	
Advocacy, communication and social mobilization activities were conducted, but more emphasis should be given to explain about vaccine safety and benefits.	Elaborate proper IEC materials for caretakers (parents, mothers)

Please list the vaccines to be introduced with support from the GAVI Alliance (and presentation):

Republic of Armenia is applying for support in introduction of pentavalent DTP - HepB -Hib combined liquid +lyophilized vaccine in 2 doses vial presentation.

First Preference Vaccine

As reported in the cMYP, the country plans to introduce Hib *(antigen)* vaccinations, using DTP+HepB+Hib pentavalent vaccine, in 2 dose presentation *(n° of doses per vial) liquid + lyophilized (lyophilized or liquid)* form.

Please refer to the excel spreadsheet Annex 2a or Annex 2b (for Rotavirus and Pneumo vaccines) and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 2a or Annex 2b, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose[4].
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 6.3 below, using the population data (from Table 3.4 of this application) and the price list and co-financing levels (in Tables B, C, and D of Annex 2a or Annex 2b).
- Then please copy the data from Annex 2a or 2b (Tab "Support Requested") into Tables 6.4 and 6.5 (below) to summarize the support requested, and co-financed by GAVI and by the country.
- Please submit the electronic version of the excel spreadsheets Annex 2a or 2b together with the application

Table 6.3: Specifications of vaccinations with new vaccine

Vaccine: DTP+HepB+Hib	*Use data in:*		**Year 1 2009**	**Year 2 2010**	**Year 3 20…**	**Year 4 20…**	**Year 5 20…**
Number of children to be vaccinated with the third dose	*Table 3.4*	#	35,210	37,352			
Target immunisation coverage with the third dose	*Table 3.4*	#	90%	95%			
Number of children to be vaccinated with the first dose	*Table 3.4*	#	39,122	39,318			
Estimated vaccine wastage factor	*Annex 2a or 2b Table E - tab 5*	#	1.11	1.11			
Country co-financing per dose *	*Annex 2a or 2b Table D - tab 4*	$	0.30	0.35			

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 6.4: Portion of supply to be co-financed by the country (and cost estimate, US$)

		Year 1 2009	**Year 2 2010**	**Year 3 20…**	**Year 4 20…**	**Year 5 20…**

[4] *Table D1 should be used for the first vaccine, with tables D2 and D3 for the second and third vaccine co-financed by the country*

Number of vaccine doses	#	13.017	13.708			
Number of AD syringes	#	13.303	13.710			
Number of re-constitution syringes	#	7.224	7.608			
Number of safety boxes	#	147	153			
Total value to be co-financed by country	**$**	48.770	45.796			

Table 6.5: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		Year 1 2009	**Year 2 2010**	**Year 3 20…**	**Year 4 20…**	**Year 5 20…**
Number of vaccine doses	#	149.828	117.384			
Number of AD syringes	#	153.124	117.400			
Number of re-constitution syringes	#	83.155	65.148			
Number of safety boxes	#	2.623	2.026			
Total value to be co-financed by GAVI	**$**	562.311	392.900			

- Please refer to http://www.unicef.org/supply/index_gavi.html for the most recent GAVI Alliance Vaccine Product Selection Menu, and review the GAVI Alliance NVS Support Country Guidelines to identify the appropriate country category, and the minimum country co-financing level for each category.

Second Preference Vaccine

If the first preference of vaccine is in limited supply or currently not available, please indicate below the alternative vaccine presentation

Not applicable.

- Please complete tables 6.3 – 6.4 for the new vaccine presentation
- Please complete the excel spreadsheets Annex 2a or Annex 2b for the new vaccine presentation and submit them alongside the application.

