June 2003

Progress Report

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

by the Government of

COUNTRY: CAMEROON

Date of submission: 30 September 2003

Reporting period: January to December 2002……..

(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	❒

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

Progress Report Form: Table of Contents

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 ICC has adopted a decentralised mechanism for the management of GAVI funds, which is in compliance with the management and control rules applicable to public funds:

The GAVI funds are deposited in a bank account in Yaoundé. For any scheduled activity to be carried out by the EPI, a technical sheet is established, accompanied by a corresponding budget, in accordance with the plan of action budgeted and endorsed by the ICC. The file is then submitted for the approval of the Minister of Public Health, the Chairman of the ICC, who authorizes the financing of the activity. The funds are then made available by means of a cheque signed jointly by the Permanent Secretary of the EPI (ICC Secretary) and the Vice-Chairman of the ICC. As the funds are intended for the management of public assets, they are subject to same audit and verification rules as those applied to public funds by the State.

The financial sustainability of the programme remains a concern for the Government which, for the time being, has recourse to the HIPC funds as far as the State budget is concerned. Efforts are being made to bring about a progressive improvement in the level of contribution from Cameroon's own resources.

An obligation framework document has been drawn up between the EPI and the health districts (HDs). Each HD has presented its plan of action. The target population determined in the health district plans is used as the basis for the allocation of funds. Supervision visits are organised at all levels - central, provincial and district. Such visits serve to ensure not only the technical monitoring of activities but also the traceability of the use of funds.

The main problem to have been encountered is the deficit of FCFA 100 000 000 (approximately US$ 172 414) resulting from the fall in the dollar exchange rate. This deficit has slowed down the implementation of scheduled activities, some of which have been reduced to a minimum. This applies particularly to activities relating to social mobilization and training.

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 year 2003: $US 553 500
Remaining funds (carry over) from the year 2002: Deficit of $US 36 140

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines			US$ 00 of GAVI funds. In 2003, financial support for the provinces was provided from the Highly Indebted Poor Country (HIPC) Initiative Fund, due to the Gavi fund deficit (depreciation of the dollar)		
Injection supplies					
Personnel	9 381.26	9 381.26			
Transportation (vaccines)	25 738.08	25 738.08			
Maintenance and overheads					
Training	12 666.95	12 666.95			
IEC / social mobilization	20 393.84	20 393.84			
Outreach	0	0			
Supervision	42 927.64	42 927.64			
Monitoring and evaluation	8 298,34	8 298.34			
Epidemiological surveillance	0	0			
Vehicles	0	0			
Cold chain equipment	0	0			
FSP workshops	12 437.89	12 437.89			411 233.52
Plan contracts	411 233.52	0			411 233.52
Total:	543 077.52	131 844	120 689.66 5 (HIPC funds)		
Remaining funds for next year:	- 257 717.52				

If no information is available because of block grants, please indicate under 'other'.

N.B. : The ICC has endorsed the establishment of an obligation framework document between the central level and the health districts upon presentation of a plan. The same mechanism is recommended within the districts. However, little is know about the exact share of the private sector and the NGOs. A Ministry of Health circular states that cooperation between the various sectors should be implemented at the level of the health districts.

***Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed*.**

16 January 2003 : ICC meeting to examine the EPI consolidated plan of action
03 February 2003 : Meeting to endorse the EPI plan of action for 2003
29 July 2003 : Meeting to examine the degree of progress in immunization coverage and other EPI activities for the first half of 2003 and the introduction of new vaccines (examination of the allocation of funds)

→ *Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.*

Main activities carried out within the framework of strengthening immunization services:

- **Strong support from the most senior levels in the hierarchy: the Minister of Public Health personally chairs all of the ICC meetings**
- **Institutional strengthening of the EPI at all levels: new texts regulating the EPI (already with GAVI)**
- **Adoption and dissemination of immunization norms and standards and training of executive level teams of the health districts in March 2002**
- **Increased awareness of health personnel and the public (11 contracts signed with rural radio stations in order to raise the awareness of the local populations through sketches and the like)**
- **Decentralization of the management of GAVI funds**
- **Systematic micro-planning each year and rationalized financing for the implementation of scheduled activities**
- **Implementation of an efficient system for the integrated monitoring of EPI target diseases (acute flaccid paralysis, measles, neonatal tetanus and yellow fever). The system mirrors the one applying for the monitoring of acute flaccid paralysis within the framework of the initiative for the eradication of poliomyelitis.**

Difficulties encountered:

- **Difficulty and delay in the transfer of GAVI funds. These funds are for the most part budgeted within the operational costs. Their late transfer hampers activities in the health districts, which run the risk of not being able to reach the targets set.**
- **The fall in the value of the dollar caused a deficit of US $ 172 414 in 2003.**

1.1.3 Immunization Data Quality Audit (DQA) (*If it has been implemented in your country)*

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES [v] *NO* [ ]

If yes, please attach the plan and report on the degree of its implementation.

Having taken note of the ICC decisions, the EPI Central Technical Group, extended to include representatives of the WHO and UNICEF partner organizations, has drawn up an EPI overall annual plan of action which takes into account the recommendations of the DAQ. The plan was finalized on 16 January 2003 and endorsed on 02 February 2003. (See annexed 2003 plan, pages 24 to 26).

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

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

Inventory of the cold chain in the seven southern provinces in June 2003. An overhaul plan is in the course of being prepared with the support of the French government development service (*Coopération Française*).

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 yellow fever vaccine will be introduced throughout the country with effect from January 2004. The hepatitis B vaccine will be introduced in a monovalent form with effect from January 2005. The related application was submitted on 30 September 2003.

For the time being, the country expects to receive the yellow fever vaccine and related injection supplies before December 2003.

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.

The main activities are described in accordance with the strategies listed below. The aim is to achieve a DTP3 immunization coverage rate of 65% and 70% in 2003 and 2004 respectively, in accordance with forecasts.

Activity	Completed or not	Remarks
Identification of the health districts with low immunization coverage requiring special attention		
Raising the awareness of political leaders of the need to ensure that health districts which are not genuinely functional become so, particularly in the case of the newly created HDs	Completed	Nine new HDs were created in 2002, bringing the total number up from 144 to 153
Advocacy for the private and denominational health units to intensify their immunization activities and for monthly reporting of immunization data	Completed	On-going activity
Intensifying the advanced strategies	Completed	Plan contracts concluded with the HDs for the price of $US 411 233 drawn from the GAVI funds. HIPC funds in a similar amount are expected, in addition to the operating credits allocated by the State
Equipping the immunization centres with operational cold chains	Started	An overhaul plan is in the course of being prepared 200 refrigerators, 50 freezers purchased in 2003 by the

		Japanese International Development Cooperation
Intensifying information and awareness-raising campaigns with parents	**Started**	**Eleven agreements have been concluded with the rural community radio networks for the regular broadcasting of EPI messages. Models, posters, prospectuses, immunization calendar and aide-mémoire will be produced in 2003**
Applying the Reach Every District (RED) approach	**Started**	**22 low-performing HDs have been selected for implementation of the approach**
Strengthening the intrinsic skills of personnel at all levels		
Organizing mid-level-management (MLM) courses for all the health officers involved in immunization activities	**Started**	**A national consultant has already been designated by the Minister of Public Health for coordinating the MLM course. Adaptation of the modules will be carried out in 2003**
Intensifying supervision for training purposes	**Started**	**The central level carried out 4 supervision visits in 2002, as stipulated in the norms. Similarly, the activity has been strengthened at provincial and district level**
Developing innovative mechanisms for motivating personnel	**Started**	
Organising training/re-training of the Central Technical Group (CTG) and the EPI provincial and health district units in IT, the use of the Internet and data management	**Started**	**A data management training workshop was organised at central level. Increasing use is being made of computerised data management.**
Recruiting CTG-EPI support personnel		**4 handling staff, 6 drivers (1 per section), 3 secretaries, 2 assistant accountants and 3 general support executives have been recruited at central level**
Developing specific strategies designed to reach populations in inaccessible areas		
Implementing the procurement plan to permit regular deliveries of vaccines and injection supplies to the immunization centres	**Started**	**On-going**
Lending support to the Districts in terms of concluding contracts with the private sector, NGOs and associations with a view to reaching populations in inaccessible areas	**Started**	**Briefing workshops on health district micro-planning have been organised. Each district has drawn up an EPI plan of action for 2003**
Supplying the immunization centres with appropriate transport equipment	**Started**	**An overhaul plan is in the course of being prepared.** **120 motorcycles purchased in 2002 with state budget funds and HIPC funds have been allocated to the immunization centres for advanced strategy activities. Two invitations to tender have been made for the supply of 200 motorcycles and 3 outboards in 2003**

