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**Situation report 2007**

Given by

the Government of

COUNTRY: BURKINA FASO

to



Date given 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**

Pour le compte du Gouvernement de Burkina Faso

Ministère de la Santé

Titre: Ministre d'Etat - Ministre de la Santé

Signature: 

Date: 08.05.08



Ministère des Finances:

Titre: Ministre de l'Economie et des Finances /a SG

Signature: 

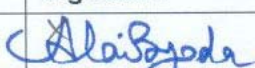

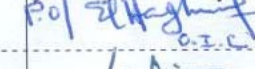
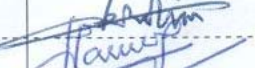








Date: 12.05



Nous soussignés, membres du Comité de coordination interagences (CCI), avalisons ce rapport, y compris la feuille de bilan Excel ci-jointe. La signature de la page d'aval du présent document n'implique aucun engagement financier (ou légal) de la part de l'institution partenaire ou de l'individu.

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.

Nom/Titre	Institution/Organisation	Signature	Date
Ministre de la Santé	Mr Bédouma Alain YODA		08.05.08
Représentant de l'OMS	Dr Amidou BABA MOUSSA		13-05-08
Représentant de l'UNICEF	Dr Hervé Peries		13/05/08
Représentant de Rotary International	Dr Jacques OUANDAOGO		12-05-08
Président de la Croix Rouge	Mme Bana OUANDAOGO		13-05-08
Directeur de la Prévention par les Vaccinations	Dr Tadjoa YONLI		08-05-08
Secrétaire Général de la Santé	Pr.Agr. G. Jean Gabriel OUANGO		09-05-08
Directeur Général de la Santé	Dr Souleymane SANOU		09/05/08
Directeur de l'Administration et des Finances	Mr Emmanuel LALSOMDE		12/05/2008
Coordonnateur de PADS	Mr Balima Zacharie		12/5/2008
Directeur Général du Budget	Mr Dramane KONE		12.5.08
Directeur Général de l'Economie et de la Planification	Mr Daniel BAMBARA		12-05-2008
Son Excellence l'Ambassadeur du Royaume des Pays Bas	Mr Gérard DUIJFJES		
Son Excellence l'Ambassadeur du Royaume du Danemark	Mme Margit THOMSEN		
Représentant de la Délégation de la Commission Européenne	Mme Suomalainen SARI		
Représentant de la Coopération Japonaise (JICA)	Mr Horuischi YOSCIO		
Représentant Résident de Plan Burkina	Mr Fritz Foster		

Translation of table above is as follows:

<b>Name/Appointment</b>	<b>Institution/Organisation</b>	<b>Signature</b>	<b>Date</b>
Health Minister			
WHO Representative			
UNICEF Representative			
Rotary International Representative			
Chairman of the Red Cross			
Director of Immunisation Prevention			
Secretary General of Health			
Director General of Health			
Director of Administration and Finances			
P.A.D.S. Co-ordinator			
Director General of the Budget			
Director General of the Economy and Planning			
His Excellency the Dutch Ambassador			
His Excellency the Danish Ambassador			
European Union Delegation Representative			
Japanese Cooperation Representative (JICA)			
Resident Representative of the Burkina Plan			

**Page of signatures for RSS support (not applicable)**

On behalf of the Government of Burkina Faso

**The Ministry of Health:**

Appointment:  
Signature: .....  
Date: .....

**The Ministry of Finance:**

Appointment:  
Signature: .....  
Date: .....

We, the undersigned, members of the *Comité National de Coordination du Secteur de la Santé* [National Committee for the Health Sector] (CCSS) ..... (Insert names) will guarantee this report on the Programme to improve the health services. The signature on the aval 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 CCSS 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

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### **4. Health Service Improvement (RSS)**

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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/No\_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?

Yes, funds appear in the Ministry of Health's budget through sessions for financing annual plans of action at a central level, for the regions and for the districts for PEV activities.

#### 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.*

In accordance with GAVI directives/World Funds for Vaccines, and to guarantee transparency in the management of these funds, Burkina Faso has, since 27<sup>th</sup> July 2001, set up two management organisations (order No./2001/145/MS on the creation, organisation and operation of the steering committee and the committee for managing GAVI funds). To guarantee the participation of as many PEV partners as possible, a review has been drawn up of the composition of the CCIA by means of order No. 2005/257/MS/CAB dated 14<sup>th</sup> July 2005 and the creation of a *Comité Technique d'Appui au PEV* [Expanded Programme on Immunisation Technical Support Committee] (CTA/PEV) by means of order No. 2005/258/MS/CAB dated 18<sup>th</sup> July 2005.

