



Partnering with The Vaccine Fund

June 2003

Annual Progress Report

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

by the Government of

Republic of Côte d'Ivoire

Date of submission: 2000

Reporting period: 2002

(Tick only one):

Second annual progress report

**The previous report, covering 2001, contained an error: it was the first report, not the second as indicated.*

Annual progress report form: Table of contents

1. Report on progress made during the year 2002

- 1.1 Immunization services support (ISS)
 - 1.1.1 Management of ISS funds
 - 1.1.2 Use of GAVI/VF immunization services support
 - 1.1.3 Immunization Data Quality Audit (DQA)
- 1.2 GAVI/The Vaccine Fund new and under-used vaccines
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use of GAVI/VF financial support (\$100,000) for introduction of the new vaccine
- 1.3 Injection safety
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharp waste
 - 1.3.3 Statement on use of GAVI/VF injection safety support (if received in the form of a cash contribution)

2. Financial sustainability

3. Request for new and under-used vaccines for the year 2004

- 3.1 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2004
- 3.2 Confirmed/revised request for injection safety support for the year 2004

4. Report on progress made since the last Annual Progress Report, based on the indicators selected by Côte d'Ivoire in the proposal for GAVI/VF support

5. Checklist

6. Comments

7. Signatures

1. Report on progress made during the year 2002

To be filled in by 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 report on the progress, including any problems that have been encountered with regard to support for immunization strengthening. Please describe the mechanism for management of these funds, including the role of the ICC.

Problems with regard to support for strengthening immunization:

Owing to the armed rebellion that began on 19 September 2002, it takes longer for funds earmarked for immunization activities to reach the districts.

Mechanism for management of these funds, including the role of the ICC:

The funds are managed according to the following mechanism: the COEPI prepares the quarterly spending programme and submits it to the ICC for approval. The ICC then analyses and validates the spending programme.

The Director for Financial Affairs of the Ministry of State, Ministry of Health and Population orders the different expenditure items under his control, then forwards them to the accounting manager of the Ministry of State, Ministry of the Economy and Finance for payment, after the financial comptroller of the Ministry of State, Ministry of Health and Population has checked the different spending items.

It will be noted that as far as the spending of GAVI funds is concerned, the ICC has recommended that cheques drawn on the funds be co-signed by a representative of the development partners, in this case AMP and the accounting manager.

Distribution on the periphery: financial comptrollers are responsible in each district for managing funds in cooperation with the Departmental Health Directors.

1.1.2 Use of immunization services support

In the past year, the following major areas of activities have been funded with the GAVI/the Vaccine Fund contribution.

Funds received during the reporting year: US\$0

Remaining funds (carry over) from the year 2001: US\$658,731

Table 1: Use of funds during the reporting calendar year 2002

ACTIVITIES	CREDIT AUTHORIZED in CFA F	AMOUNT SPENT in CFA F	% SPENT in CFA A	AMOUNT AVAILABLE in CFA A	% (AVAIL)	OBSERVATION
Vaccines	PM	PM	PM	PM	PM	Vaccines and injection supplied are provided directly by GAVI.*
Injection supplies	PM	PM	PM	PM	PM	
Implementation of district microplans	134,400,000	134,400,000	100	0	0	Done
Training of regional trainers	20,000,000	20,000,000	100	0	0	Done
Training of immunizing health agents	43,000,000	43,000,000	100	0	0	Done
Preparation of EPI supervisory tools	3,000,000	0	0	3,000,000	100	Not done
Training of the district coordination cell for the introduction of HepB	4,200,000	4,200,000	100	0	0	Done
Immunization communication training for the ASC or midwives in 80% of the districts	12,000,000	11,672,285	97	327,715	3	Done
Provision of rolling stock for new districts	52,237,420	52,200,000	100	37,420	0	Done
Provision of equipment for destruction of medical wastes for districts**	70,000,000	0	0	70,000,000	100	Under way
Development of accounting framework	8,000,000	0	0	8,000,000	100	Not done

