



Partnering with The Vaccine Fund

June 2003

Progress Report

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

by the Government of

COUNTRY: **REPUBLIC OF HAITI**

Date of submission: 29/09/03

Reporting period: 2002 (*Information provided in this report **MUST** refer to the previous calendar year*)

(Tick only one) :

- Inception report
- First annual progress report
- Second annual progress report
- Third annual progress report
- Fourth annual progress report
- Fifth annual progress report

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

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

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1. Report on progress made during the previous calendar year

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

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

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

The first slice of the immunization service support fund approved for Haiti in 2001, and in the order of US \$628.00, was used over 2 years - a part in 2002 being US\$314,000 and a part at the very beginning of 2003.

Concerning the management of funds, the situation in Haiti is special insofar as the PAHO/WHO was designated by the Ministry of Public Health to ensure it through its administrative structures together with the ICC.

Conversely, the PAHO/WHO Representation, acting as member of the ICC, at the same time stands guarantor of the good management of these resources that it makes available to the MSPP. The fund management mechanism is as follows :

Once the country has been informed of the transfer of these funds to Washington, the following stages were followed by the EPI Direction:

- *Preparation of a programme for the use of the first slice of US\$314,000 for the purchase of refrigeration equipment and carboys of propane gas for the refrigerators.*
- *Submission of this programme to the members of the ICC.*
- *Despatch of the programme to the PAHO/WHO Office in Washington that has directly to purchase the refrigeration equipment.*
- *Despatch to PAHO/WHO / Washington of the contracts concluded between the EPI Direction and the local departmental suppliers for the distribution of propane gas in the field*
- *Approval of these contracts by the PAHO/WHO office in Washington.*
- *Despatch of the allocation numbers recorded in the PAHO management system and relative to this service purchase, this being equivalent to an authorization to use the funds.*
- *All requests for expenditure authorization are addressed by the EPI Director to the PAHO/WHO Representative. This is then co-signed by the international EPI consultant with the PAHO/WHO.*
- *The follow-up of the use of these funds is regularly conducted at a primary level by the PAHO/WHO through its computerized management system (OMIS)*
- *The financial reports make it possible to inform the ICC of the execution of the budget.*

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 **314,000**

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

Table 1 : Use of funds during reported calendar year 20__

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					
Transport					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment	227,000	227,000			
Other (specify)					
Total:	227,000	227,000			
Remaining funds for next year:	87,000	87,000			

**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. The main activities conducted in 2002 under the multi-year Plan correspond to 4 main strategic axes. The following table briefly describes the activities conducted to reinforce the immunization, the problems encountered, and the corrective measures taken for the remainder of the five-year period.

Strategic axes	Activities conducted	Problems encountered
<p>1.- Maintenance of the past achievements of the anti-polio and measles campaigns and regional objective pursued.</p>	<ul style="list-style-type: none"> ▪ Administration of a dose of anti-measles vaccine to about 95% of the children of 6 to 23 months (500,000), on the one hand, to reinforce the immunity of the children who had received the vaccine before the age of 12 months in 2001, and on the other, to reduce to a minimum the number of vulnerable subjects among the newborns of 2002. ▪ Administration of a dose of oral polio vaccine to children of 0 to 5 years old (1,300,000) to complete the series of 3 doses, 2 of which had been given to children in this age group in 2001 ▪ Implementation of a pilot survey of the immunization of women of child-bearing age against neonatal tetanus in public markets (as part of the NNT Elimination Plan for 2006) 	<p>These intensive activities monopolized the majority of the service personnel for a period of about 6 months.</p> <p>The immunization activities undertaken as part of the NNT Elimination Plan could not be carried out as programmed for lack of available funds.</p>
<p>2.- Reinforcement of epidemiological surveillance</p>	<ul style="list-style-type: none"> ▪ Reactivation of sentry epidemiological surveillance of the EPI diseases. ▪ Conduct of an active search for suspected case of measles, AFP and neonatal tetanus (covering all hospitals of the eleven departments and sanitary co-ordination centres across the country as well as all other well-frequented sanitary institutions.) ▪ Epidemiological surveillance training of 8 hygienist nurses posted by the National EPI Direction to 8 of the 11 departments and sanitary co-ordination centres to provide the sanitary institutions with some local backup as part of the immunization activities. 	<p>Weakness of the national epidemiological surveillance system.</p> <p>Lack of integration of epidemiological surveillance of EPI diseases into the national system.</p> <p>Weak rate of notification of the special EPI surveillance system sentry sites especially outside the metropolitan area.</p>