Improving injection safety		
Implementing the National Strategy for Injection Safety, including waste management	**Started**	**The strategy provides for the exclusive use of AD syringes for immunization and for appropriate destruction of all contaminated injection equipment with effect from January 2003**
		The document containing the National Strategy on Injection Safety has been published and disseminated by the health districts but the number of copies made is not sufficient.
		An AD syringe is made available for each dose of vaccine. 30 refractory brick incinerators were ordered and will be built in 2003 for the price of US$ 110 000, to be financed with HIPC funds
		A study on injection safety is scheduled for October 2003
Improving vaccine management (wastage reduction)		
Producing and disseminating EPI management tools for monitoring wastage rates at all levels	**Completed**	**The tools for the management of EPI inputs for monitoring wastage rates at all levels have been made available in the field during supervision and on other occasions**
Training staff in vaccine management	**Started**	**The personnel are trained in vaccine management, including the open vial policy.** **However, the training was limited to the senior level teams of the districts and the training lasted no more than a day. Training was not given to the personnel in charge of immunization in the health units, save for certain districts where the RED approach was implemented.** **A training needs analysis has just been completed, together with a plan for the implementation of its recommendations.**
Ensuring a good quality cold chain at all levels;	**Completed**	**Measures have been taken to ensure the availability of a quality cold chain at all levels**
Strengthening supervision for training purposes	**Completed**	**Supervision for the purpose of training in vaccine stock management has been strengthened at all levels**
Strengthening monitoring and supervision		
Increasing supervision activities for the regular monitoring of the implementation of the introduction of the vaccines against yellow fever and viral hepatitis B		**The yellow fever and viral hepatitis B vaccines will be introduced in January 2004 and January 2005 respectively.**
Reviewing supervision tools to integrate the vaccines against yellow fever and hepatitis B	**Completed**	

Organising meetings for the monitoring of EPI and Vitamin A activities at all levels	**Started**	
Ensuring that the EPI monthly bulletin is produced on a regular basis	**Started**	**A bulletin was designed and the first issue was published in May 2003, the second in July 2003.**
Strengthening communication and social mobilization		
Organizing advocacy for the new vaccines in order to obtain the commitment and active support of the administrative, traditional and religious authorities, elites and leaders in favour of the promotion of immunization.	**Started**	**Apart from the messages broadcast by 11 rural radio stations, a symposium on the introduction of the new vaccines will be organized in November 2003 at the University of Yaoundé.**
Strengthening and consolidating current gains in terms of partnership in communication	**Completed**	**Eleven contracts have been concluded with the rural radio stations**
Establishing a firm basis for behavioural change in the communication system	**Completed**	**Sketches and a radio/television documentary have been produced for the EPI, some of which are currently being broadcast**