ACTIVITIES	CREDIT AUTHORIZED in CFA F	AMOUNT SPENT in CFA F	% SPENT in CFA A	AMOUNT AVAILABLE in CFA F	% (AVAIL)	OBSERVATION
Sub-total of activities linked to immunization coverage	346,837,420	261,272,285	75	85,565,135	25	
Supervision missions in regions and districts***	57,155,000	8,518,360	14.9	48,636,640	85,1	Under way
More computer equipment for districts and COEPI	50,000,000	49,975,596	99.5	24,404	0.05	Done
Sub-total of activities linked to follow-up/Evaluation	107,155,000	58,493,956	54.59	48,661,044	45.41	
Expenditure verification mission by Treasury (provision)****	12,000,000	12,000,000	100	0	0	Done
Financial control mission (provision)****	1,000,000	1,000,000	100	0	0	Done
Account auditing mission (provision)****	4,000,000	4,000,000	100	0	0	Done
Sub-total of GAVI account management activities	17,000,000	17,000,000	100	0	0	
GRAND TOTAL	470,992,420	336,766,241	72	134,226,179	28	

*	Amount of delivery in US\$	Amount of freight in US\$
Vaccines DTP+HepB	591,284.85	5,677.25
Syringes and safety boxes	102,557.84	4,122.43

**The economic operator in charge of building incinerators was identified through a bidding procedure.

***Owing to the war situation, only now has it been possible to allocate this amount to the zones that were under control of the new forces during the last quarter of 2003.

****The ICC has granted discharges for these missions; to this end, the necessary fuel has been purchased.

N.B. : 1 US\$ = 715 F CFA

Overall amount to be distributed: 613,000 US\$ (513,000 USD + 100,000 US\$)

Fund breakdown: 65% at district level;

35% at central level.

Date of ICC meeting when the allocation of funds was discussed: 14 March 2002

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

Please report on the major activities carried out to strengthen immunization, and on the problems that has arisen in the implementation of your multi-year plan.

ACTIVITIES CARRIED OUT	DATES AND PLACES	Funding sources
Evaluation of 2001 activities and preparation of EPI plan of action for 2002	22-26 January 2002/ Aboisso	STATE
CAPACITY BUILDING		
Training in the introduction of the HepB vaccine into EPI in 43 districts	07-19 February 2002/ 43 health districts	GAVI
EPI management training for central-level trainers	18-22 February 2002/ Aboisso	STATE
EPI management training for regional trainers (9 RO, 43 DO/DDA, 44 CSE, 47 CEPI)	8-27 April 2002/ 47 districts 3 sites Taabo – Man - Bouaflé	GAVI/STATE
EPI management training for 37 doctors and 342 nurses and midwives in the regions of Montagnes and Bas Sassandra	June to August 2002/Bas Sassandra and Montagnes	AMP/STATE
Mid-level management training	10-26 July 2002 DAKAR (SENEGAL)	UNICEF
Support for the preparation of EPI microplans in the regions of Bas Sassandra and Montagnes	24-28 November 2002 in San Pédro	AMP/STATE
EPI COMMUNICATION ACTIVITIES		
Development of social mobilization tools for EPI (posters on awareness-building, missed opportunities, immunization calendar)	January - February - March - April 2002	STATE
Training in interpersonal communication and surveillance of EPI target diseases for 40 social workers	25-27 July in Agboville	WHO/STATE
EPI communication training for 420 ASCs and midwives from 15 underperforming districts	25 August - 20 September 2002	GAVI

ACTIVITIES CONDUCTED	DATES AND PLACES	Funding sources
SURVEILLANCE		
Two-monthly meeting for DO/CSE/CEPI to follow up the implementation of surveillance and routine EPI	29 January-1 February 2002/ Yamoussoukro	WHO/STATE
Supervision of the central-level team of doctors in charge of surveillance of AFP/measles/yellow fever/MNT and routine EPI	10-17 February 2002/ Biankouma – Bangolo – Toulepleu – Vavoua – Sinfra - Lakota	WHO/STATE
Supervision of the central-level team of doctors in charge of surveillance of AFP/measles/yellow fever/MNT and routine EPI	03-10 March 2002 / Bouaké - Gagnoa – Daloa – Abengourou – Agnibilékrou - Dimbokro	WHO/STATE
Supervision of the central-level team of doctors in charge of surveillance of AFP/measles/yellow fever/MNT and routine EPI	17-30 March 2002 / Man – Touba – Danané- Guiglo – Tabou – San Pédro – Soubré – Issia	WHO/STATE
Two-monthly meeting for CSE/CEPI to follow up the implementation of surveillance and routine EPI	29- 30 May 2002/ Daoukro	WHO/STATE
Supervision of the central-level team of doctors in charge of surveillance of AFP/measles/yellow fever/MNT and routine EPI	11 to 22 August 2002 / Agboville– Adzopé – Bondoukou – Daoukro - Bocanda	WHO/STATE
Supervision of the central-level team of doctors in charge of surveillance of AFP/measles/yellow fever/MNT and routine EPI	25 October-04 November 2002 / Songon – Adiake– Jacqueline – Grand Lahou – Agboville	WHO/STATE
Immunization data quality audit	16-28 June 2002/Korhogo – Yamoussoukro – Daloa - Aboisso	STATE/WHO
Training for new districts in active surveillance of yellow fever and other high-priority diseases in cooperation with the NPHI	31 July-04 août 2002/ Abidjan – Daloa - Bouaké	WHO/STATE
Sentinel site surveillance equipment for children’s bacterial meningitis (CHU Yopougon)	October 2002	WHO/STATE
Preparation of microplanning of NID 2002 at district level	17-19 September 2002	WHO/STATE
Organization of first passage of NID 2002 in 50 districts	9-12 November 2002	WHO/STATE/ UNICEF
Organization of second passage of NID 2002 in 42 districts	7-10 December 2002	WHO/STATE/ UNICEF

