

Annual Situation Report 2007

Presented by

The Government of

Ivory Coast

to



Date of the presentation: May 15, 2008

Closing date of the presentation: May 15, 2008

(Along with an Excel calculation worksheet in conformity with the instructions)

Please return a signed copy of the present document to:

Secrétariat de GAVI Alliance; a/s de l'UNICEF, Palais des Nations, 1211 Genève 10, Suisse

Please address any questions to Dr. Raj Kumar, rajkumar@gavialliance.org, or to the representatives of an institution that is a GAVI partner. All documents and annexes must be presented in English or in French, preferably in electronic form. They may be made available to the GAVI partners, their collaborators as well as to the public.

This report presents an overview of the activities realized in 2007 and specifies the needs for January – December 2009)

Page of the signatures for SSV, SSI and SVN

On behalf of the Government of Ivory Coast

Ministry of Health: Dr. BLEDI Trouin Félix

Ministry of Finance: Ms. Lattroh Marie ESSOH

Title: Deputy Director of the Cabinet

Title: Technical Counselor

Signature:

Signature:

Date:

Date:

We, the undersigned members of the Interagency Coordination Committee (CCI), approve herewith this report, including the attached Excel calculation worksheet. The signature on the endorsement page of the present document does not imply any financial (or legal) obligation on the part of the partner institution or the individual.

The duty to render an account about the financial aspects is an integral part of the follow-up procedure implemented by the GAVI Alliance with respect to the reports about the results achieved by the individual countries. It is based on the customary norms of the Government regarding the auditing of the accounts, as has been précised in the bank form.

The CCI members confirm that the funds received from the GAVI Financing Board have been subject to financial control and their utilization has been justified in conformity with the standard requirements of the Government or the partners.

Name/Title	Institution/Organization	Signature	Date
Dr. BLEDI Trouin Félix, Deputy Director of the Cabinet	Ministry of Health and Public Hygiene		
Ms. Lattroh Marie ESSOH, Technical Counselor	Ministry of Economy and Finance		
Mr. KONAN Yao Simplicie, Director of Financial Affaires	Ministry of Health and Public Hygiene		
Prof. AKE Michèle, Director of Pharmacy and Medicaments	Ministry of Health and Public Hygiene		
Prof. ODEHOURI Koudou Paul, Director of the National Institute of Public Hygiene	Ministry of Health and Public Hygiene		
Dr. OUATTARA SIGUIFOTA Coulibaly Germaine, Director Coordinator of PEV	Ministry of Health and Public Hygiene		
Dr. APLOGAN Aristide, Director	AMP		
Dr. Etienne Komla SIAMEVI, Representative	OMS		
	UNICEF		

Page of signatures for the RSS support (inapplicable)

On behalf of the Government of

Ministry of Health:

Title: Deputy Director of the Cabinet

Signature:

Date:

Ministry of Finance:

Title: Technical Counselor

Signature:

Date:

We, the undersigned, members of the National Committee for Coordination of the Healthcare Sector (CCSS) (insert the names), approve this report regarding the Program for Reinforcement of the Healthcare Systems. The signature on the endorsement page of the present document does not imply any financial (or legal) obligation on the part of the partner institution or the individual.

The duty to render an account about the financial aspects is an integral part of the follow-up procedure implemented by the GAVI Alliance with respect to the reports about the results achieved by the individual countries. It is based on the customary norms of the Government regarding the auditing of the accounts, as has been précised in the bank form.

The CCSS members confirm that the funds received from the GAVI Financing Board have been subject to financial control and their utilization has been justified in conformity with the standard requirements of the Government or the partners.

Name/Title	Institution/Organization	Signature	Date

Form of the Situation Report: Table of Contents

1. Report on the progress accomplished in 2007

- 1.1 Support to the immunization services (SSV)**
 - 1.1.1 Management of the SSV funds
 - 1.1.2 Utilization of the support to the immunization services
 - 1.1.3 Control over the quality of the data related to the immunization
 - 1.1.4 The CCI meetings
- 1.2 Support of the GAVI Alliance to the new or under-utilized vaccines (SVN)**
 - 1.2.1 Reception of the new and under-utilized vaccines
 - 1.2.2 Principal activities
 - 1.2.3 Utilization of the financial support of the GAVI Alliance to the introduction of a new vaccine
 - 1.2.4 Evaluation of the system of management of the vaccines
- 1.3 Safety of the injections (SSI)**
 - 1.3.1 Received support to the safety of the injections
 - 1.3.2 Situation of the transition plan for safety of the injections and the management of the waste of puncturing and cutting objects
 - 1.3.3 Declaration on the utilization of the support of the GAVI Alliance to the safety of the injections (if it has been received in the form of contribution of funds)

2. Co-financing of the vaccines, financing of the immunization and the financial viability

3. The demand of new or under-utilized vaccines for 2009

- 3.1 Objectives of the updated immunization**
- 3.2 Confirmed/revised demand for new vaccines (to be communicated to the Supply Division of UNICEF) for 2009 and forecasts for 2010 and 2011**
- 3.3 Confirmed/revised demand for support to the safety of the injections for the years 2009 and 2010**

4. Reinforcement of the healthcare system (RSS)

5. Control list

6. Comments

The text zones in this report are provided as a rough guide only. You may add more text in the provided space.

1. Report on the progress accomplished in 2007

1.1 Support to the immunization service (SSV)

Are the funds received in accordance with SSV posted in the budget (are they in the budget of the Ministry of Health and the Ministry of Finance): Yes/No

If Yes, explain in detail in the below frame how they appear in the budget of the Ministry of Health. If this is not the case, is it planned to post them soon in the budget?

No, the funds received for support of the immunization services do not appear in the budget of the Ministry in charge of the healthcare for 2007.

