



Annual Progress Report 2008

Submitted by

The Government of

[The Gambia]

Reporting on year: January - December 2008

Requesting for support year: January – December 2010

Date of submission: 15th May 2009

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

and any hard copy could be sent to :

**GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

**Government Signatures Page for all GAVI Support
(ISS, INS, NVS, HSS, CSO)**

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of The Gambia

Minister of Health:

Title: Dr. Mariatou Jallow


For Signature: 

Date: 

Minister of Finance:

^{for} Title: Dr. Gibril Musa Balla Gaye

Signature: 

Date: 

This report has been compiled by:

Full name: Mrs. Yamundow Lowe Jallow

Position: EPI Manager

Telephone: (220) 4227390

E-mail: ylowe_jallow@hotmail.com

ICC Signatures Page



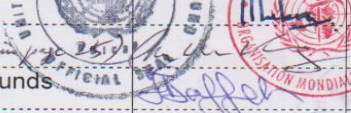
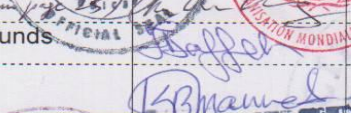
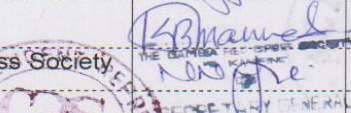
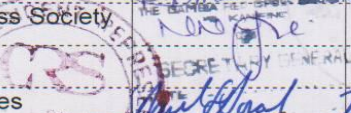
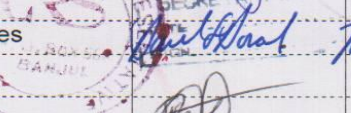

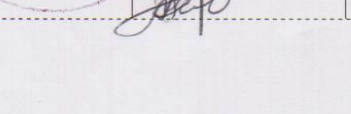

If the country is reporting on ISS, INS, NVS support

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

Financial accountability forms an integral part of GAVI Alliance 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 from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Auditing of government accounts is a function of the Auditor General's Department. The Ministry of Health could not have the GAVI account audited for the period under review because of competing priorities. The Ministry will continue to work with the Auditor General's Office for a comprehensive audit in 2010. However a printed statement of account from the bank for the reporting period endorsed by the Government Financial Controller is attached for your review.

Name/Title	Agency/Organisation	Signature	Date
Director of Health Services	Ministry of Health		14/05/09
WHO Representative	WHO Country Office		15/05/09
Country Representative	UNICEF		15/05/09
Country Director	Christian Children's Funds		14/05/09
Country Director	Action Aid		14/05/09
Secretary General	The Gambia Red Cross Society		14/05/09
Chair Person	Rotary International		14/05/09
Country Director	Catholic Relief Services		May 14 2009
Director	MRC, The Gambia		
Chief Public Health Officer	Ministry of Health		15.5.09

Comments from partners:

You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

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Has this report been reviewed by the GAVI core RWG: Yes

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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets
(From the most recent submissions to GAVI)

Number	Achievements as per JRF	Targets		
	2008	2009	2010	2011
Births	71,624	73,558	75,544	77,584
Infants' deaths	74/1000	74/1000	74/1000	74/1000
Surviving infants	66,324	68,115	69,954	71,843
Pregnant women	71,624	73,558	75,544	77,584
Target population vaccinated with BCG	67,683	67673	72522	76808
BCG coverage*	97%	92%	96%	99%
Target population vaccinated with OPV3	64,182	64028	66456	68251
OPV3 coverage**	97%	94%	95%	95%
Target population vaccinated with DTP (DTP3)***	63,671	64028	66456	68251
DTP3 coverage**	96%	94%	95%	95%
Target population vaccinated with DTP (DTP1)***	67,983	68,115	69,954	71,843
Wastage ¹ rate in base-year and planned thereafter	9.3%	5%	5%	4%
Duplicate these rows as many times as the number of new vaccines requested				
Target population vaccinated with 3 rd dose of				
..... Coverage**				
Target population vaccinated with 1 st dose of				
.....				
Wastage ¹ rate in base-year and planned thereafter				
Target population vaccinated with 1 st dose of Measles	60,185	57217	60860	64659
Target population vaccinated with 2 nd dose of Measles				
Measles coverage**	91%	84%	87%	90%
Pregnant women vaccinated with TT2+	52901	61053	66479	69826
TT2+ coverage****	80%	83%	88%	89%
Vit A supplement	Mothers (<6 weeks from delivery)			
	Infants (>6 months)			
Annual DTP Dropout rate [(DTP1-DTP3)/DTP1] x 100	6.3%	6.0%	5.0%	4.9%
Annual Measles Dropout rate (for countries applying for YF)				