ACTIVITES CONDUCTED	DATES AND PLACES	Funding sources
LOGISTICS		
Distribution of HepB vaccines in 43 districts	08- 18 February 2002/ 43 health districts	WHO/STATE
Distribution of routine EPI vaccines in besieged zones	December 2002 in the disticts of the regions of la Vallée du Bandama et des Savanes	STATE/UNICEF
Distribution of 791 motorcycles in 65 districts	January-February-March-April	WHO/ETAT
Distribution of EPI supplies: icebox – vaccine-holder – thermometer	January-February-March-April	STATE/KFW

As implementation-related difficulties surfaced in the last two months of 2002 owing to the war, activities were limited to 42 districts.

1.1.3 Immunization data quality audit (DQA) *(If it has been implemented in your country)*

→ *A plan of action to improve the reporting system based on the recommendations from the DQA has been prepared*

YES

The plan of action was discussed and endorsed by the ICC at its meeting on 25 March 2003

- 4 central-level supervisory missions were conducted and covered 25 districts with the following main objectives:
 - Verification of data filing and storage at all levels
 - The availability of data management tools (monthly report, tally sheet, register)
- Written guidelines for safeguarding data and processing late data are being introduced.

The recommendations of the DQA have been incorporated into the component surveillance, follow-up and evaluation of the 2003 plan of action.

Mission reports attached

Please attach the minutes of the ICC meeting where the DOA plan of action was examined and approved.

→ Please list the surveys conducted in relation to EPI over the past year (e.g. coverage surveys, cold chain evaluation, EPI review).

Difficult for mothers to monitor immunization coverage of children aged 0 to 23 within the framework of the Community Urban Health Training of Yopougon. Toit Rouge (Abidjan)(in 2002, thesis defended by Mr. Anzian Akpagni at the end of the INFAS option SUS cycle)

1.2 GAVI/VF financial support for new and under-used vaccines

1.2.1 **Receipt of new and under-used vaccines during the past year**

→ Please report on progress, including starting date of immunization and any problems that have been encountered with regard to vaccines and supplies provided by GAVI/VF.

Date(s) of receipt of DTP-HepB vaccines

03 September 2001:	601,500 doses
25 April 2002:	478,000 doses
03 September 2002:	64,500 doses
23 January 2003:	500,000 doses
17 July 2003:	900,000 doses

Many vaccines in occupied zones were either destroyed or expired owing to an inadequate cold chain and the destruction of conservation equipment.

1.2.2 **Major activities**

→ Please outline what major activities have been or will be undertaken to prepare for new vaccine introduction, implementation, strengthening of services, etc. and report on problems that have arisen.

Preparations for the introduction of new vaccines in the 43 districts were marked by the following activities:

- Training of district teams (DO, CSE, CEPI): definition of cases of HepB, basic HepB epidemiology, characteristics of the combined vaccine used in Côte d'Ivoire, injection safety, open vial policy, cases of Adverse Events Following Immunization (AEFI) with HepB and steps to take to avoid them (management of AEFI cases).
- Dissemination of management tools
- Districts supplied with Tritanrix

1.2.3 Statement of use of GAVI/VF financial support (US\$ 100,000) for the introduction of the new vaccine

→ Please report on the share used of the US\$ 100,000, the activities undertaken, and the problems that arose, for example late provision of funds for the implementation of the program.

Activities relating to the introduction of new vaccines were conducted according to the GAVI cashflow plan, as a result of which it was not necessary to draw on of the financial support of US\$ 100,000.

1.3 Injection safety

1.3.1 Receipt of injection safety support

→ Please report on the receipt of the support supplied by GAVI in terms of injection safety, including any problems that have been encountered.