However, the approval of the cash flow plan, which defines all budget lines for conducting of activities, takes place in the presence of representatives of the Ministry of Economy and Finance and of DAF of the Ministry in charge of the healthcare at CCIA meetings.

1.1.1 Management of the SSV funds

Please describe the mechanism of management of the SSV funds, including the role played by the Interagency Coordination Committee (CCI).

Please describe all problems eventually encountered in the course of utilization of these funds, such as, for example, a delay in making the funds available for the realization of the program.

Problems encountered in the area of support to reinforcement of the immunization:

Difficulties related to the disbursement of the funds: the procedure requires that the activity be performed before the payment.

Mechanism of management of the funds, including the role of the Inter Agency Coordination Committee (CCIA):

1st step: The DCPEV prepares the annual cash flow plan for expenditures and submit it to the Inter Agency Coordination Committee (CCIA).

2nd step: The CCIA analyses and approves the cash flow plan

3rd step: The DCPEV issues and transmits to DAF payment orders for the realization of the programmed activities

4th step: The Director of Financial Affaires of the Ministry of Health and Public Hygiene orders the different expenditures and submits them to the financial controller of the above ministry

5th step: The Director of Financial Affaires of the Ministry of Health and Public Hygiene sends the check to the managing accountant of the Ministry of Economy and Finance for payment

It has to be pointed out that in the expenditure cycle of the GAVI funds, in accordance with the recommendation of the CCIA, the checks issued against the funds must be co-signed by a representative of the partners for development, in this case of the AMP, and the managing accountant designated to the public treasury to this effect.

Disposition at the periphery: the manager of the public treasury in every district has the obligation to manage the funds in collaboration with the Departmental Director of Healthcare. The Head of the Service for Mobilization and Management of the Resources of the District receives the check for financing the quarterly expenditure program and endorses it against the account specially opened to this purpose.

He informs about that in a formal manner the Physician – Head of District, and the Regional Director through the intermediary of the Head of the Service for Administrative and Financial Management of the Regional Directorate.

The Physician – Head of District processes the expenditure prepared by the Head of the Service for Mobilization and Management of the Resources. He orders the expenditure and co-signs the check that has already been signed by the Head of the Service for Mobilization and Management of the Resources.

Every month, The Head of the Service for Mobilization and Management of the Resources of the District prepares a report for his activities and submits it to the Head of the Service for Administrative and Financial Management of the Regional Directorate with the corresponding jurisdiction.

Note: Due to the de-localization of the AMP to Benin, the CCIA meeting of November 30, 2008 has recommended the selection of another partner, and this recommendation was followed for 2008; the OMS is the new signatory

1.1.2 Utilization of the support to the immunization services

In 2007, the principal sectors of activity in this respect were financed by the resources provided by the **support to the immunization services** of the GAVI Alliance.

Funds received in the course of 2007: **00 F CFA**

Account balance (report) in 2006: **504,235,195 F CFA or 1,053,613 USD**

Account balance to be reported in 2008: **253,617,323 F CFA or 529,940 USD**

Table 2: Utilization of the funds in 2007*

Sector of the support to the immunization services	Total amount in USD	AMOUNT OF THE FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & others
		Central	Region / State / Province	District	
Vaccines	0	0	0	0	0
Injection material	0	0	0	0	0
Personnel	0	0	0	0	0
Transport	0	0	0	0	0
Maintenance and general expenses	0	0	0	0	0
Training	0	0	0	0	0
IEC / social mobilization	0	0	0	0	0
Actions aimed at groups that are difficult to reach	0	0	0	0	0
Supervision	1,499	0	15,499	0	0
Follow-up and evaluation	140,748	55,457	0	85,291	0
Epidemiological surveillance	0	0	0	0	0
Vehicles	213,112	87,760	0	125,352	0
Cold chain equipment	154,313	0	0	154,313	0
Others (to be specified)		0	0	0	0
Total :	523,673	143,217	15,499	364,956	0
Account balance of the funds for the following year:	529,940				

Note: 1 USD = 478.60 F CFA

****In case no other information is available because the global subventions have already been deposited, please enter the amounts in the boxes reserved for the “other” sectors of support.***

Please annex the report of the CCI meeting(s) where the allocation and the utilization of the funds have been examined.

Please submit a report about the principal activities that have been performed with the purpose to reinforce the immunization, as well as about the problems that have arisen in the process of implementation of your long-term plan.

The utilization rate has passed from 0 % to 49.70 %.
The next table summarizes the set of activities that have been realized on the basis of the cash flow plan approved at the CCIA meeting on April 18, 2007.

No.	Nature	Label of the nature	Activities	Amount of the expenses in F CFA
Activities related to the provision of a service				7,417,600
1.	6212	Purchase of fuel	Support to the supervision at regional level	7,417,600
Activities related to the quality of the vaccines and the PEV logistics				240,272,272
2.	2449	Materials and technical tools	Reinforcement of the 20 districts with refrigerators and freezers for the vaccines	22,918,220
3.	2449	Materials and technical tools	Equipping 35 new healthcare centers with refrigerators for the vaccines (mixed alimentation)	50,932,630
4.	2420	Office information processing equipment	Reinforcement of the stock of office processing equipment of the 26 districts and the Coordination Directorate of PEV	59,031,071
5.	2433	Purchase of vehicles on two wheels	Reinforcement of the healthcare centers with motorcycles for the advanced strategies (34 motorcycles and 47 helmets)	59,990,671
6.	2432	Purchase of vehicles	Reinforcement of the Directorate of PEV with vehicles for the surveillance (2 vehicles)	42,000,000
7.	2411	Purchase of office equipment	Supplying with faxes 26 districts having communication problems	5,399,680
Management activities on the GAVI account				2,928,000
8.	6212	Purchase of fuel	Financial control	976,000
9.	6232	Fees and related expenses	Audit of the accounts	-
10.	6232	Fees and related expenses	Verification of the expenditures	1,952,000
GRAND TOTAL				250,617,872

1.1.3 Control over the quality of the data related to the immunization (CQD)

The next* CQD is scheduled for 2012

**If no CQD has had a positive result, when a CQD will take place?*

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

**If no CQD has taken place, when will the first CQD take place?*

What were the main recommendations of the CQD?

