

# Situation report 2007

Given by

the Government of

**The Republic of Benin**

to



Date presented: 15<sup>th</sup> May 2008

Deadline for giving report 15<sup>th</sup> May 2008  
(together with the Excel spreadsheet, as instructed)

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

**Please send any questions to Dr Raj Kumar, [raj कुमार@gavialliance.org](mailto:raj कुमार@gavialliance.org) or to a representative of a GAVI partner institution. All documents and annexes must be written in English or French, and preferably be in electronic copy. They may be sent to GAVI partners, its employees and the public.**

*This report explains the activities carried out in 2007 and sets out the requirements for January – December 2009)*

## Page of signatures for the SSV, SSI and SVN

On behalf of the Government of Benin

**The Ministry of Health:**

**The Ministry of Finance;**

Appointment: .....

Appointment: .....

Signature: .....

Signature: .....

Date: .....

Date: .....

We, the undersigned, members of the Inter-Agency Coordinating Committee (CCI), vouch for this report, including the attached Excel spreadsheet. The signature on the certification page of this document does not imply any financial (or legal) commitment by the partner institution or the individual.

The obligation to report on financial aspects is an integral part of the monitoring carried out by GAVI Alliance on reports on countries' results. It is based on the Government's usual standards with regard to checking of accounts, as the banking form specifies.

The members of the CCI confirm that the funds received from the GAVI finance organisation have indeed been financially audited and that their use has indeed been justified in accordance with the standard requirements of either the Government or partners.

Name/Appointment	Institution/Organisation	Signature	Date
	Organisation Mondiale de la Santé [World Health		
	Fonds des Nations Unies pour l'Enfance [United Nations		
	United States Agency for International Development (USAID)		
	Rotary International		
	Association for Aid to Preventive Medicine		
	Benin PEV Foundation		





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*Areas with text in this report are provided for information only. You can, of course, add text in the space set aside for this.*

## 1. Report on progress made in 2007

### 1.1 Support to immunisation services (SSV)

Are funds received for the SSV recorded in the budget (do they appear in the Ministry of Health's budget and that of the Ministry for Finance): **YES**

If so, explain in detail in the box below how they appear in the Ministry of Health's budget.

If not, are you anticipating entering them in the short-term budget?

Because SSV funds are made available on an as required basis, some of the resources were used outside the 2007 budget program for training new service providers and copying of the PPAC 2007-2011 and PEV technical data sheets; the remainder of the funds is allocated to the 2008 operating budget for the Expanded Programme on Immunisation to supplement financing by Government and partners, but is not recorded in the Ministry of Finance's budget.

#### 1.1.1 SSV fund management

*Please describe the mechanism for managing SSV funds, including the role played by the Comité de coordination interagences [ Inter-Agency Co-ordinating Committee] (CCI).*

*Please report any problem which may have been encountered when using these funds, such as, for example, late provision of funds for going ahead with the programme.*

*SSV funds are applied in accordance with the management criteria in the Code des marchés publics [Public Sector Contracts Code]; quarterly and annual self-assessment reports are compiled and sent to the Direction de la Programmation et de la Prospective du Ministère de la Santé [Future Planning and Programming Department of the Ministry of Health]; an application plan will be submitted to the CCIA in 2008 for the remaining funds.*

### 1.1.2 Use of support to immunisation services: funds provided late

In 2007, the main sectors of activity listed below were financed by resources which originated from GAVI Alliance **support for immunisation services**.

Funds received during 2007: **91,250 USD**

Balance (brought forward) from 2006 \_\_\_\_\_ 0 \_\_\_\_\_ 00 \_\_\_\_\_

Balance to be carried forward to 2008: 91,250 USD

**Table 2: Use of funds in 2007\***

Immunisation services support sector	Total amount in USD	FUNDING			
		PUBLIC SECTOR			PRIVATE SECTOR & Others
		Central	Region/State/Province	District	
Vaccines					
Injecting equipment					
Personnel					
Transport					
Maintenance and general expenses					
Training	24,145			X	
IEC/social mobilisation					
Actions destined for difficult-to-reach groups					
Supervision					
Monitoring and assessment					
Epidemiological monitoring					
Vehicles					
Cold chain equipment					
Teaching equipment	9527			X	
IT equipment	982	X			
<b>Total:</b>					
<b>Balance of funds for following year:</b>	91,250				

*\*If no information is available because global subsidies have been paid, please enter the amounts in the boxes reserved for "miscellaneous" support sectors.*

**Please attach the minutes of the CCI meeting(s) at which the allocation and use of funds was examined.**

*Please consider the main activities carried out to improve immunisation, and any problems which were encountered when implementing your multi-year plan.*

- Training of operational service providers in PEV management
- Purchase of a computer and screen for logistic management of vaccines and consumables at program level
- Copying of PEV technical data sheets for service providers and the PPAC 2007-2011

**1.1.3 Quality control of immunisation data (CQD)**

Next\* CQD planned for [date] **2008**

*\*If no CQD has shown a positive result, when will a CQD be carried out?*

*\*If the CQD has had a positive result, the next CQD will take place 5 years after the positive CQD.*

*\*If no CQD has been carried out, when will the first CQD be carried out?*

What were the main recommendations from the CQD?