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

Table B: Updated baseline and annual targets

Number	Achievements as per JRF		Targets	
	2008	2009	2010	2011
Births	71,624	73,558	75,544	77,584
Infants' deaths	74/1000	74/1000	74/1000	74/1000
Surviving infants	66,324	68,115	69,954	71,843
Pregnant women	71,624	73,558	75,544	77,584
Target population vaccinated with BCG	67,683	72087	74033	76808
BCG coverage*	97%	98%	98%	99%
Target population vaccinated with OPV3	64,182	66072	68555	70406
OPV3 coverage**	97%	97%	98%	98%
Target population vaccinated with DTP (DTP3)***	63,671	65390	67855	69688
DTP3 coverage**	96%	96%	97%	97%
Target population vaccinated with DTP (DTP1)***	67,983	68,115	69,954	71,843
Wastage ² rate in base-year and planned thereafter	9.3%	5%	5%	4%
Duplicate these rows as many times as the number of new vaccines requested				
Target population vaccinated with 3 rd dose of				
..... Coverage**				
Target population vaccinated with 1 st dose of				
Wastage ¹ rate in base-year and planned thereafter				
Target population vaccinated with 1 st dose of Measles	60,185	62666	65057	67532
Target population vaccinated with 2 nd dose of Measles				
Measles coverage**	91%	92%	93%	94%
Pregnant women vaccinated with TT+	52901	61053	66479	69826
TT+ coverage****	80%	83%	88%	89%
Vit A supplement	Mothers (<6 weeks from delivery)			
	Infants (>6 months)			
Annual DTP Dropout rate [(DTP1-DTP3)/DTP1] x100	6.3%	4.0%	3.0%	2.9%
Annual Measles Dropout rate (for countries applying for YF)				

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

² The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): **Yes**

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

The Gambia received Immunisation Service Support (ISS) at the tune of \$87,000 in 2008. These funds were allocated to the unfunded planned activities as per the current cMYP 2007 – 2011. The cMYP is synchronized within the overall health sector action plan and budget.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The mechanism for the management of ISS funds has no bureaucratic bottlenecks. The ISS funds are jointly co-managed by the Ministries of Health and Finance. The funds are paid into a special account known as 'below the line account' at the Central Bank. The ICC's role in the disbursement of ISS funds is based on the approved annual work plan of the EPI programme.

All major expenditures have to be authorised by the ICC and any emergency arising before an ICC meeting would have to be approved by the Director of Health Services.

When requests are approved and signed by the above-mentioned authorities and submitted to the principal accountant, it is acted upon without delay.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008: **US\$ 187,000**

Remaining funds (carry over) from 2007: **US\$151,593.85**

Balance to be carried over to 2009: **US 288,593**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS UTILISED			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation (Fuel)	9,902		3,902	6,000	
Maintenance and overheads					
Training					
IEC / social mobilization	2,017			2,017	
Outreach					
Supervision					
Monitoring and evaluation	19,779	10,000	6,000	3,779	
Epidemiological surveillance					
Vehicles					
Cold chain equipment	886			886	
Office Equipment (Lap tops)	6,377		3,377	3,000	
Proposal Development	11,039	11,039			
Other (specify)					
Total:	50,000	21,039	13,279	15,682	
Remaining funds for next year:	288,593				

* The funds received in 2008 (US \$ 187,000) does not feature in the 2008 printout as it was lodged in the old account which was accessed and transferred in the new account in 2009.

1.1.3 ICC meetings

How many times did the ICC meet in 2008? Two (2)

Please attach the minutes (DOCUMENT N°.....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: **[Yes]**
if yes, which ones?