Recommendations at central level:

- Make available healthcare training for the newly registered for the immunization of children and for the pregnant women
- Use appropriate denominators for calculation of the immunization coverage in the healthcare districts
- Improve the completeness of the monthly reports
- Replace the faxed reports and the information received over the phone with reports in the appropriate due form
- Date and sign all information documents prepared and displayed on the notice boards
- Order the reports chronologically per months. Use enough palettes for the storage of the vaccines in stock

Recommendations at district level:

- Put in place a system for protection of the data
- Train the healthcare personnel in rendering the support to PEV and in managing the immunization schedule
- Monitor in a systemic manner the interruptions in the stock
- Mention the date of printing or creation of the graphics and the tabulations displayed on the notice boards
- Date and sign in a systematic manner the reports about the healthcare training from the time of their acceptance in the healthcare district
- Display on the notice board the map of the healthcare site of the healthcare district

Recommendations at the level of healthcare training:

- Open a register of the infant immunization and the pregnant women
- Identify the children and the pregnant women with lack of antigens
- Mention the date of printing or creation of the graphics and the tabulations
- Note in a systematic manner the numbers of the lots and the expiration dates of the antigens in the form for management of the stock.

Has a plan of action been prepared that has the objective to improve the system for establishment of relationships on the basis of the recommendations of CQD?

YES

NO

In the case of YES, please specify the degree of the progress achieved in its implementation and annex the plan.

Not applicable

Please attach the report of the CCI meeting at which the CCI has examined and approved the plan of action for the CQD.

Please submit information about the studies made in 2007 on the questions related to PEV (for example, surveys on the immunization coverage).

- Dr. YAO Kossia, Study of the stocking capacity of the cold chain in the period from 2008 to 2011 in view of the introduction of the pentavalent DTC HepB+Hib in the PEV that is routine in Ivory Coast, memo EPIVAC 2007
- Dr. Koffi Aka Charles, Study of the contribution of the community to the financing of the routine PEV in the healthcare district of Oumé from 2004 to 2006, memo EPIVAC 2007

- *Dr. N'DRI Konan Antoine, The determining factors for long-term management of the cold chain and the motorcycles of the healthcare district of Sinfra, memo EPIVAC 2007*
- *Dr. COULIBALY- Koné Soltié Aminata, Recurrent costs and financing of the national campaign for immunization against the measles in Ivory Coast (August 2005), memo EPIVAC 2007*

1.1.4. The CCI meetings

*How often did CCI meet in 2007? **Please attach all reports.***

Are non-governmental organizations members of CCI and if so, which?

There were three CCIA meetings during 2007 on April 18, September 26, and November et 30. According to statement # 106 MSP/CAB of March 22, 2001, the CCIA membership does not include non-governmental organizations.

1.2. Support of the GAVI Alliance to the new or under-utilized vaccines (SVN)

1.2.1. Reception of the new and under-utilized vaccines in 2007

When was the new or under-utilized vaccine introduced? Please indicate any modification of the doses per dispenser and in the presentation of the vaccines (for example, from the DTC vaccine + the monovalent vaccine against hepatitis B to the DTC hepatitis B vaccine) and the dates the vaccines were received in 2007.

Vaccine	Size of the dispensers	Doses	Date of introduction	Date received (2007)
DTCHepB	10 doses	621 500	2001 to 2003*	January 12, 2007
DTCHepB	10 doses	722 500	2001 to 2003*	June 27, 2007
DTCHepB	10 doses	708 000	2001 to 2003*	November 27, 2007

* Gradual introduction

If necessary, please describe the problems that were encountered.

No problem was encountered

1.2.2. Principal activities

Please give an overview of the principal activities that have been or will be realized in the areas of the introduction, gradual utilization, reinforcement of the services etc. and describe the problems that have been encountered.

Completed activities

- *Improving the supply of the vaccines, the logistic and the safety of the injections*
 - ✓ Setting up a data-processing tool for a follow-up on the utilization of the vaccines and the immunization consumables at district level
 - ✓ Training of the personnel at all levels of management of the vaccines
 - ✓ Replacement of the flawed cold chain equipment at district level
 - ✓ Planning and ordering on time the vaccines and the injection materials
- *Improving the accessibility of the immunization services*
 - ✓ Support to the districts in the elaboration of micro-plans and in the implementation of the ACD strategy
 - ✓ Integration of PEV into the other programs oriented toward the global survival of the child (paludism, nutrition, PCIME,...)
- *Reinforcement of the surveillance and the monitoring system*
 - ✓ Organization of 3 quarterly monitoring meetings with the districts and the regions
 - ✓ Organizing 4 activities of operational research in order to improve the performance of the program
 - ✓ Organization by the central level of a surveillance training mission

Future activities

- *Improving the supply of vaccines, the logistic and the safety of the injections*
 - ✓ Construct incinerators and ensure the maintenance of those that are in bad shape
 - ✓ Train and supervise the personnel charged with the management of the incinerators
 - ✓ Distribute the immunization resources to the regions, the districts and the healthcare units
- *Reinforcement of the capacities of the personnel*
 - ✓ Review and update the manuals and the other documents for the PEV training in order to include in them the introduction to the pentavalent vaccine
 - ✓ Work together with the Ministry of Education in order to update the curricula for the basic training
 - ✓ Organize the training of the instructors, the healthcare districts and the healthcare units in the pentavalent vaccine
- *Improving the accessibility of the immunization services*
 - ✓ Continue the activities of planning the immunizations with the participation of the communities at the level of every district
- *Reinforcement of the supervision and the system of monitoring*