The most recent study is the exploratory survey covering PEV data quality (2004- 2005); the basic recommendations were:

- To improve the estimates of the ages of children targeted by the service providers
- To improve health information management in health areas
- To improve the filling of immunisation media
- To provide improved filing of PEV management media in health centres
- To use official target population data for calculating immunisation coverage

*Has a plan of action intended to improve the system for drawing up reports on the basis of CQD recommendations been prepared?*

YES

NO

*If so, please specify how much progress has been made on its implementation and attach the plan.*

The various PEV operational plans for 2005 - 2006 and the PPAC 2007 – 2011 were considered for implementing the recommendations:

- training service providers on DQS
- providing notebooks (duplicate books) of forms for notifying diseases with epidemic potential for improved record-keeping
- Introduction of harmonised checksheets into health training courses
- Imminent introduction of immunisation registers for improved monitoring in health centres of losses of sight and the immunisation status of pregnant women

**Please attach the minutes of the CCI meeting during which the CCI examined and adopted the CQD action plan.**

*Please explain the studies carried out in 2007 examining questions relating to PEV (for example, surveys of immunisation coverage).*

- The results of the 2006 Demographic and Health Survey were distributed in 2007 **(EDS-III)**
- **Survey of coverage for the polio JNV assessment**
- **The determinants of vaccine wastage between BCG and VAR in the 6<sup>th</sup> arrondissement of Cotonou**

#### **1.1.4. CCI meetings**

*How many times did the CCI meet in 2007? **Please attach all minutes.**  
Are any corporate organisations members of the CCI and if so, which?*

Corporate organisation:

- PEV foundation

CCIA meeting dates

- 1<sup>st</sup> ordinary meeting of the CCIA – PEV: 12<sup>th</sup> February 2007
- 2<sup>nd</sup> ordinary meeting of the CCIA – PEV: 14<sup>th</sup> June 2007
- 3<sup>rd</sup> ordinary meeting of the CCIA – PEV: 13<sup>th</sup> November 2007

## 1.2. GAVI Alliance support for new or under-used vaccines (SVN)

### 1.2.1. Acceptance of new and under-used vaccines in 2007

*When was the new or under-used vaccine introduced? Please give any amendment to doses per bottle and how the vaccines are presented (for example, DTC vaccine + monovalent vaccine against hepatitis B compared with DTC-hepatitis B vaccine) and the dates the vaccines were accepted in 2007.*

Vaccine	Size of bottles	Doses	Date introduced	Date received (2007)
<i>DTC-HepB+Hib</i>	2 doses	336200	5 <sup>th</sup> June 2005	08-01-2007
<b>DTC-Hep B+Hib</b>	2 doses	300,000	5 <sup>th</sup> June 2005	04-07-2007
<b>DTC-Hep B+Hib</b>	2 doses	300,000	5 <sup>th</sup> June 2005	06-07-2007
<b>DTC-Hep B+Hib</b>	2 doses	218200	5 <sup>th</sup> June 2005	11-12-2007
<b>VAA</b>	10 doses	27050	2 <sup>nd</sup> August 2002	07-02-2007

*If necessary, please report on any problems encountered.*

**RAS**

### 1.2.2. Main activities

*Please give a brief description of the main activities which were or will be carried out in terms of the introduction, progressive use and improvement of services etc. and describe problems encountered.*

- Assess the capacity of the cold chain
- Revise the PPAC
- Draw up the application for submission to GAVI for the pneumococcal vaccine
- Mobilise the necessary financial resources with help from the CCIA
- Reduce vaccine losses, in particular new vaccines
- Guarantee injection safety by providing BS and using AD syringes
- Revise PEV management tools and other documents
- Train service providers on the new vaccine
- Organise communication activities concerning the new vaccine and its introduction into the PEV
- Estimate the needs by health zones for the new vaccine
- Draw up a logistic and distribution plan for the new vaccine
- Build new incinerators
- Increase the frequency of inspections during the four months following introduction of the new vaccines.
- Improve MAPI monitoring
- Draw up a plan for monitoring the introduction and assessment of the impact.