The amount of US\$ 100,000 for injection safety support primarily went for the construction of incinerators. The bidding process has ended and the company chosen is working to execute the project. The prior construction of incinerators in the regions of Bas Sassandra and Montagnes will be a real help for broadening coverage to the entire country. A waste management plan has been drawn up and will be implemented in 2003.

Progress of transition plan for safe injections and safe management of sharp wastes

→ Please report on progress made, on the basis of the indicators chosen by your country in the request made to GAVI/VF.

Indicators	Objectives	Achievements	Constraints	Updated objectives
• Number of immunizing centers that systematically use AD syringes and safety boxes	Maintain availability of AD syringes and safety boxes in all districts	All of the immunizing centers of the 65 districts use AD syringes*	No special constraints.	Encourage immunizing centers that open during the year to use AD syringes and safety boxes
• Number of incinerators built	Improve management of immunization wastes	The bidding process has ended and the company chosen is ready to start work.	Unfavourable sociopolitical situation.	Build at least one De Monfort incinerator per district.
• Number of districts reporting and treating AEFI cases	Strengthen the system for reporting and treating AEFI cases	- 47 districts out of 65 report and treat AEFI cases**	Unfavourable sociopolitical situation and lack of funding for this activity	Encourage the remaining 18 districts to report and treat AEFI cases

*Preparation and dissemination of policy documents and EPI management tools that mention injection safety.

Most of the districts are equipped with safety boxes.

**The DO, CSE and CEPI of these 47 districts received injection safety training with a reference to AEFI in April 2002; in addition, AEFI guidelines for EPI district managers were drafted.

1.3.3 Statement on use of GAVI/VF injection safety support (if received in the form of a cash contribution)

→ The following major areas of activities were funded (specify the amount) with the GAVI/VF injection safety support in the past year:

The amount of US\$ 100,000 for injection safety support received in March 2002 primarily went for building incinerators. The bidding process has been completed and the company chosen is ready to start work. The prior construction of incinerators in Bas Sassandra and Montagnes will be a real help for broadening coverage to the entire country. A waste management plan has been drawn up and will be implemented in 2003.

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 <u>Submit</u> 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

2.1. Progress made in implementing the financial sustainability plan since November 2002

In conjunction with the GAVI process, countries receiving assistance from GAVI are asked to submit a financial sustainability plan two years after a funding agreement has been signed.

Côte d'Ivoire, which has received GAVI funds since 2000, set up a multi-disciplinary working team on 2 August 2002 comprising officials from the Ministry of Health, the Ministry of the Economy and Finance and partners, with a view to the preparation of this plan.

In accordance with the guidelines worked out at the guidance workshop held in Dakar from 22 to 26 July 2002, the working group drafted a financial sustainability plan, which was presented at the second GAVI World Day from 19 to 23 November 2002 in Dakar.

The document was forwarded to Geneva, where it was approved by the GAVI Secretariat, which appreciated the effort made by Côte d'Ivoire. However, the independent review committee recommended that a plan of action be prepared for the implementation of the financial sustainability plan.

Accordingly, the steering committee, which had already planned to draft an implementation plan once the financial sustainability plan had been approved by GAVI, organized a workshop to evaluate the said plan from 6 to 8 June 2003, which brought together all of its members.

Using the strategies contained in the financial sustainability plan as a basis, activities designed to achieve financial sustainability over the long term were defined at this workshop.

The ICC members then validated the draft Plan of Action for the implementation of the financial sustainability plan during the special ICC meeting on 4 July 2003, provided that due consideration was given to some of the observations made.

A consultant located by GAVI provided technical support to the EPI Coordination Office, from 26 August to 8 September 2003, with a view to finalizing the EPI Plan of Action for 2003-2004, ensuring its validation by the ICC and making sure that the first activities were launched during the last quarter of 2003.

The preparation of a first plan of action for 2003-2004 is justified by the fact that the unstable sociopolitical situation in Côte d'Ivoire (*de facto* partition of the country into zones under Government control and under control of the New Forces) and the lack of short- and medium-term visibility. As a result of this situation, the objectives of the financial sustainability plan may change on an ongoing basis.

As indicated in the Plan of Action, all national activities, including EPI efforts, have since September 2002 been limited to the zones under Government control. In addition, the fact that the 2003 budget was adopted late has reduced the Government's capacity to fund program activities out of its own resources during the period under review.