Strengthening the communication skills of the central core, the provincial focal points, the local committees and the social mobilization workers in favour of the routine EPI and the new vaccines.	**Started**	**The central core and the provincial focal points have been trained. Plans have been made to adapt the training modules for the local committees and mobilization workers. An invitation to tender has been made for the supply of 250 bicycles for the local social mobilization workers.**
Strengthening disease monitoring		
Strengthening the active monitoring of EPI target diseases	**Completed**	**There is effective monitoring of acute flaccid paralysis, measles, maternal and neonatal tetanus and yellow fever. A review of the monitoring activity was completed in September 2003 with the support of the WHO and the CDC. The plan for implementation of the recommendations is being prepared.**
Incorporating the monitoring aspect into the EPI supervision matrix	**Completed**	**Integrated monitoring is included in the supervision form sheet**
Ensuring regular feedback to the provinces and districts on the monitoring of acute flaccid paralysis, measles, yellow fever and neonatal tetanus	**Completed**	**A bulletin was designed and the first issue was published in May 2003, the second in July 2003. In addition, the laboratory results are communicated to the clinics as and when they are received [and through….]**
Training personnel in the case-by-case monitoring of measles and in the integrated disease monitoring, the definition of cases and the laboratory confirmation procedures	**Completed**	**Training given for monitoring of measles, AFP and yellow fever in all the districts. Modules for training in integrated monitoring are being prepared on the basis of the WHO guide on integrated**

		monitoring and response
Stregthening the use of the tools for the management of integrated monitoring	**Completed**	
Operational research		
Conducting special studies in specific domains (epidemiological surveillance, communication/social mobilization, logistics, vaccine management) in order to understand the problems surrounding immunization in Cameroon in general and the integration of the new vaccines into routine EPI in particular.	**To do**	

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.

The one-off support payment of US$ 100 000 intended to facilitate the introduction of new vaccines was announced by the GAVI Executive Secretary in his letter reference GAVI/02/251/TG/jd of 14 July 2003. These funds have yet to be received.

With the introduction of the yellow fever vaccine scheduled to take place in three months' time, the delay in the transfer of funds could have adverse consequences on the social mobilization plan and staff training.

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

We have just received (September 2003) the syringes and safety boxes supplied by GAVI through UNICEF. These supplies are in the course of being forwarded to the provinces.

Arrangements will be made in 2004 and 2005 for the shippers to deliver the supplies directly to the provinces, in accordance with the distribution plan provided by the EPI.

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
Availability indicators				
1. Proportion of provinces and health districts having implemented the injection safety policy	**1. To administer 100% risk-free immunization injections by 2007**	**The document containing the national strategy on injection safety has been produced and disseminated at all levels**	**The communication and social mobilization activities are insufficient due to a lack of financial resources**	
2. Proportion of health districts with incinerators operational and correctly used	**2. To eliminate APIR cases by 2007**	**Educational materials on injection safety have been prepared and will be reproduced before the end of 2003**	**Installation of incinerators in the districts has not yet started**	
3. Proportion of health workers trained in injection safety	**3. to improve monitoring of adverse post immunization reactions connected with immunization**	**Messages on injection safety are being communicated through the media and other channels of communication (rural**		

4. Number of health centres not having experienced shortages of AD syringes and/or safety boxes **Use indicators** 1. Percentage of health units using AD syringes 2. Proportion of health districts with operational incinerators 3. Proportion of adverse post-immunization reactions (APIR) 4. Proportion of health centres with appropriate means of waste disposal.	techniques 4. to eliminate immunization injection wastes in conformity with the norms in all the health districts by the year 2007	radios) throughout the country. Supervision for training purposes being conducted quarterly for the central level and monthly for the health districts is organised to strengthen safe injection practices and appropriate disposal of wastes The injection safety indicators are integrated into the EPI supervision tools AD syringes and safety boxes are received and distributed in the health centres (each dose of vaccine is accompanied by an AD syringe) Stock movements are monitored to avoid shortages Tools for the management of vaccines and injection supplies are now beginning to be used at all levels Any purchase or donation		

		of vaccines is coupled with appropriate injection supplies		

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:*

NA (Support received in kind in respect of the first year 2003)

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.gaviftf.org under FSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level

Cameroon should submit its financial sustainability plan (FSP) on 30 November 2003.