- ✓ Train the personnel at all levels in DQS (Data Quality Self Assessment)
- ✓ Conduct DQS every year

- *Reinforcement of the advocacy and the communication in favor of the immunization*

- ✓ Organize periodically meetings with the community authorities and leaders
- ✓ Put in place a system for sensitization by the support or education groups
- ✓ Spread the messages of sensitization through the local radio and the traditional communication networks
- ✓ Create ECDs (Teams of District Executives) in the area of communication techniques
- ✓ Prepare a plan for the mobilizations of additional resources

1.2.3. Utilization of the financial support of the GAVI Alliance to the introduction of a new vaccine

These funds have been received on: _____

Please report about the used portion of the introductory allowance, the activities that have been performed and the problems that have been encountered, such as delays in making available the funds for implementation of the program.

The funds announced in the framework of the introduction of the pentavalent vaccine are not yet available (references GAVI/07/423/ir/sk).

1.2.4. Evaluation of the system of management of the vaccines / the efficient management of the storage of the vaccines

The latest evaluation of the management of the vaccines (EGV) took place from 10 to 22 of December 2007 and the one regarding the efficient management of the storage of the vaccines (GEEV) took place from 6 to 9 of December 2005

Please summarize the main recommendations of EGV/GEEV.

- Train agents at all levels, particularly at the intermediate and peripheral levels, about the correct temperature ranges for the storage
- Equip the cold chambers at the central and regional levels with devices for continuous registration of the temperature;
- Identify the regions and the districts with low storage capacity
- Reinforce the storage capacity in the regions and the districts with low storage capacity
- Train or re-train the personnel in management of the vaccines
- Make functional the devices for automatic registration of the temperature in the cold chambers at the central level and in the regions;
- Equip the refrigerators and freezers at sub-national level and those for the lending service with individual voltage regulators;
- Equip all refrigerators with a device for continuous monitoring of the temperature (fridge tag)
- Ensure the continuous supply of electric energy at the sub-national level, and particularly for repairing the faulty equipment;
- Prepare an exhaustive national inventory of the cold chain equipment used in the PEV.
- Ensure the permanent availability of the set of the routine PEV antigens at all levels;
- Review the support to the management of the stocks of vaccines in order to take into consideration the diluents, the status of the congelation indicators
- Conduct periodic and regular inventories of the stocks of vaccines and other inputs
- Train the healthcare agents in the area of management of the vaccines
- Reinforce the supervision of the management of the vaccines at all levels.
- Prepare monthly reports about the distribution/delivery of vaccines at every level and analyze them;
- Acquire refrigeration indicator devices at all levels for transportation of the vaccines

- Prepare monthly reports about the distribution/delivery of vaccines at every level and analyze them;
- Acquire refrigeration indicator devices at all levels for transportation of the vaccines
- Train the agents at the different levels in the status of the PCV and its use for managing the utilization of the vaccines.
- Disseminate placards/posters about the PCV.
- Upgrade the knowledge of the agents on the policy of opened dispensers at regional and district level
- Reinforce the supervised training of the agents at the level of providing service in order to ensure the effective implementation of the policy of opened dispensers
- Reinforce the monitoring in order to consolidate the monitored rate of loss
- Use the validated rate of loss in order to determine the needs and the orders of vaccines at all levels

Has a plan of action been prepared following the EGV/GEEV: Yes

In the case of affirmative response, please summarize the main activities in the framework of the GEEV plan as well as the activities aimed at implementation of the recommendations.

- Preparation of a receipt slip
- Acquisition of devices for continuous registration of the temperature
- Review of the temperature to be effected every month during the physical inventory
- Monthly storing in the computerized support system the data about the management of the vaccines
- Reinforcement of the capacities of the agents who manage the national and regional storage facilities
- Reinforcement of the capacities of the CSEs (Charged with Epidemiologic Surveillance) and the CPEVs (PEV Coordinators) in the maintenance of the cold chain

The next EGV /GEEV* meeting will be held in December 2009

**In the course of Phase 2 of GAVI, all countries will be required to conduct an EGV/GEEV during the second year of support to the new vaccines.*

1.3 Safety of the injections (SSI)

1.3.1 Received support to the safety of the injections

Received funds and their nature

Please report about the received support provided by the GAVI Alliance in 2007 regarding the safety of the injections (add lines if necessary).

Materials for the safety of the injections	Quantity	Date received
Safety boxes	10,450	April 23, 2007
Safety boxes	10,450	September 3, 2007
Self-blocking syringes	940,800	April 23, 2007
Self-blocking syringes	940,800	September 14, 2007

If necessary, please describe the encountered problems.

No problem has been encountered in the implementation of the activities

1.3.2. Situation of the transitional plan for safety of the injections and the management of the waste of puncturing and cutting objects

If the support has been completed, please specify how the materials for safety of the injections have been financed.

Not applicable

Please report about the modalities of the disposal of the waste of puncturing and cutting objects.

Not applicable

Please describe the problems encountered in the course of implementation of the transitional plan for safety of the injections and the management of the waste of puncturing and cutting objects.