In view of this situation and EPI-related imperatives, the major activities of the Plan of Action for 2003-2004 will consist of advocacy targeting EPI actors, in particular financial officers in the Ministry of Health, the Finance Minister and local and outside partners with a view to increasing EPI funding. Also targeted are training activities to ensure better budget management, better vaccine management and cold chain

maintenance (see copy of the attached Plan of Action). Finally, a second Plan of Action for 2005-2006 concerning activities to be carried out during the last period of GAVI support and the year following the cessation of GAVI support is to be prepared.

As regards the activities of the National Reconciliation Government, established in March 2003, a reconstruction process is under way. In this connection, many of Côte d'Ivoire's multilateral and bilateral partners have launched activities to define the framework for their future efforts. For example, a multi-partner reconstruction evaluation mission headed by the World Bank is expected for late September 2003. The Ministry of Health will set out its reconstruction goals for the sector, thus providing an occasion for its many programs, including EPI, to mobilize additional funding.

2.2. Reminder of indicators for the Plan of Action for EPI implementation

A. STRATEGIES AND MEASURES MAKING IT POSSIBLE TO MOBILIZE ADEQUATE RESOURCES

OBJECTIVE	INDICATOR	INDICATOR VALUE (base year: 2002)	BASE RISK/CONSTRAINT
Increase public funding earmarked for the health sector and specifically EPI by 5% each year	The EPI budget is increased by 5% each year	2,100,000,000 CFA F	- Unstable macroeconomic environment and unfavorable growth prospects - Equitable division of the fruits of growth among the different sectors
	EPI investment spending in the State increases by 5% each year	315,925,625 CFA F*	
Mobilize internal non-governmental resources for EPI funding	Availability of private funds for EPI funding	Amount of private funds for EPI funding	Unfavorable sociopolitical and economic situation
	Availability of funds from the AMU, FAS, General Councils and autonomous districts for funding EPI activities	Amount of funds from the AMU, FAS, General Councils and autonomous districts for funding EPI activities	Unfavorable sociopolitical and economic situation
Mobilize funds from outside partners for EPI	10% annual increase in EPI funding from outside partners	2,281,848,401 CFA F	- Unfavorable sociopolitical situation - Possible change in the development goals of traditional EPI partners
	Availability of EPI funding from the HIPC initiative	Amount earmarked for EPI out of the HIPC funds	Unfavorable sociopolitical and economic situation

*This amount does not include the cold chain.

B. STRATEGIES AND MEASURES TO INCREASE RESOURCE RELIABILITY

OBJECTIVE	INDICATOR	INDICATOR VALUE (base year: 2002)	BASE RISK/CONSTRAINT
Improve budgetary procedures	Halve the amount of time between the funding request and actual disbursement	One month	Persistence of rigid budgetary procedures (IPFMS)
	Use of the health establishments' own funds for funding immunization activities	Amount of health establishments' own funds available for EPI funding	Low level of funds that can be mobilized through the cost reimbursement process
	Disbursement at over 70% for outside funding	Disbursement rate for outside funding in 2002	Persistence of current rigid budgetary procedures
	Inclusion of amounts for training and supervising managers in district budgets	Amounts earmarked for training and supervising in district budgets disbursed in 2002	<ul style="list-style-type: none"> - Unfavorable economic environment - Budget adopted late - Limited budgetary allocation for districts

C. STRATEGIES AND MEASURES TO INCREASE EFFICIENCY OF RESOURCE UTILIZATION

OBJECTIVE	INDICATOR	INDICATOR VALUE (base year: 2002)	BASE RISK/CONSTRAINT
Increase efficiency with which resources are used	Reduction of DTP-HepB vaccine wastage rates to 10% and vaccine stock shortages to 0% in 200 ?	DTP-HepB vaccine wastage and vaccine stock shortage rates 41% and 13.15%, respectively, in 2002	<ul style="list-style-type: none"> - Limited access to health centers in occupied zones - Vaccine management quality - Non-application of open vial policy
	Reduction of procurement costs for materials, supplies and equipment (reduction rates) by 15% each year	Amount of procurement costs for materials, supplies and equipment (reduction rates) in 2002	Sociopolitical and economic situation
	Reduction of drop-out rates by 5% each year	Drop-out rate in 2002: 28%	<ul style="list-style-type: none"> - Geographic and financial access to immunization centers - Low-quality health services - Availability of services