The CCIA was opened up to the *Ministère de l'Economie et des Finances* [Ministry for the Economy and Finances] in an attempt to guarantee more transparency in fund management and make a plea to mobilise funds.

The purpose of the *Comité de Coordination Inter Agences* is to:

- enable ongoing discussions between the Government and the PEC partners on how to achieve the programme's targets;
- determine which way the PEV is going and channel use of funds towards expanding the programme.

It is the body charged with making decisions as to the management of funds allocated to immunisation activities, including those arising as a result of the private initiative. It is chaired by the Health Minister.

As for the *Comité Technique d'Appui*, it is intended to enable ongoing technical discussions between the Department for Immunisation Prevention and the partners concerned with implementing PEV activities. It makes proposals to the CCIA. It is chaired by the Director of Immunisation Prevention.

The main partners in the PEV are: The Dutch Ambassador, the Danish Ambassador, Japanese Co-operation, the WHO, UNICEF, the PADS, ROTARY International, the non-government organisation AES, the non-government organisation Plan International, the Red Cross and the World Bank.

The main problem encountered was administrative difficulty in the cold chain equipment purchasing process which must take place after the public purchase contract-signing procedure. The main impact is considerable delay in purchasing this equipment.

### 1.1.2 Use of support to immunisation services

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

Funds received in the course of 2007 \_\_\_\_\_641 156 250 F CFA (1 424 797 USD) where 1USD= 450 F CFA

Balance (brought forward) 2006 \_\_\_\_\_0\_\_\_\_\_

Balance to be brought forward in 2008 \_\_\_\_\_280 446\_\_\_\_\_ (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	72 143		9 720	62 423	
Maintenance and general expenses	91 080	34 444	15 008	41 628	
Training	211 858	50 997	15 683	145 178	
IEC/social mobilisation	167 419	31 111	7 357	128 951	
Actions destined for difficult-to-reach groups					
Supervision and control	126 591		20 376	106 215	
Monitoring and assessment	116 307		13 838	102 469	
Epidemiological monitoring	2 222			2 222	
Supervision vehicle	59 778	59 778			
Cold chain equipment	57 214			57 214	
IT equipment	39 530	39 530			
Acceleration campaign (Reach Each District Approach)	70 901			70 901	
Workshop for drawing up different document (CDF equipment specifications and plan of action)	12 229	12 229			
Waste management	7 998		320	7 678	
Self-assessment of data quality	109 081		29 737	79 344	
Others ..... (please specify)					
<b>Total:</b>	<b>1 144 351</b>	<b>228 089</b>	<b>112 039</b>	<b>804 223</b>	
<b>Balance of funds for following year:</b>	<b>280 446</b>				

*\*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.

**Activities carried out at central level**

- ✓ Refuelling of Regional Departments of Health and Health Districts with PEV vaccines and consumables
- ✓ Maintenance of cold rooms
- ✓ Supervision of PEV activities in districts
- ✓ Workshops for reviewing support and guides for collecting PEV data
- ✓ Drawing up of communications media (calendars and displays)
- ✓ Support for the operating of the Department for Immunisation Prevention

**Activities carried out in terms of DRS and Districts**

- ✓ Fuel allowance for advanced strategy activities
- ✓ Training in computerised immunisation management
- ✓ Training in vaccine science and PEV management
- ✓ Training in preventive and curative cold chain maintenance
- ✓ Monitoring of PEV activities
- ✓ Cold chain inventory
- ✓ Research into **the blind** (mothers and children) in fixed and advanced strategies
- ✓ Performance of the DQS
- ✓ Preventive and curative cold chain maintenance
- ✓ Implementation of the Reach Every District approach
- ✓ Purchasing of motorcycles for the advanced strategy
- ✓ Supervision of PEV activities
- ✓ Purchasing of gas bottles and gas for operating the cold chain
- ✓ Support form social mobilisation activities
- ✓ Support for surveillance of diseases targeted by the PEV

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

Next\* CQD set for 2010

*\*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?