Strategic axes	Activities conducted	Problems encountered
<p>3.- Reinforcement of the regular programme</p>	<ul style="list-style-type: none"> ▪ <i>Adaptation of the EPI management tools:</i> <ul style="list-style-type: none"> ○ <i>Monthly report forms</i> ○ <i>Vaccine tallying forms</i> ○ <i>Immunization register</i> ○ <i>Follow-up table of reports received at various levels</i> ○ <i>Vaccine and other input stock-management form.</i> ▪ <i>Resumption of utilization of the immunization cover follow-up curves.</i> ▪ <i>Activation of the updating of the EPI norms and procedures</i> ▪ <i>Development and adaptation of the norms in the chapter dealing with injection safety.</i> ▪ <i>Increase to 7 in the number of departments and sanitary co-ordination centres endowed with an EPI support nurse directly at local level.</i> ▪ <i>Continuing training of these nurses for a better application of the principle of local backup.</i> ▪ <i>Preparation and test of a new supervision guide.</i> ▪ <i>Initial assessment of the situation of the EPI by health institution and support at their level for the following basic services :</i> <ul style="list-style-type: none"> ○ <i>Updating of the area of influence and the community served by the sanitary institution</i> ○ <i>Calculation of the targets groups</i> ○ <i>Completion of the immunization cover follow-up curves.</i> ○ <i>Choice and programming of activities and strategies to increase the use of institutional immunization services</i> ○ <i>Choice and programming of the activities and strategies to increase access to immunization services.</i> <p><i>Assessment of 2002 and development of the 2003-2007 five-year plan that takes account of the recommendation of all the assessments made in 2002 (including the DQA)</i></p>	<p><i>The bulk of funds mobilized for 2002 were meant for intensive immunization activities so that few resources were allocated to backing the regular programme.</i></p> <p><i>Lack of logistic means for transporting inputs in the field and for implementing local backup.</i></p> <p><i>Frequent interruptions of the refrigeration system due to the centralization of propane gas supplies for the operation of the refrigerators.</i></p> <p><i>Stocks of polio and dT vaccines ran out owing to delays in ordering,</i></p>

Strategic axes	Activities conducted	Problems encountered
4.- Reinforcement of the refrigeration system / Injection Safety	<ul style="list-style-type: none"> ▪ Distribution of 58 new SIBIR propane gas refrigerators ▪ Distribution of 10 new photovoltaic energy refrigerators. ▪ A start made on exploiting the refrigeration system database to help assessing the EPI logistical system set up in 2001. ▪ Assessment of the number of refrigeration units needed for the 2003-2007 five-year period. ▪ Distribution of 1500 bio-security boxes to the beneficiary institutions. ▪ Retraining of 2 refrigeration technicians from abroad. 	<p>Frequent breakdowns of refrigerators over 10 years old.</p> <p>Delay in the training / retraining of the service personal which does not facilitate the generalized implementation of the injection safety norms and procedures.</p>

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.

Actions to be taken	State of progress
7.1.- Dissemination of the results of the EPI data quality assessment	The dissemination of the results of the DQA initiated in June 2003 at the EPI activities follow-up meeting held in the middle of the year and attended by all members of the ICC, the members of the departmental managements and the representatives of the NGOs working in the sector.
7.3.- Preparation or modification of the EPI data management forms or tools	From January to March 2003, the management tools used for managing EPI data were either modified, adapted, or prepared.
7.4.- Test of the forms	Before being duplicated, tools such as monthly reports were photocopied and, from March to June 2003, sent to the field for testing.