Procurement and Management of New and Under-Used Vaccines

a) Please show how the support will operate and be managed including procurement of vaccines (GAVI expects that most countries will procure vaccine and injection supplies through UNICEF):

This support will operate through the usual GAVI-UNICEF collaboration mechanisms. The agreement on incorporating the pentavalent vaccine into procurement plans for Armenia has already been achieved with UNICEF and will be formalized once this application for support is approved by GAVI Board.

b) If an alternative mechanism for procurement and delivery of supply (financed by the country or the GAVI Alliance) is requested, please document:

- *Other vaccines or immunisation commodities procured by the country and description of the mechanisms used.*
- *The functions of the National Regulatory Authority (as evaluated by WHO) to show they comply with WHO requirements for procurement of vaccines and supply of assured quality.*

No alternative mechanism for procurement and delivery of vaccine is requested. The current system of procuring routine vaccines through UNICEF is well-functional and effective.

c) Please describe the introduction of the vaccines (refer to cMYP)

The enclosed detailed vaccine introduction plan describes the introduction of pentavalent Hib vaccine with the goal to reduce morbidity and mortality associated with Hib related diseases.

In order to achieve the objective of vaccinating all infants (by age 12 months) with 3 doses of pentavalent (DPT-HepB-Hib) vaccine, attaining coverage of 95% at the national level and at least 90% at district level by the year 2010. The strategies are identified and presented in detail in the attached introduction plan.

d) Please indicate how *funds* should be transferred by the GAVI Alliance (if applicable)

GAVI will pay directly to UNICEF Supply Division for procurement of vaccines and injection and injection safety materials.
GAVI funds to facilitate the introduction of pentavalent vaccine should be transferred to the account opened specially for pentavalent introduction.
Implementation mechanism of these funds is elaborated in the vaccine introduction plan. Reports on funds implementation will be submitted for review at ICC meetings semiannually.

e) Please indicate how the co-financing amounts will be paid (and who is responsible for this)

The co-financing amount will be transferred to UNICEF Supply Division by the Ministry of Health of Armenia. The payment mechanism exists and is well-functioning.

f) Please outline how coverage of the new vaccine will be monitored and reported (refer to cMYP)

Monitoring of the pentavalent vaccine coverage will be incorporated into routine coverage monitoring systems on a monthly basis once the vaccine is introduced. .

The monitoring and supervision tools will be reviewed to incorporate specificities pertaining to the new vaccine. The monitoring system will include the proportion of children who complete the pentavalent primary series of three doses by 12 months of age, checking implementation of true contraindications, safe administration, timely vaccination, quality of vaccine storage, safe waste management.

In April each year the coverage will be reported in the MOH-WHO-UNICEF Joint Reporting Form and in May each year it will be reported as well in the GAVI Annual Progress Report.

New and Under-Used Vaccine Introduction Grant

Table 6.5: calculation of lump-sum

Year of New Vaccine introduction	N° of births (from table 3.4)	Share per birth in US$	Total in US$
2009	39,318	$ 0.30	$ 528,500

Please indicate in the tables below how the one-time Introduction Grant[5] will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP).

Table 6.6: Cost (and finance) to introduce the first preference vaccine (US$)

Cost Category	Full needs for new vaccine introduction	Funded with new vaccine introduction grant
	US$	**US$**
Training	**33 000**	**33 000**
Social Mobilization, IEC and Advocacy	**20 000**	**20 000**
Cold Chain Equipment & Maintenance	**10 000**	**10 000**
Vehicles and Transportation	**10 000**	**10 000**
Programme Management	**8 000**	**8 000**
Surveillance and Monitoring	**3 000**	**3 000**
Human Resources	**7 000**	**7 000**
Waste Management	**1 000**	**1 000**
Technical assistance	**8 000**	**8 000**
Total	**100 000**	**100 000**

- Please complete the banking form (annex 1) if required

[5] The Grant will be based on a maximum award of $0.30 per infant in the birth cohort with a minimum starting grant award of $100,000

Please complete a table similar to the one above for the second choice vaccine (if relevant) and title it **Table 6.7: Cost (and finance) to introduce the second preference vaccine (US$) Not applicable**