Not applicable

1.3.3. Declaration on the utilization of the support of the GAVI Alliance to the safety of the injections (if it has been received in the form of contribution of funds)

The next sectors of main activities were financed (please specify the amount) in the course of the past year thanks to the support of the GAVI Alliance in the safety of the injections field:

Not applicable

2. Co-financing of the vaccines, financing of the immunization and the financial viability

Table 2.1: Total expenditures and financing of the immunization

Table 2.1 has been designed with the purpose to help GAVI understand the evolution of the global expenditures in the matter of immunization and the flow of financing. A complete long-term plan (PPAC), which was prepared for the year that is subject to the report, can be sent instead of Table 2.1.

Total expenditures on immunization and evolution of the financing of the immunization	2007		2008	2009	2010
	Real	Planned	Planned	Planned	Planned
<i>Expenditures on immunization</i>					
Vaccines	10,543,408	4,124,103	14,139,358	6,534,716	6,042,494
Injection materials	2,170,999	708,861	1,761,648	1,094,142	560 616
Personnel	1,134,953	1,134,953	1,182,847	1,222,379	1,254,620
Other operational expenses	797,766	6,386,124	13,875,412	8,875,151	4,538,162
Equipment of the cold chain	154,313	279,855	7,928	255,713	650,628
Vehicles	463,225	832,320	969,653	848,966	954,705
Others	0	337,645	340,153	300,803	393,521
<i>Total expenditures on immunization</i>	15,264,664	13,803,861	32,276,999	19,131,870	14,394,747
<i>Financing of the immunization by source</i>					
Government	5,175,507	6,281,110	10,571,601	6,554,951	6,884,034
GAVI	3,279,695	3,125,455	13,660,300	5,071,715	5,139,129
UNICEF	6,065,403	3,442,441	5,424,510	5,862,567	596,802
OMS	729,859	954,856	2,620,587	1,386,924	1,124,154
AMP	14,200	-	-	-	-
HKI	-	-	-	-	-
JICA	-	-	-	255,713	650,628
<i>Total financing</i>	15,264,664	13,803,861	32,276,999	19,131,870	14,394,747
Total deficit of the financing		0	Not applicable	Not applicable	Not applicable

Please describe the evolution of the expenditures and the financing of the immunization during the year that is subject to the report, as well as the differences between the expenditures, the financing, and the planned and real deficits. Explain in detail the causes of these tendencies and describe the perspectives for the financial viability of the immunization program in the course of the next three years; indicate whether the deficits in the financing are manageable or whether they represent a problem or whether they are alarming. In the last two cases, explain what strategies have been applied to correct the deficits and what are the causes of the deficits – the increase of the expenses in certain budget positions, the loss of sources of financing, or a combination of those two factors...

Le total des dépenses réelles est supérieur aux dépenses prévues. En dehors de l'Unicef où les dépenses réelles sont supérieures aux dépenses prévues, tous les autres intervenants indiquent la tendance inverse. Les stratégies de viabilité financière proposées sont :

- Renforcement de la contribution du gouvernement dans le PEV.
- Sécurisation du « financement probable » en faveur du programme.
- Mobilisation des ressources additionnelles en faveur du programme.
- Amélioration de la gestion du programme

Table 2.2: Co-financing of the country (in \$US)

Table 2.2 has been designed with the purpose 2.2 to help understand the level of co-financing the vaccines allocated by GAVI at national level. If your country has received more than one new vaccine, please complete a separate table for every co-financed new vaccine.

Table 3a: Co-financing the vaccines by your country					
For the first vaccine allocated by GAVI, specify what vaccine it is (for example: DTC-HepB)			DTCHepBHib		
Real and planned co-financing by your country	2006	2007	2008	2009	2010
<i>Total amount of doses co-financed by your country</i>			59,102	54,956	63,868
<i>Total amount of the co-financing by your country</i>			196,253	165,787	176,843
<i>Part of which coming from:</i>					
Government			196,253	165,787	176,843
Basket/Shared financing/SWAp					
Other (please specify)					
Other (please specify)					
Other (please specify)					
Total co-financing			196,253	165,787	176,843

Please describe and explain the past and future tendencies in the level of the joint financing of the first vaccine allocated by GAVI.

La part de l'Etat sera plus élevée la première année à cause du stock de sécurité à constituer

Table 2.3: Co-financing of your country (in \$US)

The purpose of Table 2.3 is to explain the process at national level in relation to the requirements for co-financing in the planning and budgeting of your country.

Table 4: Questions related to the implementation of the co-financing of the vaccines			
Q. 1: Were there any differences between the proposed payment schedules and the actual schedules in the year subject to the report?			
Schedule of the co-financed payments	Proposed schedule of payments	Dates of the actual payments in the year subject of the report	Delay in the disbursement of the co-financed payments
	(month/year)	(day/year)	(days)
1 st allocated vaccine (specify)	Not applicable	Not applicable	Not applicable
2 nd allocated vaccine (specify)	Not applicable	Not applicable	Not applicable
3 rd allocated vaccine (specify)	Not applicable	Not applicable	Not applicable

Q. 2: What mechanisms of buying vaccines are currently used in your country?			
	Mark if Yes	Enumerate the corresponding vaccines	Source of the funds
Purchases by the Government - AOI	X	BCG, DTC-HépB, measles, yellow fever, tetanus, VPO	State
Purchases by the Government - others			
UNICEF	X	DTC-HépB	GAVI
Renewable funds of the OPS			
Donations			
Other (specify)			

Q. 3: Have the needs of co-financing been integrated in the national systems of planning and budgeting hereinafter?		
	Mark if Yes	Enumerate the corresponding vaccines
Budget position for the purchase of vaccines	X	DTC-HépB
Plan of the national healthcare sector		
National healthcare budget		
Framework of the medium-term expenditures		
SWAp		
Analysis of the costs of financing of PPAg		
Program of annual immunization		
Others		

Q. 4: What factors have delayed and/or impeded the mobilization of the resources for co-financing of the vaccines?	
1. The socio-political crisis	
2.	
3.	
4.	
5.	