Actions to be taken	State of progress
7.5.- Duplication of the forms and guides	From July to August 2003, the forms and guides such as the standard monthly reports, the forms for tallying daily immunizations, the tables for following-up the reports received and the stock follow-up forms were duplicated.
7.6.- Support for the application of certain recommendations in 30 municipalities out of 133 through supervision visits and the setting up of a certain number of data management tools	From March 2003 to date, the national and departmental supervisors have been providing technical support for the application of certain recommendations by using photocopies of modified forms. Their activities involved the sanitary institutions of 30 sanitary municipalities throughout the country.
7.7. National meeting to popularize the Plan for the application of the recommendations and to provide guidance on the use of the management tools	Toward mid-November, a national meeting will be held to put the Plan for the application of the DQA recommendations into operation
7.7.- Training of staff of various levels in the application of the new measures for the management of EPI data.	In November and December 2003, formal basic and advance training sessions in EPI Norms and Procedures will be held for departmental instructors. This training will, among other things, deal with the management of EPI data.
7.8.- Extension of the introduction of the data management tools and technical support in their use through supervision visits and meetings	From September to December 2003, about 80% of the sanitary institutions will receive their batches of forms and their staff will be familiarized with their use.
7.9.- Internal assessment of data quality and stock management.	In July 2004, the Programme will, with the assistance of the PAHO-WHO and UNICEF, call on a domestic private company to conduct a preliminary assessment of the quality of EPI data. Two across-the-board assessments of vaccine wastage and their reasons are also planned for 2004. They will be conducted by a domestic company with the assistance of PAHO-WHO and UNICEF
7.10.- External assessment of data quality. (Data Quality Control by GAVI)	The second DQA will be conducted at the end of the year between October and December 2004.

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

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

During 2002, the EPI conducted the following studies

- (a) An active search for suspected cases of measles, acute flaccid paralysis and neonatal tetanus. This search has covered 11 sanitary departments. It was conducted in all heavily frequented hospitals and sanitary institutions in 11 sanitary departments throughout the country.*
- (b) A survey of the best strategies for immunizing woman of child-bearing age against neonatal tetanus.*
- (c) A survey of the impact of German measles at the Haiti State University Hospital.*

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

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

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

The country has not yet benefited from the support of the World Vaccine Fund with respect to new and underused vaccines. Nevertheless, it has programmed the introduction of vaccines against hepatitis B and haemophilus influenzae in the 2005 national calendar.

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.

*Firstly, the country is making great efforts to attain the vaccination covers that will entitle it to the support of the World Fund with respect to the new vaccines.
And to prepare for the inclusion of these new vaccines on its calendar, the country has programmed the following activities in its 2003-2007 five-year plan:*

- ✓ *Increase in vaccine storage and conservation capacities both nationally and departmentally..*
- ✓ *As from 2003, it is taking account of the new vaccines to be included in the 2005 calendar when revising the EPI Norms and Procedures.*
- ✓ *Planning staff retraining in new vaccines in 2005.*
- ✓ *Improvement in stock management*
- ✓ *Realization of an investigation into the prevalence of hepatitis B and haemophilus influenzae infections.*
- ✓ *Reinforcement of measures likely to guarantee injection safety.*

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.*

Not applicable to this country.

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*

This country has not yet received support for injection safety. It has, however, submitted a new proposal based on the recommendations made to it by the Proposal Examination Committee regarding the corrections that should be made to the 2002 proposal.

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

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:

Not applicable to this country.

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
Submit 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.gaviff.org> under FSP guidelines and annexes).

Highlight assistance needed from partners at local, regional and/or global level

The Financial Viability Plan is being prepared for submission to the GAVI Secretariat at the end of November 2003.

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

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

3.1. Up-dated immunization targets

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

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					315,694	321,992	328,911	335,830
Infants' deaths					25,256	25,759	26,313	26,866
Surviving infants					290,438	296,233	302,598	308,964
Infants vaccinated with DTP3 *					290,438	296,233	302,598	308,964
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form					n.a.	n.a.	n.a.	n.a.
NEW VACCINES								
Infants vaccinated with ____ * (use one row per new vaccine)					n.a.	n.a.	n.a.	n.a.
Wastage rate of ** (new vaccine)								
INJECTION SAFETY								
Pregnant women vaccinated with TT					315,694	321,992	328,911	335,830
Infants vaccinated with BCG					315,694	321,992	328,911	335,830
Infants vaccinated with Measles					290,438	296,233	302,598	308,864

* 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.

The basic data presented in previous documents have been amended . They have been replaced by those presented in the present report and in the injection safety support proposal document . The new data were obtained from a document that the Programme received from the HAITIAN STATISTICS AND DATA PROCESSING INSTITUTUTE pending the publication of the data of the recent national census, the results of which should be officialized in 2004.

The Programme thus asks the Examination Committee and the GAVI Secretariat to take these changes into account.

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

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

Not applicable to this country.