### 1.2.3. Use of GAVI Alliance financial support to introduce the new vaccine

These funds were received on **(NOT APPLICABLE)**\_\_\_\_\_

*Please report on the used portion of the introduction funds, activities carried out, and problems encountered, such as late provision of funds for going ahead with the programme.*

### 1.2.4. Assessment of vaccine management/effective vaccine storage management

The last vaccine management (EGV)/effective vaccine storage management (GEEV) assessment was conducted from **29<sup>th</sup> August to 2<sup>nd</sup> September 2005**\_\_\_\_\_.

*Please summarise the main recommendation made following the EGV/GEEV.*

#### **This involves assessing the 2006 PEV central vaccines warehouse (Cotonou)**

- ◆ To develop an implementation plan for the improvement proposals
- ◆ To use the assessment system to do a periodic self-assessment of the central and intermediate stores (at least once a year)
- ◆ To adapt the system to carry out the self-assessment of the Parakou regional store

Was a plan of action prepared following the EGV/GEEV?: **Yes**

*If so, please summarise the main activities under the GEEV plan and the activities for implementing the recommendations.*

To the assessment data is attached a plan for solving the problems identified with the following actions:

**Criterion 1: Ensure that the vaccines are always collected and shipped without being exposed to unfavourable temperatures**

- ❖ The email addresses of the parties involved in logistic management of the DNPEV-SSP will allow the Supply section of UNICEF Cotonou to share all the information related to the arrival of vaccines and consumables.
  - ❖ A consignee has now been appointed and is responsible for PEV vaccine transit and collection
- ✓ The DNPEV-SSP refrigerated truck has been contributed to transport vaccines from the airport to the national store.
- ✓ The *Direction des Pharmacies et du Médicament* ( abbreviated in French to DPM - Drugs and Pharmacies Division) is the equivalent of the *Autorité Nationale de Réglementation* [National Regulating Authority] and is always involved in accepting vaccines. PEV vaccine batches are registered under this heading.

**Criterion 2: To improve adequate vaccine storage conditions**

- ❖ There is a regular maintenance contract for cold rooms and generators which is enforced. Emergency contacts are displayed at the Logistics Division.
- ❖ Automatic temperature recording in the cold rooms is still not operational but

recordings are made manually twice a day.

- ❖ The temperature readings are monitored monthly as a matter of routine and appear in the monthly report shared with the ICP/WHO. All this data is filed.
- ❖ The vaccine storage is compliant with the standards recommended by the WHO.

Storing injection equipment poses a few problems of space at central, intermediate and peripheral levels. This situation has forced the PEV to resort to the Ministry of Health's central store

**Criterion 3: To improve vaccine storage capacity**

- ✓ The safety margin of at least 25% is not always observed. To achieve this, the programme has agreed to build two regional cold rooms.

**Criterion 4: To improve cold room safety and operation**

- ✓ The lighting in the packaging room has been changed.
- ✓ Personnel are trained in cold room safety practices

**Criterion 5: To improve the condition of buildings and systems**

- ✓ The scheduled servicing programme for the store, the refrigeration systems and the generators is performed according to contract.
- ✓ The purchasing of spare parts in stock is continuing

**Criterion 6: To improve stock control**

- ❖ The physical inventories to consolidate stock control take place every six months

**Criterion 7: To improve vaccine distribution**

- ❖ Departments are supplied with vaccines every two months by the refrigerated truck.
- ❖ Acceptance reports for vaccines and consumables are always prepared, filed and sent to the UNICEF Cotonou supply section.

**Criterion 8: To improve vaccine distribution**

- ❖ During shipping, the vaccine delivery certificate includes on departure and on arrival the freezing indicators for vaccine vulnerable to freezing
- ❖ In the central store, each of positive cold rooms has a "Free-tag" system which is sensitive to freezing

**Criterion 9: To improve procedural manuals**

- ❖ All items for succeeding with the drafting of the procedural manuals for effective vaccine stores are available

**Criterion 10: To improve human and financial resources**

- ❖ The "PEV vaccines" budget line is available and is credited each year to buy vaccines and consumables, including freezing indicators
- ❖ The budgetary credits needed to ensure routine servicing and emergency maintenance of the systems are also available

The EGV/GEEV\* will take place: **\_in December 2008**

*\*During GAVI phase 2, all countries will be responsible for carrying out their own EGV/GEEV during the second year of support for the new vaccines.*

### 1.3 Injection safety (SSI)

#### **1.3.1 Acceptance of support for injection safety**

Received as funds/in kind

*Please report on receipt of support provided by the GAVI Alliance in 2007 for injection safety (add lines as necessary).*