7. Additional comments and recommendations from the National Coordinating Body (ICC/HSCC)

8. Documents required for each type of support

Type of Support	Document	DOCUMENT NUMBER	Duration *
ALL	WHO / UNICEF Joint Reporting Form (last two)	2 and 3	2006 – 2007
ALL	Comprehensive Multi-Year Plan (cMYP)	1	2007-2010
ALL	Endorsed minutes of the National Coordinating Body meeting where the GAVI proposal was endorsed	4	2008
ALL	Endorsed minutes of the ICC/HSCC meeting where the GAVI proposal was discussed	5	2008
ALL	Minutes of the three most recent ICC/HSCC meetings	6	2007-2008
ALL	ICC/HSCC workplan for the forthcoming 12 months		
Injection Safety	National Policy on Injection Safety including safe medical waste disposal (if separate from cMYP)		
Injection Safety	Action plans for improving injection safety and safe management of sharps waste (if separate from cMYP)		
Injection Safety	Evidence that alternative supplier complies with WHO requirements (if not procuring supplies from UNICEF)		
New and Under-used Vaccines	Plan for introduction of the new vaccine (if not already included in the cMYP)	7	2008-2009

** Please indicate the duration of the plan / assessment / document where appropriate*

ANNEX 1

Banking Form

SECTION 1 ***(To be completed by payee)***

In accordance with the decision on financial support made by the GAVI Alliance dated . . . . . , the Government of . . . . . .
hereby requests that a payment be made, via electronic bank transfer, as detailed below:

Name of Institution: *(Account Holder)*		
Address:		
City – Country:		
Telephone No.:	**Fax No.:**	
Amount in USD:	(To be filled in by GAVI Secretariat)	**Currency of the bank account:**
For credit to: ***Bank account's title***		
Bank account No.:		
At: ***Bank's name***		

Is the bank account exclusively to be used by this program? **YES ( ) NO ( )**

By whom is the account audited? .....

Signature of Government's authorizing official:
By signing below, the authorizing official confirms that the bank account mentioned above is known to the Ministry of Finance and is under the oversight of the Auditor General.

Name:		**Seal:**
Title:		
Signature:		
Date:		
Address and Phone number		
Fax number		
Email address:		

SECTION 2 ***(To be completed by the Bank)***

FINANCIAL INSTITUTION		CORRESPONDENT BANK (*In the United States)*
Bank Name:		
Branch Name:		
Address:		
City – Country:		
Swift code:		
Sort code:		
ABA No.:		
Telephone No.:		
Fax No.:		
Bank Contact Name and Phone Number:		

I certify that the account No. . . . . is held by *(Institution name)* . . . . . .at this banking institution.

The account is to be signed jointly by at least …… *(number of signatories)* of the following authorized signatories:	**Name of bank's authorizing official:**
1 Name:	**Signature:**
Title:	**Date:**
2 Name:	**Seal:**
Title:	
3 Name:	
Title:	
4 Name:	
Title:	

COVERING LETTER

(To be completed by UNICEF representative on letter-headed paper)

TO: GAVI Alliance – Secretariat
Att. Dr Julian Lob-Levyt
Executive Secretary
C/o UNICEF
Palais des Nations
CH 1211 Geneva 10
Switzerland

On the …… I received the original of the BANKING DETAILS form, which is attached.

I certify that the form does bear the signatures of the following officials:

	Name	Title
Government's authorizing official	.....	.....
Bank's authorizing official	.....	.....

Signature of UNICEF Representative:

Name .....

Signature .....

Date .....

CLARIFICATIONS RECEIVED AFTER THE REVIEW:

Clarifications on Armenian Pentavalent Hib vaccine introduction Application Form

1. Which financial projection/analyses are correct considering discrepancies discovered across proposal documents during the review?

Clarification: The financial data were revised in details. Some wrong figures were identified and changed. For example, in Table 3.6 the funds approved in the scope of GAVI HSS were incorrect. All such miscalculations are corrected.

According to the Health Minister's order (prikaz) in December a working group was formed to prepare new cMYP covering 2011-2015 time period. It was decided to do not change the current document (cMYP). Therefore, the calculations provided in the respective tables in the NUVI Application form are correct and up-to-date and should be used as a reference point.