Table 3.1: Estimated number of doses of vaccine *(no new vaccines for this country)*

		Formula	For 2004
A	Number of children to receive new vaccine		*
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	0.0%
C	Number of doses per child		
D	Number of doses	$A \times B / 100 \times C$	
E	Estimated wastage factor	<i>(see list in table 3)</i>	
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	
G	Vaccines buffer stock	$F \times 0.25$	
H	Anticipated vaccines in stock at start of year		
I	Total vaccine doses requested	$F + G - H$	
J	Number of doses per vial		
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	

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 (indicate forthcoming year)

Table 4.1: Estimated supplies for safety of vaccination for the next two years with BCG

		Formula	For 2004	For 2005
A	Target of children for vaccination (for TT : target of pregnant women)¹	#	315,694	321,911
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	315,694	321,911
D	AD syringes (+10% wastage)	C x 1.11	350,420	357,411
E	AD syringes buffer stock ²	D x 0.25	87,605	0
F	Total AD syringes	D + E	438,025	357,411
G	Number of doses per vial	#	10 doses	10 doses
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	2.0	2.0
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	70,084	71,482
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	5,640	4,761

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

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

³ Only for lyophilized vaccines. Write zero for other vaccines

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

Table 4.2: Estimated supplies for safety of vaccination for the next two years with DTP

		Formula	For 2004	For 2005
A	Target of children for vaccination (for TT : target of pregnant women)⁴	#	290,438	296,233
B	Number of doses per child (for TT woman)	#	3	3
C	Number of doses	A x B	871,314	888,699
D	AD syringes (+10% wastage)	C x 1,11	967,159	986,456
E	AD syringes buffer stock⁵	D x 0,25	241,790	0
F	Total AD syringes	D + E	1,208,949	986,456
G	Number of doses per vial	#	10 doses	10 doses
H	Vaccine wastage factor⁴	2 or 1.6	1.6	1.6
I	Number of reconstitution⁶ syringes (+10% wastage)	$C \times H \times 1,11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1,11 / 100$	13,419	10,950

Table 4.3: Estimated supplies for safety of vaccination for the next two years with dT

		Formula	For 2004	For 2005
A	Target of children for vaccination (for TT : target of pregnant women)⁷	#	315,694	321,992
B	Number of doses per child (for TT woman)	#	2	2
C	Number of doses	A x B	631,388	643,984
D	AD syringes (+10% wastage)	C x 1.11	700,841	714,822

⁴ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

⁵ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁶ Only for lyophilized vaccines. Write zero for other vaccines

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

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).

E	AD syringes buffer stock ⁸	$D \times 0,25$	175,210	0
F	Total AD syringes	$D + E$	876,051	714,822
G	Number of doses per vial	#	20 doses	20 doses
H	Vaccine wastage factor ⁴	2 or 1.6	1.6	1.6
I	Number of reconstitution ⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	9,724	7,935

Table 4.4: Estimated supplies for safety of vaccination for the next two years with M

		Formula	For 2004	For 2005
A	Target of children for vaccination (for TT : target of pregnant women) ¹⁰	#	290,438	296,233
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	$A \times B$	290,438	296,233
D	AD syringes (+10% wastage)	$C \times 1,11$	322,386	328,819
E	AD syringes buffer stock ¹¹	$D \times 0.25$	80,597	0
F	Total AD syringes	$D + E$	402,983	328,819
G	Number of doses per vial	#	10 doses	10 doses
H	Vaccine wastage factor ⁴	2 or 1.6	1.6	1.6
I	Number of reconstitution ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	51,582	52,611
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	5,046	4,234

⁸ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁹ Only for lyophilized vaccines. Write zero for other vaccines

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

¹⁰ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

¹¹ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

¹² Only for lyophilized vaccines. Write zero for other vaccines

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

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For 2004	For 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	438,025	357,411	
	for other vaccines	2,487,983	2,030,097	
Total of reconstitution syringes		121,666	124,093	
Total of safety boxes		33,829	27,880	

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

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 for 2003	Achievements	Constraints	Updated targets
<p><u>Management performance:</u> 1.- Number of sanitary departments receiving technical support for the introduction and management of local EPI plans.</p>	<p>1.1.- To endow 4 more sanitary departments with EPI support hygienists nurses.</p>	<p>1.1.- In addition to the 5 endowed sanitary departments provided with this additional technical support, 2 others have been endowed. This means 7 of the 11 departments have local assistance.</p>	<p>1.1.- It is proving difficult to find health professionals that meet the requirements of the programme in terms of training and experience. Those that exist are for the most part either engaged elsewhere or demanding salaries that the Programme cannot pay.</p>	<p>1.-1 In 2004, to endow 100% of the departments with a health professional that can assist with the level of performance in the updating, execution and follow-up of the local micro immunization plans.</p> <p>1.1.1.- In November 2003, to engage a supervisor for the support health professionals in the field out of the funds provided for this purpose by GAVI/VF.</p>