A timetable has been drawn up by the Cameroon FSP group, following the international workshop held in Douala during the period 26-30 May 2003. The draft of the group's work was sent to the FSP focal point at Gavi in August 2003, as well as the request for a consultant to assist in the writing and presentation of the FSP.

A timetable has been drawn up for the preparation of the FSP to be submitted in 2003 as follows:

- **25 May to 12/05/03: Finalize inventory of missing data, as well as the main sources of information.**
- **26 May to 04/06/03: Draw up the country report on the Douala FSP workshop.**
- **27 Mai to 30/10/03: Hold meetings of the various FSP working groups.**
- **06 June 2003: Give feedback on the FSP workshop and present FSP progress report to the members of the ICC.**
- **30 June 2003: Organise an initial retreat to consolidate data collection and analysis and the drafting of sections 1 and 2.**
- **01 to 10 August 2003: Send sections 3 and 4 for a preview to WHO, Geneva and to GAVI**
- **15 July to 30/10/03: Present progress report on FSP to the ICC and the Ministries involved**
- **01 July to 30/09/03: Produce the various FSP drafts.**
- **15 October to 10/11/03: Organise the (extended) ICC meeting to endorse the FSP.**
- **11 November to 15/11/03: Organise signature of the FSP by the partners and the Ministers**
- **15-30 November: Send the country's FSP to GAVI.**

The time-table is being complied with.

The problems encountered are as follows:

- **The data entry masks received from the GAVI secretariat do not contain the formulae for the projection of financial contributions.**
- **The GAVI funds are virtually depleted (effect of the depreciation of the dollar exchange rate on the GAVI funds sent in 2003), in consequence of which the FSP group have had certain difficulties in their work due to transport problems .**
- **The consultant requested for the finalization of the FSP may arrive late. We hope that he will arrive in the course of October 2003. Fortunately, we have just received US$ 10 000 from GAVI to support this work.**

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	663 170	678 579	698 258	718 507	739 343	760 784	782 847	805 550
Infants' deaths	51 064	52 251	53 766	55 325	56 929	58 580	60 279	62 027
Surviving infants	612 106	626,328	644 492	663 182	682 414	702 204	722 568	743 522
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	54% 321 267	43% 270 177	63% 408 716	65% 431 068	70% 477 690	75% 526 653	80% 578 054	82% 609 688
NEW VACCINES								
Infants vaccinated with the anti amaril vaccine	NA	NA	NA	NA	67% 457 217	72% 505 587	76% 549 152	80% 594 818
Infants vaccinated with the viral hepatitis B vaccine	NA	NA	NA	NA	NA	75% 526 653	80% 578 054	82% 609 688
Wastage rate of yellow fever vaccine **	NA	NA	NA	NA	33%	25%	20%	15%

Wastage rate of the viral hepatitis B vaccine	NA	NA	NA	NA	NA	27%	20%	15%
INJECTION SAFETY								
Pregnant women vaccinated with TT	301 469	281 538	45% 363 894	55% 455 938	60% 511 811	63% 552 986	65% 587 086	65% 604 112
Infants vaccinated with BCG	413 527	407 438	70% 487 507	75% 538 880	80% 591 474	83% 631 450	85% 665 419	85% 684 717
Infants vaccinated with Measles	296 319	289 624	53% 343 907	60% 397 909	67% 457 217	72% 505 587	76% 549 152	80% 594 818

* 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.*

With regard to the plan initially approved by GAVI, Cameroon has made the following changes:

- **The time-limits for achieving immunization coverage targets**
- **The presentation of the vaccine against viral hepatitis B**
- **The deadlines for the introduction of the new vaccines.**