	Quantity	Date received
BCG SAB (AD syringes)	139,000	19-01-2007
BCG SAB (AD syringes)	300,000	30-06-2007
SAB 0.5 ml (AD syringes)	158,200	19-01-2007
SAB 0.5 ml	883,400	30-06-2007
SAB 0.5 ml	767,200	19-1-2007
SAB 0.5 ml	765,800	18-9-2007
SAB 0.5 ml	74,500	3-3-2007
SD 2 ml (dilution syringes)	44,000	19-01-2007
SD 2 ml (dilution syringes)	400,000	19-1-2007
SD 2 ml (dilution syringes)	432,600	6-7-2007
SD 5 ml (dilution syringes)	59,700	19-01-2007
SD 5 ml (dilution syringes)	30,100	3-3-2007
Safety boxes (BS)	17,600	19-01-2007
Safety boxes (BS)	26,275	19-01-2007
Safety boxes (BS)	11,75	3-3-2007

*If necessary, please report on any problems encountered.*

**RAS**

#### **1.3.2. Situation regarding the transition plan for injection safety and sharps' disposal management**

*If the support has come to an end, please specify how the injection safety equipment will be financed.*

- ❖ The Benin PPAC 2007-2011 has a budget line devoted to purchasing vaccines and consumables; moreover, the multi-year plan includes a financial viability section which plans for SSI financing and management of sharps when support ends.
- ❖ The *Direction de l'Hygiène et de l'Assainissement de Base* (DHAB - Basic Health and Cleanliness Division) at the Ministry of Health, some partners and NGOs are also contributing technical and financial support in the building of incinerators of the Montfort type in some *Centres hospitaliers Départementaux* (CHD - Departmental Hospital Centres) and new health centres.
- ❖ The *Renforcement du Système de Santé* (RSS - Health System Improvement) and the GLOBAL FUNDS are other opportunities to build new incinerators

*Please report on procedures for disposing of sharps.*

To alleviate the lack of available Montfort incinerators in health centres, a collection system has been set up in health areas:

- Collection of used syringes from immunisation and sharps in safety boxes
- Storage of boxes in secure rooms in health formations
- Transport of filled safety boxes by the supervision vehicle or the centre's motorcycle to sites having a Montfort type incinerator for destruction

However, we must state that resources for transporting safety boxes securely are still not available in all districts

*Please report on any problems encountered when implementing the transition plan for injection safety and sharps management.*

Treatment in health organisations produces a large quantity of sharps; some of the Ministry of Health's programmes are still not promoting the use of BS [Safety Boxes] for routine collection of sharps from medical treatment. BS needs for collection are growing constantly in health formations. Moreover, the poor organisation of collection and transport in some health areas aggravates this, which leads to sharps accumulating in health establishments and the use of destruction methods which are not recommended.

**1.3.3. Declaration on use of GAVI Alliance support in 2007 for injection safety (if this was received as a contribution of funds)**

*The main sectors of activity listed below were financed (specify the amount) during the past year using GAVI Alliance support for injection safety:*

*During 2007, Benin continued to receive support from GAVI for injection safety in the form of deliveries of AD syringes, dilution syringes and safety boxes*

## 2. Co-financing of vaccines, financing of immunisation and financial viability

**Table 2.1: Total expenditure and financing for immunisation**

Table 2.1 is intended to help GAVI understand the reasons for the changes in overall expenditure in terms of immunisation and finance flows. A full multi-year plan (PPAC), updated for the year covered by the report, may be sent instead of table 2.1. (data from PPAC 2007-2011)

	2007	2007	2008	2009
	Actual (USD)	Anticipated (USD)	Anticipated (USD)	Anticipated (USD)
<b>Expenses by line item</b>				
Vaccines	2,830,327	6,062,915	5,241,754	5,373,298
Injecting equipment	138,855	337,991	352,230	367,751
Personnel	375,875	375,875	415,892	424,210
Cold chain equipment	16,291	894,710	144,554	341,954
Overheads	1,539,942	1,589,762	1,605,186	1,562,788
Other equipment costs	0	188,278	172,413	95,509
Vehicles	57,782	347,292	234,834	223,633
Miscellaneous costs	0	25,908	16,893	25,482
Polio immunisation campaign	1,075,582	3,833,027	4,760,596	4,118,649
<b>Total expenses</b>	<b>6,034,654</b>	<b>13,655,758</b>	<b>12,944,352</b>	<b>12,533,274</b>
<b>Financing by source</b>				
Government	1,377,291	1,961,672	2,601,792	2,438,525
GAVI Fund	1,787,364	6,426,298	3,954,322	4,013,014
UNICEF	412,182	2,574,094	2,362,986	1,922,253
WHO	829,200	1,238,734	1,300,419	1,357,818
World Bank	0	45,525	23,682	32,825
PPTTE funds	919,818	1,727,273	2,312,691	2,339,100
Community Financing	Not available	455,556	522,912	599,776
AMP	Not available	20,486	20,785	21,336
USAID	Not available	300,000	299,070	299,336
European Union	Not available	18,210	23,682	21,336
Japanese cooperation	Not available	543,163	0	0
Swiss cooperation	Not available	49,685	6,965	4,827
Belgian cooperation	Not available	29,811	20,896	2,896
UNIDEA	Not available	15,293	6,965	4,827
Other sources (please specify)				
<b>Total Expenditure</b>	<b>6,034,654</b>			
<b>Total financing</b>	<b>5,325,856</b>	<b>15,798,670</b>	<b>13,947,106</b>	<b>13,556,083</b>
<b>Total financing deficit</b>	<b>708,798</b>			