Q. 5: Do you anticipate encountering difficulties in the co-financing of the vaccines in the future? What difficulties?	
1. Not applicable	Not applicable
2.	
3.	
4.	
5.	

3. The demand of new or under-utilized vaccines for 2009

Part 3 regards the demand for new or under-utilized vaccines and the safety of the injections for 2009.

3.1. Objectives of the updated immunization

*Confirm/update the basic data approved in the proposal of your country: The numeric data must correspond to the ones that have been submitted in the joint WHO/UNICEF reports regarding the notification of immunization activities. Any change and/or deviation **MUST** be justified in the frame provided to this purpose. The objectives for the coming years **MUST** be specified.*

In the below frame, please provide a justification of the changes in the data of reference, the objectives, the rates of loss, the immunization forms etc. with respect to the previously approved plan, as well as the differences in the figures provided with respect to those that have been declared in the joint WHO/UNICEF report for notification of immunization activities.

Not applicable

Table 5: Update on the implementations with regard to the immunization and the annual objectives. Please provide the figures indicated in the joint 2007 WHO/UNICEF report as well as the prognoses for 2008 and beyond.

Number of the	Achievements and objectives									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	587,766	607,162	627,199	647,696	669,277	691,363	714,178	737,746	762,091	787,240
Infant deaths	2,234	7,104	7,338	7,578	7,831	8,089	8,356	8,632	8,916	9,211
Survived infants	585,533	600,058	619,861	640,118	661,446	683,274	705,822	729,114	753,175	778,029
Immunized infants until 2007 (joint report) or to be immunized in 2008 and beyond with the 1 st dose of DTC (DTC1)*	558,144	564,206	595,839	615,501	635,813	656,795	678,469	700,859	723,987	747,878
Immunized infants until 2007 (joint report) or to be immunized in 2008 and beyond with the 3 rd dose of DTC (DTC3)*	453,101	463,909	533,119	563,496	602,349	622,227	642,760	663,971	685,882	708,516
NEW VACCINES**										
Immunized infants until 2007 (joint report) or to be immunized in 2008 and beyond with the 1 st dose of DTC HepB..... (new vaccine)	558,144	564,206	595,839	615,501	635,813	656,795	678,469	700,859	723,987	747,878
Immunized infants until 2007 (joint report) or to be immunized in 2008 and beyond with the 3 rd dose of DTC HepB (new vaccine)	453,101	463,909	533,119	563,496	602,349	622,227	642,760	663,971	685,882	708,516
Rate of loss until 2007 and anticipated rate in 2008 and beyond*** for the DTC HepB (new vaccine)	10%	4%	5%	5%	5%	5%	5%	5%	5%	5%

Number of the	Achievements and objectives									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Infants to be immunized in 2008 and beyond with the 1st dose of DTC HepB + Hib..... (new vaccine)			595,839	615,501	635,813	656,795	678,469	700,859	723,987	747,878
Infants to be immunized in 2008 and beyond with the 3rd dose of DTC HepB + Hib..... (new vaccine)			533,119	563,496	602,349	622,227	642,760	663,971	685,882	708,516
Rate of loss anticipated in 2008 and beyond*** for the DTC HepB + Hib (new vaccine)			5%	5%	5%	5%	5%	5%	5%	5%
SAFETY OF THE INJECTIONS****										
Pregnant women who have been immunized or to be immunized with the tetanus toxoid	535,380	459,869	744,134	856,541	964,212	1,054,621	1,089,424	1,125,375	1,162,512	1,200,875
Infants who have been immunized or to be immunized with the BCG	451,216	570,288	564,479	595,880	635,813	656,795	678,469	700,859	723,986	747,878
Infants who have been immunized or to be immunized against the measles (1 st dose)	430,981	408,362	520,575	550,542	582,271	622,227	642,760	663,971	685,882	708,516
Infants who have been immunized or to be immunized against the yellow fever (1 st dose)	394,958	410,293	520,575	550,542	582,271	622,227	642,760	663,971	685,882	708,516

* Indicate the actual number of immunized infants in the course of the past years and the updated objectives (with the DTC only or associated)

** Use three lines (as it has been indicated in the chapter entitled **NEW VACCINES**) for every new vaccine that has been introduced

*** Indicate the rates of loss that have been actually registered in the course of the past years

**** Insert the lines that are necessary

3.2 Confirmed/ revised demand for new vaccines (to be communicated to the Supply Division of UNICEF) for 2009

In the case of a change in the form of immunization or increase in your demand, please indicate hereinafter whether the Supply Division of UNICEF has assured you about the availability of the new amount or form of the supplies.

Not applicable

Please provide a duly completed Excel calculation worksheet about the demand for vaccines.

Remarques

- **Introduction progressive** : 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.
- **Pertes de vaccins** : 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.
- **Stock régulateur** : le stock régulateur est recalculé chaque année comme étant égal à 25% des besoins courants en vaccins.
- **Vaccins prévus en stock au début de l'année 2008** : 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.
- **Seringues autobloquantes** : 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.
- **Seringues de reconstitution** : elles ne concernent que les vaccins lyophilisés. Inscrivez zéro pour les autres vaccins.
- **Réceptacles de sécurité** : 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.

Table 7: Rate and factors of loss

Rate of loss for the vaccines	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Corresponding factors of loss	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/ revised demand for support to the safety of the injections for the years 2009

Table 8a: Estimated supplies for the safety of the immunization for the next two years with BCG (Use one table per vaccine: BCG, DTC, measles and tetanus toxoid and number them - 8a, 8b, 8c etc.) Please use the same objectives as in Table 5.