1. **Though the targets set by Cameroon for 2001 were not completely achieved, it must be borne in mind that the financing for immunization services support was received during the second half of the year, at a time when the focus of attention had been to prepare for the special immunization campaigns (National Immunization Days against poliomyelitis and measles immunization campaign). This has delayed the process for the strengthening of the routine EPI as laid down and approved in the multi-year action plan. The ICC took the view that effective improvement in immunization coverage would take place in 2002 instead, hence the re-scheduling of the immunization coverage targets.**
   In view of the foregoing - which demonstrates the country's willingness to strengthen its immunization services - we have asked for a re-scheduling of the dates set for achieving the immunization coverage targets, with the year 2001 becoming the reference year as to the effective launch of activities with the support of funds from GAVI/the Fund..
2. **Having taken note of the shortage of the combined DTP/HEP B vaccine, the ICC requests the monovalent form of the vaccine in its new application to GAVI.**
3. **The re-scheduling should also apply to the introduction of the new vaccines (yellow fever in 2004 instead of 2002 and viral hepatitis B in 2005 instead of 2003).**

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for 2004**..... *(indicate forthcoming year)*

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

The yellow fever vaccine expected before December 2003

Table 3: Estimated number of doses of yellow fever vaccine *(specify for one presentation only)* : *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	2004
A	**Number of children to receive new vaccine**		457 217
B	**Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan**	*%*	100
C	**Number of doses per child**		1
D	**Number of doses**	*A x B/100 x C*	457 217
E	**Estimated wastage factor**	*(see list in table 3)*	1.49
F	**Number of doses (incl. wastage)**	*A x C x E x B/100*	681 253
G	**Vaccines buffer stock**	*F x 0.25*	170 313
H	**Anticipated vaccines in stock at start of 2004**		0
I	**Total vaccine doses requested**	*F + G - H*	851 600
J	**Number of doses per vial**		10
K	**Number of AD syringes (+ 10% wastage)**	*(D + G – H) x 1.11*	696 560
L	**Reconstitution syringes (+ 10% wastage)**	*I / J x 1.11*	94 530
M	**Total of safety boxes (+ 10% of extra need)**	*(K + L) / 100 x 1.11*	8 780

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year… ….:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

**Please report the same figure as in table 1.*

3.3 Confirmed/revised request for injection safety support for the year 2004

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

		Formula	2004	2005
A	**Target of children for tuberculosis vaccination (for TT : target of pregnant women)[1]**	#	591 475	631 451
B	**Number of doses per child (for TT woman)**	#	1	1
C	**Number of BCG doses**	A x B	591 475	631 451
D	**AD syringes (+10% wastage)**	C x 1.11	656 537	700 911
E	**AD syringes buffer stock [2]**	D x 0.25	0	0
F	**Total AD syringes**	D + E	656 537	700 911
G	**Number of doses per vial**	#	20	20
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	2	2
I	**Number of reconstitution [3] syringes (+10% wastage)**	*C x H x 1.11 / G*	65 654	77 801
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	8 016	8 643

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

The quantities of reconstitution syringes and safety boxes are different because the formulae used for calculation of the quantities of dilution syringes in the application document (Table 6.1) and in the present report (Table 4.1) are not the same.

[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	2004	2005
A	Target of children for DTP vaccination (for TT : target of pregnant women)[4]	#	477 690	529 352
B	Number of doses per child (for TT woman)	#	3	3
C	Number of DTP doses	A x B	1 433 070	1 588 056
D	AD syringes (+10% wastage)	C x 1.11	1 590 708	1 762742
E	AD syringes buffer stock [5]	D x 0.25		
F	Total AD syringes	D + E	1 590 708	1 762 742
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor [4]	*Either 2 or 1.6*	1.56	1.56
I	Number of reconstitution [6] syringes (+10% wastage)	*C x H x 1.11 / G*	159 071	274 987
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	19 423	22 618

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

The quantities of reconstitution syringes and safety boxes are different because the formulae used for calculation of the quantities of dilution syringes in the application document (Table 6.2) and in the present report (Table 4.2) are different.

[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.