D. STRATEGIES AND MESURES TO ENSURE FOLLOW-UP/EVALUATION OF IMPLEMENTATION OF FSP PLAN OF ACTION

GOAL	INDICATOR	INDICATOR VALUE	BASE	RISK/CONSTRAINT
Guarantee effective execution of activities in the Plan of Action for FSP implementation	Execution reports for follow-up and evaluation of implementation of activities in the FSP Plan of Action	Number of follow-up meetings, on-site visits and supervisory meetings		Unfavorable sociopolitical situation

NOTES :

1. The budgetary data for 2003 was not used as base data, in view of the budget cuts made when the budget was executed. The delay in executing this budget precluded efficient utilization of the resources allocated and did not reflect the real level of funding for EPI activities.
2. Apart from the costs relating to the organization of meetings/workshops and surveys, all of the other costs indicated in the matrices of the Plan of Action for the implementation of the FSP have been taken into consideration in programming EPI activities during the period.
3. The annual growth rates forecast for the EPI budgetary allocation, annual growth on spending on EPI investment, and annual growth of funding from outside partners will be fine-tuned to meet the goals of reducing estimated EPI funding deficits for the period under review.

3. Request for new and under-used vaccines for the year 2004

Section 3 concerns the request for new and under-used vaccines and for support to injection safety for the coming year.

3.1. Updated immunization targets

→ Confirm/update basic data (= surviving infants, DTP3 targets, new immunization targets) approved with country application: revised table 4 of the approved request.

The figures for DTP3 must correspond to the ones given in the WHO/UNICEF Joint Reporting Forms. Any DOIT change and/or gap must be justified in the box provided to this end (page 12). The targets for coming year **MUST** be spelled out.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003**	2004	2005	2006	2007
DENOMINATORS								
Births	647,705	669,080	691,159	713,968	737,529	761,867	787,009	812,980
Infants' deaths	2,461	2,543	2,626	2,713	2,803	2,895	2,991	3,089
Surviving infants	645,244	666,537	688,533	711,255	734,726	758,972	784,018	809,891
Infants immunized with DTP3**								
Infants immunized with DTP3: figure given in the WHO/UNICEF joint reporting form	403,681	388,439	109,101	21,598				
NEW VACCINES								
Infants immunized with three doses of DTP+ HepB			265,356	140,379				
Wastage rate of (DTP+HepB)			41%*	26.13%				
INJECTION SAFETY								
Pregnant women immunized with TT	688,832	437,203	364,296	178,272				
Infants immunized with BCG	494,837	473,524	457,992	221,680				
Infants immunized against measles	403,681	395,623	391,881	166,577				
Infants immunized against yellow fever	358,104	366,226	355,035	156,548				
Infants immunized against polio	397,170	388,567	374,457	161,636				

*The wastage rate rose from 27% at the end of June 2002 to 41% at the end of December 2002 owing to the many vaccines that were destroyed during the war.

**The number of infants and pregnant women immunized in 2003 for the different antigens was recorded at the end of June with a completeness rate of 44%.

Live births: 3.95% of the total population

Surviving infants: live births – deaths

Infant deaths: 3.8% of births

→ Please justify in the box below any changes in the base data, targets, wastage rates, vaccine packaging, etc. in relation to the plan approved and the figures given in the WHO/UNICEF joint reporting form.

Due to the war, which led to the partition of the country into two zones, and the ensuing population movements, the targets initially set could not be reached. This situation further led to the destruction of many vaccine doses owing to poor conservation conditions in zones to which the governmental authorities did not have access.

3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division **for the year 2004**)

→ Please indicate that the UNICEF Supply Division has guaranteed the availability of the new volume of supplies requested.

Vaccines

January 2004: 624 000 doses

June 2004: 624 000 doses

AD syringes

December 2003: 587 000 syringes

May 2004: 586 900 syringes

Safety boxes

December 2003: 6 525 boxes

May 2004 : 6 500 boxes

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

		Formula	For year
A	Number of children to receive new vaccine		734,726
B	Percentage of vaccines requested from the Fund	%	80%
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	1,763,342
E	Estimated wastage factor	(see list in table 3)	1.18
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	2,080,744
G	Vaccines buffer stock	$F \times 0.25$	384,561
H	Anticipated vaccines in stock at start of year		202,101
I	Total vaccine doses requested	$F + G - H$	2,263,204
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	2,384,172.33
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	251,215.64
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	29,252.81

- 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. For vaccine in single or two-dose vials the maximum wastage allowance is 5%. 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