		Formula	For 2008	For 2009
A	Targeted number of children for BCG immunization	$A = \text{Pop total} \times 0.0295$	627,199	647,896
B	Number of doses per child	01	01	01
C	Number of BCG doses	$A \times B$	627,199	647,896
D	Auto-blocking syringes (+10% losses)	$C \times 1.11$	696,191	719,165
E	Regulating stock of auto-blocking syringes (2)	$C \times 0.25$	156,800	161,974
F	Total number of auto-blocking syringes	$D + E$	852,991	881,139
G	Number of doses per dispenser	20	20	20
H	Factors of loss of vaccines (3)	2	2	2
I	Number of reconstitution syringes (+10% losses) (4)	$C \times H \times 1.11/G$	69,619	71,916
J	Number of safe receptacles (+10% extra)	$(F + I) \times 1.11/100$	10,241	10,579

Table 8b: Estimated supplies for the safety of the immunization for the next two years with DTC+HepB+Hib

		Formula	For 2008	For 2009
A	Targeted number of children for DTC+HepB+Hib immunization	$A = \text{Pop total} \times 0.0295$	627,199	647,896
B	Number of doses per child	#	3	3
C	Number of DTC+HepB+Hib doses	$A \times B$	1,881,597	1,943,688
D	Auto-blocking syringes (+10% losses)	$C \times 1.11$	2,088,573	2,157,494
E	Regulating stock of auto-blocking syringes (2)	$C \times 0.25$	470,399	485,922
F	Total number of auto-blocking syringes	$D + E$	2,558,972	2,643,416
G	Number of doses per dispenser	#	10	1
H	Factors of loss of vaccines (3)	#	1.33	1.05
I	Number of reconstitution syringes (+10% losses) (4)	$C \times H \times 1.11/G$	0	0
J	Number of safe receptacles (+10% extra)	$(F + I) \times 1.11/100$	28,405	29,342

Table 8c: Estimated supplies for the safety of the immunization for the next two years against measles

		Formula	For 2008	For 2009
A	Targeted number of children for measles immunization	$A = \text{Pop total} \times 0.0295$	627,199	647,896
B	Number of doses per child	01	01	01
C	Number of measles doses	$A \times B$	627,199	647,896
D	Auto-blocking syringes (+10% losses)	$C \times 1.11$	696,191	719,165
E	Regulating stock of auto-blocking syringes (2)	$C \times 0.25$	156,800	161,974
F	Total number of auto-blocking syringes	$D + E$	852,991	881,139
G	Number of doses per dispenser	10	10	10
H	Factors of loss of vaccines (3)	1.6	1.6	1.6
I	Number of reconstitution syringes (+10% losses) (4)	$C \times H \times 1.11/G$	111,391	115,066
J	Number of safe receptacles (+10% extra)	$(F + I) \times 1.11/100$	10,705	11,058

Table 8d: Estimated supplies for the safety of the immunization for the next two years against yellow fever

		Formula	For 2008	For 2009
A	Targeted number of children for yellow fever immunization	$A = \text{Pop total} \times 0.0295$	627,199	647,896
B	Number of doses per child	01	01	01
C	Number of yellow fever doses	$A \times B$	627,199	647,896
D	Auto-blocking syringes (+10% losses)	$C \times 1.11$	696,191	719,165
E	Regulating stock of auto-blocking syringes (2)	$C \times 0.25$	156,800	161,974
F	Total number of auto-blocking syringes	$D + E$	852,991	881,139
G	Number of doses per dispenser	10	10	10
H	Factors of loss of vaccines (3)	1.6	1.6	1.6
I	Number of reconstitution syringes (+10% losses) (4)	$C \times H \times 1.11/G$	111,391	115,066
J	Number of safe receptacles (+10% extra)	$(F + I) \times 1.11/100$	10,705	11,058

(Due to an obvious error in the original, the word "measles" in the above table has been replaced with "yellow fever" – translator's note)

Table 8e: Estimated supplies for the safety of the immunization for the next two years with tetanus toxoid

		Formula	For 2008	For 2009
A	Targeted number of pregnant women for vaccination with tetanus toxoid (for the tetanus toxoid: number of targeted pregnant women) (1)	$A = \text{Pop total} \times 0.05$	1,063,048	1,098,129
B	Number of doses per pregnant woman (for the tetanus toxoid: number of targeted pregnant women) (1)	02	02	02
C	Number of anti tetanus doses	$A \times B$	2,126,096	2,196,258
D	Auto-blocking syringes (+10% losses)	$C \times 1.11$	2,359,967	2,437,846
E	Regulating stock of auto-blocking syringes (2)	$C \times 0.25$	531,524	549,065
F	Total number of auto-blocking syringes	$D + E$	2,891,491	2,986,911
G	Number of doses per dispenser	20	20	20
H	Factors of loss of vaccines (3)	1.33	1.33	1.33
I	Number of reconstitution syringes (+10% losses) (4)	$C \times H \times 1.11 / G$	0	0
J	Number of safe receptacles (+10% extra)	$(F + I) \times 1.11 / 100$	32,096	33,155

1 Contribute at the level of 2 doses maximum for the pregnant women (estimate provided by the total of the births)

2 The regulation stock of vaccines and auto-blocking syringes has been set up to 25%. This stock is added to the first stock of doses that are necessary for introduction of the immunization in a given geographic zone. Write zero for the other years.

3 The standard factor of loss is to be used for the calculation of the reconstitution syringes. It will be 2 for the BCG and 1.6 for the measles and the yellow fever.

4 Only for the lyophilized vaccines. Write zero for the other vaccines.

If the amount of the current demand is different from the one that has been specified in the letter of approval of GAVI, please give the reasons for that.