Please describe the changes to immunisation expenses and financing during the year covered by the report and the differences between the expenses, financing and the anticipated and actual deficits. Explain in detail the reasons for these trends and describe the financial viability outlook for the immunisation programme for the next three years; state whether the financing deficits are manageable or whether they are giving cause for concern. In both these latter cases, explain what strategies are applied to correct the deficits and what are their causes – increased expenditure in some budget line items, lost sources of financing, a combination of both these factors, etc.

Les dépenses exécutées pour l'année 2007 sont en dessous des prévisions cela s'explique par le solde créditeur de l'année 2006 reportés en 2007 dans les livres de l'UNICEF. Les postes de dépenses en vaccins sont les plus concernés par ces constats et seraient en rapport avec le plan de cofinancement. Les écarts de financement constatés sont en rapport avec certaines dépenses projetées en prévision des ressources du RSS. L'élaboration du plan opérationnel budgétisé 2008 a pris en compte ces insuffisances pour rester conforme à la réalité.

**Table 2.2: Country co-financing (in \$US)**

For the first vaccine allocated by GAVI Specify which vaccine it is ( <b>VAA</b> )	<b>2007</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
	Real	Anticipated	Anticipated	Anticipated	Anticipated
<b>Co-financing (in \$US per dose)</b>	NA	NA	0.20	0.20	0.20
Government	NA	NA	0.20	0.20	0.20
Other sources (please specify)	NA	NA	NA	NA	NA
<b>Total co-financing (in \$US per dose)</b>	NA	NA	0.20	0.20	0.20

Table 2.2 is intended to help understand the degree of co-financing of vaccines allocated by GAVI at national level. If your country has received more than one new vaccine, please complete a different table for each new vaccine co-financed.

Please describe and explain past and future trends of levels of joint financing for the first vaccine allocated by GAVI.

For the second vaccine allocated by GAVI Specify which vaccine it is ( <b>:DTC-hepatitis B + Hib</b> )	<b>2007</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
	Real	Anticipated	Anticipated	Anticipated	Anticipated
<b>Co-financing (in \$US per dose)</b>	NA	NA	NA	NA	NA
Government	NA	NA	NA	NA	NA
Other sources (please specify)	NA	NA	NA	NA	NA
<b>Total co-financing (in \$US per dose)</b>	NA	NA	NA	NA	NA

Please describe and explain past and future trends of levels of joint financing for the second vaccine allocated by GAVI.

Conformément aux directives de GAVI le Bénin cofinancera le DTC-Hep-Hib à partir de 2012

**Table 2.3: Your country's co-financing (in \$US)**

The purpose of table 2.3 is to gain an understanding of processes at a national level concerned with incorporating co-financing in your country's planning and budgeting.

<b>Q. 1: What mechanisms are currently used by your country's Ministry of Health for purchasing PEV vaccines?</b>			
	Tick if yes	List the relevant vaccines	Fund origins
Government Purchases – international ITT (AOI)			
Government Purchases - Others			
UNICEF	X	BCG, VPO, DTC-HepB+Hib, VAR, VAA, VAT	National budget + GAVI
Renewable OPS funds			
Donations			
Programme Elargi de Vaccination [Expanded Programme on Immunisation]			

<b>Q. 2: Are there any differences between the proposed payment timetable and the real timetable in the year covered by the report? (NO)</b>		
Timetable for co-financed payments	Proposed payment timetable	Dates of real payments made in 2007
	(month/year)	(day/month)
1 <sup>st</sup> vaccine allocated (VAA)	2 <sup>nd</sup> half 08	End December 07
2 <sup>nd</sup> vaccine allocated (please specify)	NA	NA
3 <sup>rd</sup> vaccine allocated (please specify)	NA	NA

<b>Q. 3: Have co-financing requirements been incorporated in the national planning and budgeting systems listed below?</b>	
	Answer with yes or N.A. if not applicable
Budgetary post for purchasing vaccines	YES
Plan for national health sector	YES
National health budget	YES
Context of medium-term expenditure	YES
Sectorial approach (SWAp)	

Analysis of costs and PPAC financing	YES
Annual immunisation plan	<b>YES</b>
Others	NA

<b>Q. 4: What factors have slowed and/or hampered the mobilisation of resources for co-financing vaccines?</b>	
1.	availability in time of resources from the National Budget (BN) for purchasing vaccines