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

		Formula	2004	2005
A	**Target of children for measles vaccination (for TT : target of pregnant women)[7]**	#	**457 217**	**525 360**
B	**Number of doses per child (for TT woman)**	#	**1**	**1**
C	**Number of MEAS doses**	A x B	**457 217**	**525 360**
D	**AD syringes (+10% wastage)**	C x 1.11	**507 511**	**583 149**
E	**AD syringes buffer stock [8]**	D x 0.25		
F	**Total AD syringes**	D + E	**507 511**	**583 149**
G	**Number of doses per vial**	#	**10**	**10**
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	**1.49**	**1.49**
I	**Number of reconstitution [9] syringes (+10% wastage)**	*C x H x 1.11 / G*	**50 751**	**86 889**
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	**6 197**	**7 437**

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

The quantities of reconstitution syringes and safety boxes are different because the formulae used for calculation of the quantities of dilution syringes in the application document (Table 6.3) and in the present report (Table 4.3) are not the same.

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

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

[9] Only for lyophilized vaccines. Write zero for other vaccines

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

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

		Formula	2004	2005
A	Target of pregnant women for tetanus vaccination[10]	#	511 811	552 986
B	Number of doses per woman	#	2	2
C	Number of TT doses	A x B	1 023 622	1 105 973
D	AD syringes (+10% wastage)	C x 1.11	1 136 220	1 227 630
E	AD syringes buffer stock [11]	D x 0.25	0	0
F	Total AD syringes	D + E	1 136 220	1 227 630
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor [4]	*Either 2 or 1.6*	1.56	1.56
I	Number of reconstitution [12] syringes (+10% wastage)	*C x H x 1.11 / G*	0	0
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	12 612	13 627

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

NA for TT.

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

ITEM		2004	2005	Justification of changes from originally approved supply:
Total AD syringes	BCG	656 537	700 911	The quantities of dilution syringes and safety boxes are different because the formula used in this report takes into account the vaccine wastage factor in the calculation of the quantity of dilution syringes, which is not the case in the GAVI application document (Revision 4, August 2002)
	Other vaccines	3 234 439	3 621 343	
Total of reconstitution syringes		275 476	439 677	
Total of safety boxes		46 248	52 325	

[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.

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	Achievements	Constraints	Updated targets
Reduction in drop-out rate	10%	13%		< 10%
Rate of implementation of scheduled activities per annum	at least 80%	78%	Social mobilization activities not carried out due to lack of financing	at least 90%
Reduction of vaccine wastage rate	maximum of 47%	ND	At present, no studies have been carried out to assess wastage rates in Cameroon. Moreover, active monitoring of vaccine wastage is not yet implemented.	maximum of 45%
Number of ICC meetings held, as compared to the number planned	at least 80%	100%		

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	30 September 2003
Reporting Period (consistent with previous calendar year)	X	2002
Table 1 filled-in	X	
DQA reported on	X	Plan of action 2003
Reported on use of 100,000 US$		Not received, awaited
Injection Safety Reported on	X	
FSP Reported on (progress against country FSP indicators)	X	Submission scheduled for 30 November 2003 but delay in FSP financial projection
Table 2 filled-in	X	
New Vaccine Request completed	X	
Revised request for injection safety completed (where applicable)	X	
ICC minutes attached to the report	X	
Government signatures	X	
ICC endorsed	X	

6. Comments

ICC comments:

The ICC has taken note of the wordwide shortage of the combined DTP / Hep B vaccine and requests support for the introduction of the monovalent Hep B vaccine with effect from January 2005.

7. Signatures

For the Government of **the Republic of Cameroon**

Signature: ……...……...

Title: **Minister of Public Health**.

Date: **30 September 2003**

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

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

Agency/Organization	Name/Title	Date Signature	Agency/Organization	Name/Title	Date Signature
Ministry of Health	**Dr Djibrilla Kaou B. Vice-Chairman, ICC**		**GTZ**	**Dr Andreas Stadler**	
WHO	**Dr Mambu Ma Disu Hélène, Representative**		**Rotary International**	**Mr Jean Richard Bieleu**	
UNICEF	**Dr Ndiaye Jean Michel Representative**		**European Union**		
Coopération Française	**Dr Garde Xavier Regional Advisor**		**Red Cross**	**Mr William Eteki Mboumoua President**	

~ End ~