**System Design**

- Reinforce the directive (report)
- Harmonise the DEP vaccine timetable with that of the PEV as far as ATV is concerned

**Recording of Data**

- Fill out the checklists daily
- Harmonise the data collection tools (recording of children and pregnant women)
- Create tools for collecting information on the different immunisation strategies

**Archiving and Reporting**

- Give the data management department equipment for backup and effective use of data (server, network system, CD)
- Draw up a procedure in writing for processing data which arrives late and backing up computerised data

**Monitoring and Assessment**

- Draw up directives for constant monitoring of all indicators (abandonment rate, loss rate, running out of stocks of vaccines and consumables)
- Increase personnel capacity in order to be able to set consistent, realistic and feasible targets



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 stages monitored within the implementation of the recommendations are as follows:

- The review of the report with the activities to be carried out at each level
- The organisation of workshops at regional level for distribution of DQA results and breakdown of the reviewed report
- The review of standardised tools and data management media
- The copying and distribution of media to all health training organisations
- Filling out of checklists daily
- Giving the data management department IT equipment (free-standing hard drive) for data backup.
- Compilation of media usage guides
- The imposition of an electronic medium for constant monitoring of indicators and drawing up of monthly reports in the districts
- Training of PEV managers in computerised management of vaccines and consumables

**The report on the implementation of the recommendations is attached to the document**

**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).*

*Since the last assessment in 2005, no assessment study looking at PEV has been carried out in 2007 at a national level by the DPV. But every year, the districts plan and carry out a **self-assessment of the quality of immunisation data** (DQS) examining the different areas covered by the PEV (vaccine management, planning, archiving, supervision, reporting and retroinformation). The DPV assists with the requirement.*

#### 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 ones?*

The CCIA held 3 meetings in 2007 on the following dates

- The first meeting: 20/3/2007
- The second meeting: 26/7/2007
- The third meeting: 31/10/2007.

The company is a member of the CCIA through the Burkina Faso Red Cross and Rotary International.

## 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)
DTC-HepB-Hib	1	126 400	01 / 01 / 2006	16/02/2007
DTC-HepB-Hib	1	546 200		13/04/2007
DTC-HepB-Hib	1	546 200		28/08/2007
DTC-HepB-Hib	1	546 200		30/11/2007

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

*Problems encountered when receiving new DTC-HepB-Hib vaccines (new liquid form, single dose bottle) particularly concern inadequate storage space at all levels, thus forcing players to increase their provisioning speed (from 2 to 4 deliveries for central level; and increase refuelling from 4 to 6 times for some health regions, starting at central level) and meaning they needed to purchase further CDF equipment.*

### 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.*

- *Receipt of vaccines and storage in PEV cold rooms;*
- *Provisioning of DRS and DS with vaccines and consumables;*
- *Ongoing monitoring of vaccine loss rates, including new vaccines*

### 1.2.3. Use of GAVI Alliance financial support to introduce a new vaccine **(Not applicable)**

These funds were received on: \_\_\_\_\_

*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.*

**(Not applicable)**

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

The last assessment of vaccine management (EGV)/effective vaccine storage management (GEEV)/ was carried out from \_ 15<sup>th</sup> to 22<sup>nd</sup> August 2005\_\_\_\_\_.

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

- *Replace obsolescent cold rooms*
- *Fit extinguishers in all vaccine storerooms*
- *Fit an effective system for monitoring the temperature of CDF equipment*
- *Draw up and put in place an emergency plan for PEV vaccine management*
- *Draw up and put in place Normalised Operating Procedures (MON) for current procedures for managing PEV vaccines and consumables;*
- *Host discussions with the various players concerned with the vaccine provisioning process (customs, forwarding, regulating authorities)*
- *Implement the Autorisation Nationale de Régularisation [Authorisation for National Regulation] for PEV vaccine control*

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.*

- *Acquisition of three new cold rooms, two of these positive and one negative;*
- *Putting into service of the new cold rooms;*
- *Installation of extinguishers in vaccine and consumable stores*
- *Purchase of automatic recorders for the central and intermediate levels.*
- *Drawing up of an emergency plan for managing PEV vaccines*
- *Implementation of an emergency plan for managing PEV vaccines*
- *Discussions with the various players concerned with the vaccine provisioning process (customs, forwarding, regulating authorities)*
- *Discussions with the body responsible for vaccine regulation in an attempt to gain effective involvement of the ANR in terms of PEV vaccine control*

The EGV/GEEV\* will take place: \_\_\_\_2009\_\_\_\_\_

\*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 in funds/nature **(Not Applicable)**

Please report on the receipt of support provided by GAVI Alliance in 2007 for injection safety (add lines as necessary). **(Not applicable)**

Injection safety equipment	Quantity	Date received

If necessary, please report on any problems encountered.