### 3. Requirement for new or under-used vaccines for 2009

*Part 3 concerns the request for new or under-used vaccines and injection safety for 2009.*

#### 3.1. Revised immunisation targets

*Confirm/update the basic data approved in your country's proposal: data quantified must be consistent with what was given in the joint WHO/UNICEF reports for notifying immunisation activities. Any change and/or difference **MUST** be justified in the box set aside for this. The targets for the coming years **MUST** be specified.*

*In the box below, please justify any changes to reference data, targets, loss rates, vaccine forms etc. made since the plan already approved, and any differences between the figures provided and those which had been declared in the joint WHO/UNICEF report notifying immunisation activities.*

**RAS**

**Table 5: Update to work carried out in terms of immunisation and annual targets. Please provide the figures shown in the joint WHO/UNICEF report 2007 and forecasts for 2008 and beyond.**

Number of	Work carried out and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>DENOMINATORS</b>										
Births	355 425	324 900	334 598	344 484	354 599	364 973	375 659	385 861		
Deaths of babies	31613	21 768	21 418	23 081	23 758	24 453	25 169	25853		
Surviving babies	323 792	303 132	313 180	321 403	330 841	340 520	350 490	360 008		
Babies immunised up to 2007 (Joint report)/babies to be immunised in 2008 and beyond with the <b>1<sup>st</sup> dose</b> of the DTC (DTC1)*	323 792	346 912	334 598	344 484	354 599	364 973	375 659	385 861		
Babies immunised up to 2007 (Joint report)/babies to be immunised in 2008 and beyond with the <b>3<sup>rd</sup> dose</b> of the DTC (DTC3)*	275 223	315 837	311 176	320 370	336 869	346 724	356 876	366 568		
<b>NEW VACCINES**</b>										
Babies immunised up to 2007 (Joint report)/babies to be immunised in 2008 and beyond with the <b>1<sup>st</sup> dose</b> DTC-HepB +Hib1.....	323,792	346,912	334,598	344,484	354,599	364,973	375,659	385,861		
Babies immunised in 2007 (Joint report)/babies to be immunised in 2008 and beyond with the <b>1<sup>st</sup> dose</b> DTC-HepB +Hib3.....	275,223	315,837	311,176	320,370	336,869	346,724	356,876	366,568		
Loss rate up to 2007 and anticipated rate in 2008 and beyond*** for ..... ( <i>new vaccine</i> )	10%	12%	10%	10%	10%	10%	10%	10%		
<b>INJECTION SAFETY****</b>										
Pregnant women immunised/to be immunised with tetanic anatoxin	266,569	269,435	318,628	331,567	345,733	364,973	375,658	385861		
Babies immunised/to be immunised with BCG	355,425	375,716	334,598	344,484	354,599	364,973	375,659	385,861		
Babies immunised/to be immunised against measles (1 <sup>st</sup> dose)	301127	301,973	311,176	323,815	336,869	346,724	356,875	366,568		

\*Give the real number of children immunised in past years and updated targets (with DTC alone or associated with it)

\*\*Use three lines (as this is given in the chapter entitled **NEW VACCINES**) for each new vaccine introduced

\*\*\*Give the loss rates actually recorded in past years \*\*\*\* Add lines if necessary

### 3.2 Confirmed/reviewed request for new vaccines (to be sent to the UNICEF provisioning Division) for 2009

*In the event of a change in the form of a vaccine or an increase in your request, please state below whether the UNICEF provisioning Division has guaranteed the availability of the new quantity/form of the provisions.*

*Preparations are under way for introduction of the pneumococcal vaccine for 2009*

*Please provide the Excel spreadsheet for calculating demand for vaccines, duly completed.*

Remarques
<ul style="list-style-type: none"> <li>▪ <b><u>Introduction progressive</u></b> : veuillez ajuster le nombre d'enfants cible qui recevront les nouveaux vaccins, si une introduction progressive est envisagée. Si le nombre cible pour les trois doses du vaccin contre l'hépatite B et le vaccin anti-Hib est différent de celui des trois doses du DTC, veuillez donner les raisons de cette différence.</li> <li>▪ <b><u>Pertes de vaccins</u></b> : les pays sont censés prévoir un maximum de perte de 50% pour un vaccin lyophilisé en flacons de 10 ou 20 doses, de 25% pour un vaccin liquide en flacons de 10 ou 20 doses et de 10% pour tous les vaccins (liquides ou lyophilisés) en flacons de 1 ou 2 doses.</li> <li>▪ <b><u>Stock régulateur</u></b> : le stock régulateur est recalculé chaque année comme étant égal à 25% des besoins courants en vaccins.</li> <li>▪ <b><u>Vaccins prévus en stock au début de l'année 2008</u></b> : ce nombre est calculé en comptant le solde courant des vaccins en stock, y compris le solde du stock tampon. Inscrivez zéro si tous les vaccins fournis pendant l'année en cours (y compris le stock tampon) seront probablement consommés avant le début de l'année suivante. Les pays n'ayant pas ou très peu de vaccins en stock sont priés de justifier l'utilisation des vaccins.</li> <li>▪ <b><u>Seringues autobloquantes</u></b> : un facteur de perte de 1,11 est appliqué au nombre total de doses de vaccins demandées au Fonds, à l'exclusion des pertes de vaccins.</li> <li>▪ <b><u>Seringues de reconstitution</u></b> : elles ne concernent que les vaccins lyophilisés. Inscrivez zéro pour les autres vaccins.</li> <li>▪ <b><u>Réceptacles de sécurité</u></b> : un facteur de multiplication égal à 1,11 est appliqué aux réceptacles de sécurité pour tenir compte des zones où une boîte sera utilisée pour moins de 100 seringues.</li> </ul>