<p>2.- Epidemiological surveillance of the EPI diseases.</p> <p>2.1.- To report at least 30 cases of flaccid paralysis a year.</p> <p><u>3.- Injection safety</u></p> <p>3.1.- Percentage of staff trained in norms and procedures relating to injection safety.</p>	<p>1.2.- To ensure the training of the managerial and service staff in application of the EPI norms and procedures.</p> <p>1.3.- Implementation of the local EPI plans in 80% of the municipalities throughout the country.</p> <p>2.1. To reach the rate of 1 flaccid paralysis case per 100,000 children under 15 years of age.</p> <p>2.1.1 80% of the sentinel sites will regularly make the weekly negative report.</p> <p>3.1 - To train at least 80% of the management and service staff in the norms and procedures relating to injection safety as part of the 2003 EPI norms and procedures training programme.</p> <p>However, it is important to mention that the country is preparing an injection safety policy and plan.</p>	<p>1.2.- This training has not yet started. It will start with the training of the national and departmental instructors in October 2003.</p> <p>1.3.- The introduction of local EPI plans has progressed. The local plans to increase access to and the use of the services will, from January to December 2003, have been developed and implemented in 100% of the sanitary municipalities throughout the country with respect to the activities in progress.</p> <p>3.1. This training has not yet started. It will start with the training of national and departmental instructors in October 2003.</p>	<p>1.2.- Far more time than planned was devoted to the development of the Plan, Programme and Training Manual for training the instructors and the service staff.</p> <p>1.3.- It should be mentioned that at times there is quite a long delay between the development of the plans and the availability of funds and this holds up implementation and affects the performance of the institutions. Conversely, it is important to point out the lack of means of transport which does not facilitate the supervision and guidance of the sanitary units.</p> <p>3.1 - Far more time than planned was devoted to the development of the Plan, Programme and Training Manual for training the instructors and the service staff.</p>	<p>1.2.- 80% of the service staff to be trained in 2004.</p> <p>1.3.- In 2004, to update the local EPI micro plans in 100% of the municipalities, using the experience gained in 2003 (global strategy)</p> <p>1.3.1.- In June 2004, to finalise the implementation of the recommendations of the Data Quality Control conducted in September–October 2002.</p> <p>3.1.- To train 80% of the service staff in 2004.</p> <p>3.1.1.- To implement the injection safety policy and Plan.</p>
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5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)	2002	
Table 1 filled-in	yes	
DQA reported on	yes	
Reported on use of 100,000 US\$	no	Not applicable
Injection Safety Reported on	no	Not applicable
FSP Reported on (progress against country FSP indicators)	no	Not applicable
Table 2 filled-in	yes	
New Vaccine Request completed	no	Not applicable
Revised request for injection safety completed (where applicable)	yes	
ICC minutes attached to the report	yes	
Government signatures	yes	
ICC endorsed	yes	

6. Comments

→ *ICC comments:*

The ICC has noted that for 2002, the performance of the “campaign” component of the National Immunization Programme was satisfactory insofar as the intensive activities conducted to counter the polio and measles epidemics resulted in blocking the circulation of the measles virus and the Sabin 1 derived vaccinal virus around the country. The ICC also noted that the regular Programme displayed a fairly weak coverage, symptomatic of problems which, moreover, had been highlighted by various assessments.

However, the ICC must, for the situational report to the Examination Committee and the GAVI Secretariat, stress that the new persons responsible for the Programme are actually making efforts to provide solutions appropriate to the problems identified.

The 2003 -2007 EPI Five-Year Plan does actually provide for corrections to the activity-management system at the various levels of intervention, a broad reinforcement of logistics management, an improvement in the quality of programme data, the reinforcement of injection safety, the use of appropriate strategies to offset the limitations of accessibility and service coverage, etc.

Finally, the majority of the bodies members of the ICC such as the PAHO/WHO and UNICEF have given immunization priority over the coming five-year period. This offers an opportunity that the national programme will not fail to exploit in trying to work very closely with both the ICC and the EPI Technical Committee.

7. Signatures

For the Government of

Signature:

Title:

Date:

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

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

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

~ End ~