Not applicable

4. Reinforcement of the healthcare system (RSS)

This part should be filled out only by the countries whose request for RSS support has been approved. It will serve as an initial report in order to permit to de-block the funds for 2009. Therefore, the countries are required to submit a report about the activities carried out in 2007.

Beginning of the support to the reinforcement of the healthcare system: _____ (date)

The current support to the reinforcement of the healthcare system will be completed on: _____ (date)

Funds received in 2007: Yes/No
If Yes, date of receiving the funds: (dd/mm/yyyy)
If Yes, total amount: \$US _____
Funds disbursed until now: \$US _____
Balance of the remaining payments due: \$US _____

Requested amount to be disbursed in 2009 \$US _____

*Are the funds posted in budget (are they included in the budgets of the Ministry of Health and the Ministry of Finance): Yes/No
If this is not the case, please give the reasons for that. How are going to make sure that the funds will be included in the budget?*

Not applicable

Please submit a succinct report on the program for RSS support that includes the main activities that have been conducted and specifies whether the funds have been disbursed according to the plan of its implementation, the principal achievements (particularly the impact on the programs for healthcare services, and in particular on the immunization program), the problems that have been encountered and the solutions that have been implemented or planned, as well as any other important information you would like to communicate to GAVI. You could provide more detailed information in Table 10 in order to indicate, for example, whether the activities have been conducted in accordance with the plan for their realization.

Not applicable

Do non-governmental organizations participate in the implementation of the RSS proposals? In the case of an affirmative answer, describe their participation.

Not applicable

If you have requested a modification in the plan for implementation and in the disbursement schedule such as they have been defined in the proposal, please give the reasons for that and justify the modification of your request for disbursement. A more detailed description of the expenditures can be given in Table 9.

Not applicable

Please attach the report about the CCSS meeting(s) at which the disbursement of the funds and the request for the next period have been examined. Please attach the most recent report about the evaluation of the healthcare sector and the audit report of the account where the RSS funds are transferred. This is a condition for de-blocking the funds for 2009.

Table 9. RSS expenditures in 2007 for the RSS activities and your request for 2009. (En the case of changes in the request for 2009, please give the reasons for that in the above succinct report).

Sector of support	2007 (Expenditures)	2007 (Balance)	2009 (Request)
Costs of the activities			
Objective 1			
Activity 1.1	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Activity 1.2	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Activity 1.3	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Activity 1.4	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Objective 2	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Activity 2.1	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Activity 2.2	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Activity 2.3	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Activity 2.4	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Objective 3	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Activity 3.1	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Activity 3.2	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Activity 3.3	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Activity 3.4	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Costs of the support	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Costs of the management	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Costs of the support for the S&E	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
Technical assistance	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
TOTAL COSTS	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>

Table 10. RSS activities in 2007	
Main activities	2007
Objective 1	<i>Not applicable</i>
Activity 1.1	<i>Not applicable</i>
Activity 1.2	<i>Not applicable</i>
Activity 1.3	<i>Not applicable</i>
Activity 1.4	<i>Not applicable</i>
Objective 2	<i>Not applicable</i>
Activity 2.1	<i>Not applicable</i>
Activity 2.2	<i>Not applicable</i>
Activity 2.3	<i>Not applicable</i>
Activity 2.4	<i>Not applicable</i>
Objective 3	<i>Not applicable</i>
Activity 3.1	<i>Not applicable</i>
Activity 3.2	<i>Not applicable</i>
Activity 3.3	<i>Not applicable</i>
Activity 3.4	<i>Not applicable</i>

Indicator	Source of the data	Value of the reference base¹	Source²	Date of the reference base	Objective	Deadline
1. National coverage by the DTC3 (%)	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
2. Number / % of the districts that attain $\geq 80\%$ of the coverage by the DTC3	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
3. Death rate of the children younger than 5 years (per 1000)	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>	<i>Not applicable</i>
4.						
5.						
6.						

Please describe whether the objectives have been attained, what types of problems have been encountered in measuring the indicators, how the follow-up process has been reinforced and whether changes have been proposed.

¹ Si des données de référence ne sont pas disponibles, indiquez si la collecte de ces données est prévue et quand elle aura lieu.

² La source est importante pour faciliter l'accès aux données et vérifier leur concordance.

5. Control list

Verification of the completed form:

Required items in the form:	Completed	Comments
Date of presentation	Yes	
Period for which the report has been prepared (the previous calendar year)	Yes	
Signatures of the Government	Yes	
Approval by CCI	Yes	
Information provided about the SSV	Yes	
Information provided about the CQD	Yes	
Information provided about the utilization of the introductory allowance for the vaccine	Not applicable	
Information provided about the safety of the injections	Yes	
Information provided about the financing of the immunization and the financial viability (progress accomplished with respect to the indicators of the country)	Yes	
Request of new vaccine, including the completed co-financing and the joint Excel calculation worksheet	Yes	
Completed revised request for support regarding the safety of the injections (if necessary)	Not applicable	
Information provided about the RSS	Not applicable	
CCI reports attached to the report	Yes	
CCSS report, audit report for the RSS funds and annual evaluation report for the healthcare sector attached to the report	Not applicable	

6. Comments

Comments of CCI/CCSS:

The CCIA points out with satisfaction to the fruitful collaboration until now between the World Alliance for Vaccines and Immunization and the Republic of Ivory Coast. This collaboration, initiated in 2001, has permitted to the country to benefit from the support for reinforcement of the immunization services and to introduce successfully the tetravalent vaccine in the routine immunization program. The CCIA is thankful for the approval by GAVI of the requests for the introduction of the pentavalent vaccine in the routine PEV and for the safety of the injections. However, the CCIA is very preoccupied by the unavailability of the funds that have been announced since October 10, 2007 in the framework of these approvals.

~ End ~