**(Not applicable)**

#### 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.

Since January 2006, injection equipment for vaccines, other than DTC-Hep-Hib, has been financed by the National Budget. Injection equipment for the new vaccines (DTC-HepB-Hib) is provided in entirety by GAVI.

Please report on procedures for disposing of sharps.

Waste PEV sharps are collected in safety boxes which are then destroyed, either by incineration for districts which have operational incinerators (about 35% of districts), or by burning and then burying in pits dug for the purpose.

To the benefit of the December 2007 measles campaign, all waste sharps were collected under a logistic plan drawn up in advance, by the central level, and removed by incineration done by private operators using high performance, bulk incinerators.

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

RAS

**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:*

**(Not applicable)**

## 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.

	2007	2007	2008	2009
	Real	Anticipated	Anticipated	Anticipated
<b>Total expenditure on immunisation and change in immunisation financing</b>				
<b>Immunisation expenditure</b>				
Vaccines	10 764 421	9 238 149	9 331 830	9 438 660
Injecting equipment	398 383	599 602	655 295	689 080
Personnel	463 963	383 633	391 306	399 132
Transport	585 002	408 011	471 800	547 888
Maintenance of CDF, building and other equipment	462 830	989 815	1 073 423	1 157 197
Short-term training	297 829	318 922	129 455	108 337
Social mobilisation and IEC	283 139	133 890	185 679	139 299
Monitoring and surveillance of disease	304 737	163 765	154 080	157 162
Other overheads (management of the programme and other recurrent costs)	851 747	632 214	1 183 470	702 202
Cold chain equipment	385 563	1 420 884	472 808	610 113
Vehicles	1 082 200	572 287	333 845	256 234
Other expenditure on capital	39 530	103 357	141 335	107 333
National Poliomyelitis Immunisation Campaign*		804 636	836 809	870 323
National Measles Immunisation Campaign	3 247 449	1 924 943		
National Yellow Fever Immunisation Campaign		12 978 976		
National Tetanus Vaccination Campaign in Childbirth and the Newborn Child	412 751	1 503 249		
Acceleration campaign	77 084			
<b>Financing of immunisation by source</b>				
Government	3 637 823	5 832 860	4 954 000	5 937 283
COGES	157 839	183 353	223 424	222 443
GAVI	10 196 048	19 903 916	7 375 340	6 308 984
UNICEF	2 557 721	2 151 439	431 642	381 262
WHO	868 978	2 393 804	1 013 857	879 672
Plan	35 713	45 386	73 245	48 721
PADS	2 133 840	706 643	1 022 778	893 938
PADS-CEN	19 158	8 093	8 093	66 092
JICA	0	822 114		
CTB (Belgian Technical Cooperation)	49 508			
<b>Total Expenditure</b>	<b>19 656 628</b>	<b>32 047 608</b>	<b>15 102 379</b>	<b>14 738 395</b>
<b>Total financing</b>	<b>19 656 628</b>			
<b>Total financing deficit</b>		<b>12 390 980</b>		

Comment:

In the full multi-year plan 2006-2010, there is a deficit of 128,725 US dollars between expenditure forecasts and promises of finance for 2007.

By comparing forecasts for immunisation expenditure contained in the PPAC for the year 2007 with the real financing for the same year, we see a deficit of 12,390,980 US dollars. This deficit is explained by the fact that there were no campaigns for immunisation against polio and yellow fever. This situation therefore results in a fall in promises from certain partners to finance, ones which should finance said campaigns. This is the case for partners such as the WHO, GAVI, the National Budget and UNICEF. Moreover, the purchase was forecast by the Japanese Cooperation of cold chain

equipment for PEV in the PPAC. In 2007, the purchase process was launched but delivery is not anticipated until 2008.

In analysing the table above, we see a positive difference between the financing of immunisation by certain partners in 2007 and the finance promises for the same year contained in the PPAC (PADS, CTB). This could be explained by problems with co-ordinating the finance provided by certain partners on the ground and an underestimate of promises of finance when the PPAC was drawn up.

To ensure that the programme is financially viable over the **next** three years, this means firstly guaranteeing that intentions to finance actually materialise, and secondly sensitising so that their financial contribution increases again, and the activities programmed in the PPAC can go ahead. And finally, it must be checked that these resources are being used correctly.