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

	Formula	For year 2004	For year 2005

A	Target of children for immunization	Birth – death infants#	734,726	761,867
B	Number of BCG doses per child	#National immunization calendar	1	1
C	Number of BCG doses	A x B	734,726	761,867
D	AD syringes (+10% wastage)	C x 1.11	815,546	845,672
E	AD syringes buffer stock	D x 0.25	0	0
F	Total AD syringes	D + E	815,546	1,057,090
G	Number of doses per vial	-	10	10
H	BCG vaccine wastage factor	-	2	2
I	Number of re-constitution syringes (+10% wastage)	$C \times H \times 1.11 / G$	163,109	169,134
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	10,863	13,611

Table 4.2: Estimated injection safety supplies for the next two years with with DTP+HepB

		Formula	For year 2004	For year 2005
A	Target of children for immunization	Birth – death infants#	734,726	761,867
B	Number of BCG doses per child	#National immunization calendar	3	3
C	Number of BCG doses	A x B	2,204,178	2,285,601
D	AD syringes (+10% wastage)	C x 1.11	2,446,637	2,537,017
E	AD syringes buffer stock	D x 0.25	611,659.25	634,254
F	Total AD syringes	D + E	3,058,296.25	3,171,2710
G	Number of doses per vial	-	10	10
H	BCG vaccine wastage factor	-	1.33	2
I	Number of re-constitution syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	27,158	40,833

Table 4.3: Estimated injection safety supplies for the next two years with measles

		Formula	For year 2004	For year 2005
A	Target of children for measles immunization	Birth – death infants#	734,726	761,867
B	Number of measles doses per child	#National immunization calendar	1	1
C	Number of measles doses	A x B	734,726	761,867
D	AD syringes (+10% wastage)	C x 1.11	815,546	845,672

E	AD syringes buffer stock	$D \times 0.25$	203,886.50	211,418
F	Total AD syringes	$D + E$	1,019,432.50	845,672
G	Number of doses per vial	-	10	10
H	Measles vaccine wastage factor	-	1.6	1,33
I	Number of reconstitution syringes (+10% wastage)	$C \times H \times 1.11 / G$	130,487.34	112,474.43
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	25,799.80	10,635.43

Table 4.3: Estimated injection safety supplies for the next two years with TT

		Formula	For year 2004	For year 2005
A	Target of pregnant women for TT immunization	Birth – death infants#	933,580	964,389
B	Number of TT doses per pregnant woman	#National immunization calendar	2	2
C	Number of TT doses	$A \times B$	1,867,161	1,928,778
D	AD syringes (+10% wastage)	$C \times 1.11$	2,072,549	2,140,944
E	AD syringes buffer stock	$D \times 0.25$	518,137.25	535,236
F	Total AD syringes	$D + E$	2,590,686.25	2,676,180
G	Number of doses per vial	-	20	20
H	TT vaccine wastage factor	-	1.33	1.33
I	Number of reconstitution syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	28,756.62	29,705.60

Table 5: Summary of total supplies for injection safety with BCG, DTP, TT and MEASLES for the forthcoming two years.

ITEM		For the year 2004	For the year 2005	Justification of changes from originally approved supply
Total AD syringes	BCG	815,546	1,057,090	
	Autres vaccins	1,427,205.25	1,479,926	

Total reconstitution syringes	293.596.85	281,608.43	
Total safety boxes	92,577.42	94,785.03	

N.B: The difference between the number of children immunized in the annual report for 2001 and the joint WHO/UNICEF report is due to the fact that reporting completeness was less than 100%.

- Estimates of the target population for DTP+HépB take in account the share covered by the State and by GAVI.
- Estimates were based on 10% of the target population.
- Given the prevailing situation in the country, the Hib vaccine will be introduced one year late, in 2005.

4. Report on progress made since the last Situation Report, based on the indicators selected by your country in the proposal for GAVI/IF support

Antigens	Indicator (% immunization coverage in 2001)	Targets (%) in 2002	Achievements (%) in 2002		Constraints	Updated targets
			January to June	January to December		
BCG	72	82	80	66	Socio-political crisis	76
DTP 3	57	67	61	54		64
MEAS	61	71	71	56		66
YF	53	63	63	51		61
TT 2	61	71	70	41		51