**Table 7: Loss rate and factors affecting this**

Vaccine loss rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent loss 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

### 3.3 Confirmed/reviewed request for support for injection safety for 2009

Table 8a. Estimated quantity of VAA vaccine doses

Vaccine: VAA	2008	2009	2010
Total number of doses required	839,230	861,210	886,498
Doses to be supplied by GAVI	651,834	688,968	706,542
Doses to be purchased by the country	187,792	172,242	186,165
Co-payment in USD/dose	0.20	0.20	0.20
Total co-payment	\$167,846	\$165,906	\$182,094

\*According to GAVI's co-financing policy, the grouping of the countries and the order for introducing the vaccines

**N.B.:** The variations observed compared with previous reports are related to the new population figures communicated by the INSAE (National Institute for Statistics and Economic Analysis)

Table 8b. Estimated quantity of DTC-HepB+Hib vaccine doses

Vaccine: DTC-HepB+Hib	2008	2009	2010
Total number of doses required	1,286,453	1,319,374	1,358,115
Doses to be supplied by GAVI	1,286,453	1,319,374	1,358,115
Doses to be purchased by the country	NA	NA	NA
Co-payment in USD/dose	NA	NA	NA
Total co-payment*	NA	NA	NA

\*The amounts communicated here were generated by the Excel table "Benin - 2006 Situation Report - vaccine Requirement", although Benin should have to co-finance the pentavalent vaccine only from 2010

**Table 8a:****Estimated provisions for immunisation safety for the coming two years with: *BCG***

		<b>Formula</b>	<b>For 2008</b>	<b>For 2009</b>
<b>A</b>	<b>Target number of children for BCG immunisation</b>	<b>#</b>	<b>334,598</b>	<b>344,484</b>
<b>B</b>	<b>Number of doses per child</b>	<b>#</b>	<b>01</b>	<b>01</b>
<b>C</b>	<b>Number of doses of BCG</b>	<b>A x B</b>	<b>334,598</b>	<b>344,484</b>
<b>D</b>	<b>AD syringes (+10% losses)</b>	<b>C x 1.11</b>	<b>371,404</b>	<b>382,377</b>
<b>E</b>	<b>Regulating stock of AD syringes (2)</b>	<b>C x 0.25</b>	<b>83,650</b>	<b>86,211</b>
<b>F</b>	<b>Total AD syringes</b>	<b>D + E</b>	<b>455,054</b>	<b>468,588</b>
<b>G</b>	<b>Number of doses per bottle</b>	<b>#</b>	<b>20</b>	<b>20</b>
<b>H</b>	<b>Vaccine loss factor (3)</b>	<b>2 or 1.6</b>	<b>2</b>	<b>2</b>
<b>I</b>	<b>Number of refilling syringes (+10% losses) (4)</b>	<b>C x H x 1.11/G</b>	<b>37140</b>	<b>38 238</b>
<b>J</b>	<b>Number of safety receptacles (+10% extra)</b>	<b>(F + I) x 1.11/100</b>	<b>5463</b>	<b>5626</b>

**Table 8a: Estimated provisions for immunisation safety for the coming two years with: *VAR***

		Formula	For 2008	For 2009
A	Target number of children for measles immunisation	#	311,176	323,815
B	Number of doses per child for VAR	#	01	01
C	Number of doses of ....	A x B	311,171	323,815
D	AD syringes (+10% losses)	C x 1.11	345,400	359,435
E	Regulating stock of AD syringes (2)	C x 0.25	86,350	89,859
F	Total AD syringes	D + E	431,750	449,294
G	Number of doses per bottle	#	10	10
H	Vaccine loss factor (3)	2 or 1.6	2	2
I	Number of refilling syringes (+10% losses) (4)	C x H x 1.11/G	69 080	71 887
J	Number of safety receptacles (+10% extra)	(F + I) x 1.11/100	5560	5786