To do this, the strategy proposed is to make a plea to partners to mobilise funds adequately for annual requirements. The mobilisation of partners' intentions to finance the PEV must also be monitored regularly and there must be regular discussions about the financial situation.

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**Table 2.2: Country co-financing (in \$US) (not applicable)**

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.

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

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

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For the second vaccine allocated by GAVI Specify which vaccine it is (e.g.: DTC-hepatitis B)	2007	2007	2008	2009
	Real	Anticipated	Anticipated	Anticipated
<b>Co-financing (in \$US per dose)</b>				
Government				

Other sources (please specify)				
<b>Total co-financing (in \$US per dose)</b>				

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

**(sans Objet)**



**Table 2.3: Co-financing by your country (in \$US) (not applicable)**

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? (Not applicable)</b>			
	Tick if yes	List the relevant vaccines	Fund origins
Government Purchases – international ITT (AOI)			
Government Purchases - Others			
UNICEF			
Renewable OPS funds			
Donations			
Others (please specify)			
<b>Q. 2: Are there any differences between the proposed payment timetable and the real timetable in the year covered by the report? (Not applicable)</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 (please specify)			
2 <sup>nd</sup> vaccine allocated (please specify)			
3 <sup>rd</sup> vaccine allocated (please specify)			
<b>Q. 3: Have co-financing requirements been incorporated in the national planning and budgeting systems listed below? (Not applicable)</b>			
	Answer with yes or N.A. if not applicable		
Budgetary post for purchasing vaccines			
Plan for national health sector			
National health budget			
Context of medium-term expenditure			
Sectorial approach (SWAp)			
Analysis of costs and PPAC financing			
Annual immunisation plan			
Others			

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Q. 4: What factors have slowed and/or hampered the mobilisation of resources for co-financing vaccines? ( <b>Not applicable</b> )	
1.	
2.	
3.	
4.	
5.	

### **3. Requirement for new or under-used vaccines for 2009** **(Not applicable)**

*Part 3 concerns the requirement 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.*

**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	642849	661066	676800	692907	709399	726282	743568	761265	779383	797932
Deaths of babies	52979	53546	54821	56126	57461	58829	60229	61662	63130	64633
Surviving babies	587070	603707	618075	632785	647846	663264	679050	695211	711757	728697
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)*	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
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)*	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<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> of ..... (new vaccine)	596350	655345	618075	632785	647846	663264	679050	695211	711757	728697
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 ..... (new vaccine)	559511	618024	618075	632785	647846	663264	679050	695211	711757	728697
Loss rate up to 2007 and rate anticipated in 2008 and beyond*** for DTC-HepB-Hib (new vaccine)	10%	2%	2%	2%	2%	2%	2%	2%	2%	2%
<b>INJECTION SAFETY****</b>										
Pregnant women immunised/to be immunised with tetanic anatoxin	567646	638961	631288	661343	615530	630180	645178	660533	676254	692349
Babies immunised/to be immunised with BCG	661899	710807	676800	692907	709399	726282	743568	761265	779383	797932
Babies immunised/to be immunised against measles (1 <sup>st</sup> dose)	516938	566657	556268	575835	589540	603571	617936	632642	647699	663115

\*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 really recorded in past years

\*\*\*\*Insert the necessary lines

### 3.2 Confirmed/reviewed requirement 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 requirement, please state below whether the UNICEF provisioning Division has guaranteed the availability of the new quantity/form of the provisions.

**(Not applicable):** Burkina Faso has not tendered for any new vaccine in the 2008 accounts.

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

Remarques
<ul style="list-style-type: none"> <li>▪ <b>Introduction progressive :</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>Pertes de vaccins :</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>Stock régulateur :</b> le stock régulateur est recalculé chaque année comme étant égal à 25% des besoins courants en vaccins.</li> <li>▪ <b>Vaccins prévus en stock au début de l'année 2008 :</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>Seringues autobloquantes :</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>Seringues de reconstitution :</b> elles ne concernent que les vaccins lyophilisés. Inscrivez zéro pour les autres vaccins.</li> <li>▪ <b>Réceptacles de sécurité :</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 requirement for support for injection safety for 2009

**Table 8: Estimated provisions for immunisation safety for the coming two years with .....** (Use one table per vaccine: BCG, DTC, measles and tetanic anatoxin and list them 8a, 8b, 8c etc.) Please use the same targets as in table 5.