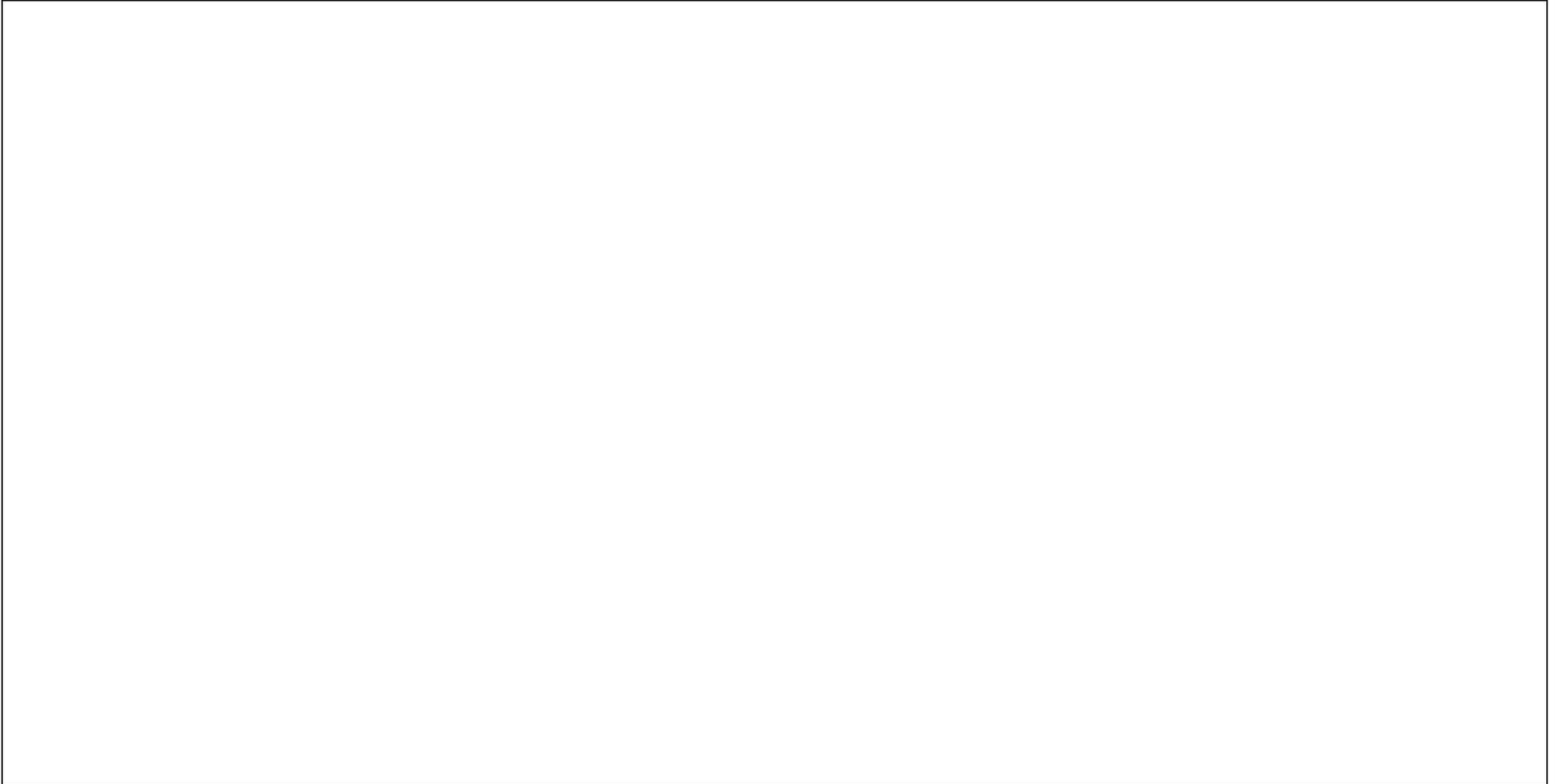
5. Checklist

Verification of completed form:

Point :	Done	Comments
Date of submission	2000	
Reporting period (previous calendar year)	2002	
Table 1 completed		
Report on the DQA		
Report on the use of the USD 100,000 USD		
Report on injection safety		
Report on the FSP (progress made in relation to the country's FSP indicators)		
Table 2 completed		
Request for new vaccine completed		
Revised request for injection safety support (as need be)		
ICC minutes attached to report		
Signatures of the Government		
Approval by the ICC		

6. Comments

→ *Comments of the ICC:*

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7. Signatures

For the Government of Côte d'Ivoire, Dr Albert Mabri TOIKEUSSE

Signature:

Title: Minister of State, Minister of Health and Population

Date:

We, the undersigned members of the Inter-Agency Coordinating 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
UNICEF	Ms Georgette AITHNARD, Resident Representative		
WHO	Dr Mame Thierno ABY SY		
AMP	Dr SEYA Aimé Mathurin, Epidemiology Advisor		