**Table 8a: Estimated provisions for immunisation safety for the coming two years with: VAT2+**

		Formula	For 2008	For 2009
A	Target number of pregnant women (1)	#	318,628	345,733
B	Number of doses by target pregnant women (1)	#	02	2
C	Number of doses of ATV	A x B	637 256	691 466
D	AD syringes (+10% losses)	C x 1.11	707 354	767 527
E	Regulating stock of AD syringes (2)	C x 0.25	159 314	172 867
F	Total AD syringes	D + E	866 668	940 394
G	Number of doses per bottle	#	20	20
H	Vaccine loss factor (3)	2 or 1.6	2	2
I	Number of refilling syringes (+10% losses) (4)	C x H x 1.11/G	0	0
J	Number of safety receptacles (+10% extra)	(F + I) x 1.11/100	9620	10 438

1 Contribute a maximum of 2 doses for pregnant women (estimate provided using total births)

2 The regulating stock of vaccines and AD syringes is fixed at 25%. This stock is added to the initial stock of doses necessary for introducing immunisation in a given geographical area. Enter zero for other years.

3 The standard loss factor will be used for calculate refilling syringes. This will be 2 for BCG and 1.6 for measles and yellow fever.

4 Only for lyophilised vaccines. Enter zero for other vaccines.

*If the amount of current demand is different to that which was specified in the GAVI approval letter, please give reasons for this.*

**N.B.: The variations observed compared with previous reports are related to the new population figures communicated by the INSAE (National Institute for Statistics and Economic Analysis)**





**Please attach the minutes of the CCSS meeting(s) at which the disbursement of funds and the request for the next tranche were examined. Please attach the most recent health sector assessment report and checking report for the account to which RSS funds are being transferred. This is a condition for unblocking of funds for 2009.**

Table 9. RSS expenditure in 2007 for RSS activities and your request for 2009. (If you are changing your request for 2009, please give reasons for this in the report above).

<b>NOT APPLICABLE</b>			
<b>Support sector</b>	<b>2007 (Expenditure)</b>	<b>2007 (Balance)</b>	<b>2009 (Request)</b>
<b>Costs of activities</b>			
<b>Target 1</b>			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
<b>Target 2</b>			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
<b>Target 3</b>			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
<b>Support costs</b>			
Management costs			
S&E support costs			
Technical assistance			
<b>TOTAL COSTS</b>			

**Table 10. RSS Activities in 2007 (NOT APPLICABLE)**

Main activities	2007
<b>Target 1</b>	
Activity 1.1	
Activity 1.2	
Activity 1.3	
Activity 1.4	
<b>Target 2</b>	
Activity 2.1	
Activity 2.2	
Activity 2.3	
Activity 2.4	
<b>Target 3</b>	
Activity 3.1	
Activity 3.2	
Activity 3.3	
Activity 3.4	

<b>Table 11. Reference indicators</b>						
<b>Indicator</b>	<b>Source of data</b>	<b>Value of reference base<sup>1</sup></b>	<b>Source<sup>2</sup></b>	<b>Date of reference base</b>	<b>Target</b>	<b>Deadline</b>
1. National coverage through the DTC3 (%)		<b>97%</b>	<b>SNIGS data</b>	<b>December 07</b>	<b>93%</b>	
2. Number/% of districts reaching $\geq$ 80% coverage through the DTC3		<b>73</b>	<b>SNIGS data</b>	<b>December 07</b>	<b>90%</b>	
3. Mortality rate of children under five (for 1000):		<b>67</b>	<b>EDS-III</b>	<b>December 06</b>	<b>65%</b>	
4.						
5.						
6.						

Please state whether the targets have indeed been reached, and what type of problems you encountered when measuring indicators; how the monitoring process was improved and whether any changes were proposed.

<sup>1</sup> If no reference data is available, state whether you are anticipating collecting this data and when you intend to do this.

<sup>2</sup> The source is important for enabling access to data and checking its consistency.

## 5. Checklist

Check of completed form:

Information which must be entered on the form:	Completed	Comments
Date presented	X	
Period over which the report has been drawn up (previous calendar year)	X	
Government Signatures	X	
Aval of CCI	X	
Information given on the SSV	X	
Information given on the CQD	X	
Information given on use of funds for introducing the vaccine	NA	
Information given on injection safety	X	
Information given on the financing of the immunisation and financial viability (progress made in relation to the country's indicators)	X	
Demand for the new vaccine including full co-financing and attached Excel spreadsheet	X	
Reviewed request completed for support for injection safety (if necessary)	X	
Information given on the RSS	NA	
CCI minutes attached to the report	X	
CCSS minutes, account checking report for RSS funds and annual assessment report for the health sector attached to the report	NA	

## 6. Comments

*CCI/CCSS comments:*

~ End ~