		Formula	For 2008	For 2009
<b>A</b>	<b>Target number of children for immunisation .....(for tetanic anatoxin: target number of pregnant women) (1)</b>	#		
<b>B</b>	<b>Number of doses per child (for tetanic anatoxin: target number of pregnant women) (1)</b>	#		
<b>C</b>	<b>Number of doses of ....</b>	<b>A x B</b>		
<b>D</b>	<b>AD syringes (+10% losses)</b>	<b>C x 1.11</b>		
<b>E</b>	<b>Regulating stock of AD syringes (2)</b>	<b>C x 0.25</b>		
<b>F</b>	<b>Total AD syringes</b>	<b>D + E</b>		
<b>G</b>	<b>Number of doses per bottle</b>	#		
<b>H</b>	<b>Vaccine loss factor (3)</b>	<b>2 or 1.6</b>		
<b>I</b>	<b>Number of refilling syringes (+10% losses) (4)</b>	<b>C x H x 1.11/G</b>		
<b>J</b>	<b>Number of safety receptacles (+10% extra)</b>	<b>(F + I) x 1.11/100</b>		

- 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.*

#### 4. Health Service Reinforcement (RSS)

**This part must only be completed by countries whose request for RSS support has been approved. It will serve as an initial report to enable the unblocking of funds for 2009. Consequently, countries are responsible for reporting on activities carried out in 2007.**

Beginning of support for improving health services: \_\_\_\_\_ (date)

Current support for improving health services will come to and end on: \_\_\_\_\_ (date)

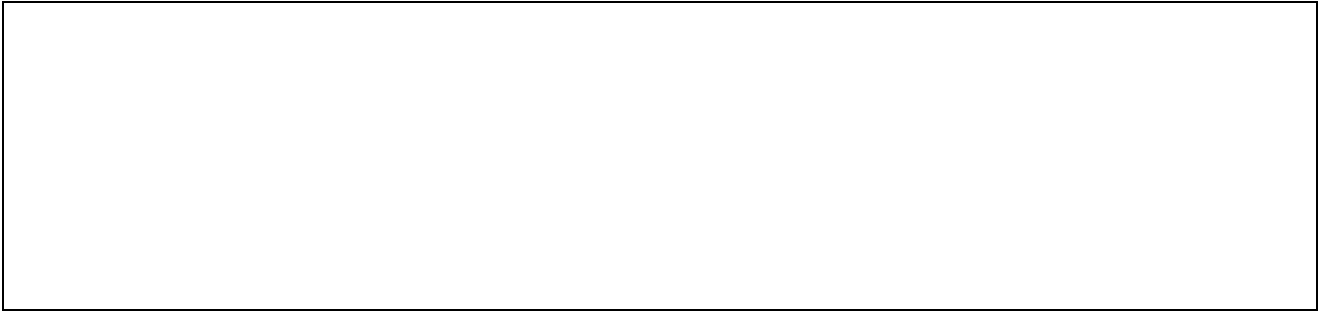
Funds received in 2007:            Yes/No  
                                                  If yes, date received: (dd/mm/yyyy)  
                                                  If yes, total amount:     \$US \_\_\_\_\_  
Funds disbursed at present:            \$US \_\_\_\_\_  
Balance of remaining payment due:            \$US \_\_\_\_\_  
Amount requested to be disbursed 2009            \$US \_\_\_\_\_

*Are funds recorded in the budget (do they appear in the Ministry of Health's budget and that of the Ministry for Finance): Yes/No  
If this is not the case, please give reasons for this. How will you guarantee that funds are recorded in the budget?*

*Please give a brief yet full report on the RSS support programme explaining the main activities carried out, and stating whether the funds were disbursed in accordance with the implementation plan, the main work done (especially the impact on health service programmes, and especially the immunisation programme), problems encountered and solutions used or anticipated, and any other important information which you would like to send GAVI. You may provide more detailed information in table 10 if you would like to state, for example, whether activities were applied in accordance with the implementation plan.*

*Are company organisations taking part in implementing the RSS proposal? If so, describe how they are participating.*

*If you are requesting an amendment to the implementation plan and the withdrawal calendar as defined in the proposal, please give reasons for this and justify the amendment to your withdrawal request. A more detailed breakdown of expenditure is given in table 9.*



**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>Support sector</b>	<b>2007 (Expenditure)</b>	<b>2007 (Balance)</b>	<b>2009 (Requirement)</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>			

<b>Table 10. RSS activities in 2007</b>	
<b>Main activities</b>	<b>2007</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>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 (%)						
2. Number/% of districts reaching $\geq$ 80% coverage through the DTC3						
3. Mortality rate of children under five (for 1000):						
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.