The table below contains corrected figures and the respective table in the Application Form as well was adjusted in accordance with these changes.

Table 3.6: Summary of current and future financing and sources of funds *(or refer to cMYP)*

		Estimated financing per annum in US$					
Cost category	**Funding source**	**Base year 2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Routine Recurrent Cost		***$ 1.161.646***	***$ 1.074.925***	***$ 1.401.351***	***$ 1.198.531***		
1.	1. Government	**$ 598,351**	**$ 478,780**	**$ 524,331**	**$ 577,431**		
2.	2. WHO	**$ 193,300**	**$ 118,300**	**$ 100,000**	**$ 100,000**		
3.	3. UNICEF	**$ 97,971**	**$ 138,076**	**$ 68,203**	**-**		
4.	4. GAVI Fund – Vaccines	**$ 44,193**	**$ 123,599**	**$ 485,000**	**$ 414,000**		
5.	5. GAVI Fund – HSS	**-**	**$ 94 300**	**$89 700**	**$107 100**		
6.	6. VRF	**$ 227,831**	**$ 121,870**	**$ 134,117**	**-**		
Routine Capital Costs		***$ 1.060.936***	-	-	-		
1.	1. VRF	**$ 1.060.936**	-	-	-		
Campaigns		***$ 1.679.222***	***$ 100.000***				
1.	1. Government	**$ 59,700**	**$ 100.000**				
2.	2. WHO	**$ 551,311**	**-**				
3.	3. UNICEF	**$ 720,711**	-				
4.	4. ANMF	**$ 180.000**	-				
5.	5. VRF	**$ 167,500**	-				
GRAND TOTAL		**$ 3.901.804**	**$ 1.174.925**	**$ 1.401.351**	**$ 1.198.531**		

2. Which set of objectives are valid and should serve as reference point of assessing progress of the NIP?

Clarification: The objectives set forth in cMYP derive from the problems/objectives identified in the National Immunization Programme (NIP). cMYP objectives also correspond to the strategies identified in the NIP document, through which MoH is addressing the stated problems/objectives. In the table below cMYP objectives (in the left column) are linked to the problems/objectives of NIP (in the right column).

NIP Objectives as per cMYP	Immunization Programme problems/objectives
1. Maintaining polio-free status	1) Maintain the territory of the Republic of Armenia free of polio
2. Eliminating measles and rubella and controlling congenital rubella infection by 2010	2) Eliminate measles local cases by the year 2009 3) Implement surveillance system on rubella and mumps, as well as prevent congenital rubella syndrome (CRS)
3. Improve accelerated control of diphtheria	4) Provide continuous improvement of healthcare workers in immunization process 5) In case of necessity, provide immunization based on epidemic situation
4. Expand national immunization programme through introduction of new and underused vaccines	6) Create specialists working groups for immunization process
5. 90% coverage for all antigens in all districts by 2010	7) Increase, by routine immunization, average level of coverage to 95% 8) Increase and maintain, by the year 2007, the level of coverage of routine immunization for all antigens up to 95% at regional level (marz)
6. Improve immunization quality and safety	9) Supply the Republic with quality vaccine, maintain their quality and secure injection
7. Improving disease surveillance for vaccine preventable diseases	10) Develop the immunization monitoring system
8. Improve programme management capacity at all levels to strengthen implementation of immunization programme	11) Provide stable financing for National Immunization Programme from Government 12) Decrease vaccine waste coefficient by not exceeding vaccine waste allowable margin 13) Implementation of the basis of immunization programme in curricula of medical universities, National Institute of Health and medical colleges
9. Increasing demand and support to immunization	14) Improvement of immunization process security laws 15) Raise awareness of the population about immunization

Taking into account that cMYP was developed two years after adoption of NIP, the objectives listed in cMYP, linked to the National Immunization Programme problems/objectives, are given priority now and should serve as a reference point in assessing progress of NIP.