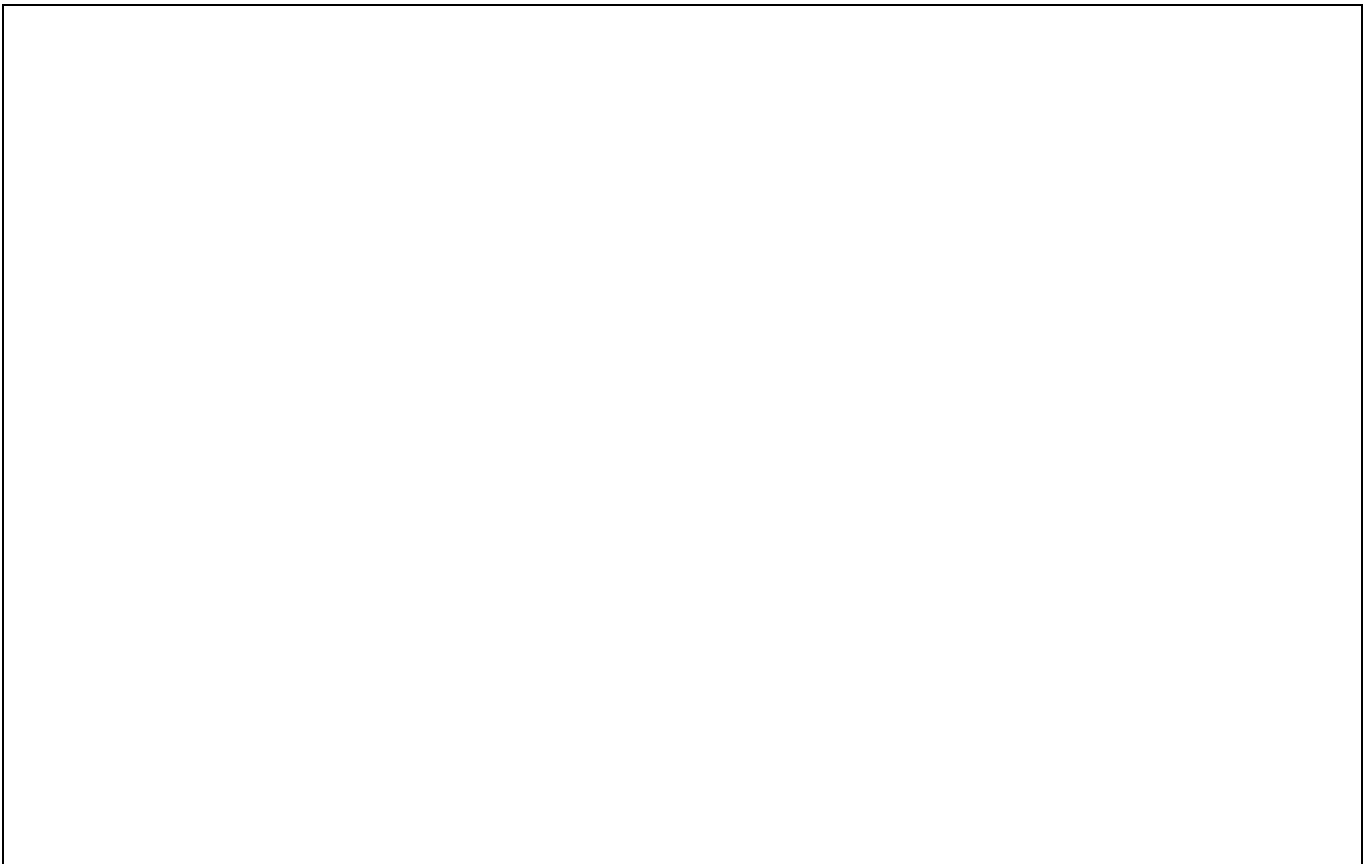
## 5. Checklist

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		Not applicable
Information given on injection safety		Not applicable
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)		Not applicable
Information given on the RSS		Not applicable
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		Not applicable

**6. Comments**

*CCI/CCSS comments:*



~ End ~