List CSO member organisations
The Gambia Red Cross Society
Rotary International
Christian Children's Fund
Action Aid
Catholic Relief Services

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

Major activities already undertaken to strengthen the new vaccine introduction

- ▶ Installation of a regional cold room in Bansang (CRR)
- ▶ Training of the EPI store keeper on store management
- ▶ Installation of 38 sets of solar refrigerators country wide
- ▶ Revision and printing of data collection tools for the new vaccines
- ▶ Training of health staff on Penta introduction
- ▶ Supportive supervision to service delivery level
- ▶ Maintenance of the cold chain system country wide on a quarterly basis
- ▶ Training of health staff on surveillance and data-management
- ▶ Training of health staff on EPI activities country-wide
- ▶ Maintenance of the six existing incinerators
- ▶ Procurement and distribution of twenty motor cycles for EPI officers at service delivery level

Problems encountered in relation to implementing EPI Multi-Year Plan.

- No major problems encountered during the year

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (**DOCUMENT N° 01**) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement of funds (**DOCUMENT N° 02**) spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

List major recommendations (NOT CONDUCTED)
--

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

There was no DQA done but a data committee is formed who scrutinise data received from the facility level.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

- A Review of the cold chain to determine storage capacity and gaps by a WHO consultant was also conducted in 2006

List challenges in collecting and reporting administrative data:

- *Data from the lowest units are not received on time at the district level and from District level to Central level.*
- *Data is missing for some units and sometimes incomplete for others.*
- *At District level, there were capacity problems for the management of data (personnel and computer equipment) and data could not be punched and analysed on timely basis*
- *Some facilities in the private sector are in the habit of not reporting or reporting late*

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]

New vaccines were not introduced in 2008

[List any change in doses per vial and change in presentation in 2008]

There has not been any change in dose per vial or change in presentation

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
Hepatitis B	10 dose vial	115,500	1990	June 2008.
DPT & Hib	10 dose vial	110,000	1997	June 2008.

Please report on any problems encountered.

The Gambia has not experienced any problems regarding vaccines either in shipment arrangements such as delayed arrivals, product quality or quantity resulting in stock outs in 2008.

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

Major Activities planned to be undertaken to strengthen the new vaccine introduction are outline below:-

- ▶ Training of both regional and health staff on the introduction of Pneumococcal vaccine
- ▶ Strengthening monitoring and supervision of introduction activities at regional and health facility levels.
- ▶ Training of health staff on vaccine management and monitoring
- ▶ Procurement of a refrigerated vehicle for vaccine transportation
- ▶ Building of additional six incinerators in all the six regions
- ▶ Introduction of a 7-valent pneumococcal vaccine
- ▶ Review and printing of IEC material for PCV-7 introduction
- ▶ Finalise the EPI policy to incorporate the new vaccines introduce
- ▶ Quarterly conduct of ICC meetings

Major activities already undertaken to strengthen the new vaccine introduction

- ▶ Installation of a regional cold room in Bansang (CRR)
- ▶ Training of the EPI store keeper on store management
- ▶ Installation of 38 sets of solar refrigerators country wide
- ▶ Revision and printing of data collection tools for the new vaccines
- ▶ Training of health staff on Penta introduction
- ▶ Follow-up supervision at service delivery level
- ▶ Preventive maintenance of the cold chain system country wide on a quarterly basis
- ▶ Training of health staff on surveillance and data-management
- ▶ Training of health staff on EPI activities country-wide
- ▶ Procurement and distribution of twenty motor cycles for EPI officers at service delivery level
- ▶ *Community sensitization on new vaccines*
- ▶ *Bi monthly meetings conducted*

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: [29th September 2008]

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
An introduction grant of \$100,000.00 was received in September 2008 for the switching from DPT/Hib + Hep B mono to Pentavalent (DPT-Hib-Hep B) in the second quarter of 2009. This money was accessed in 2009.					

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [09/2001]

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

Last Vaccine Management Assessment was conducted in 2001 and there has not been another one since

Was an action plan prepared following the EVSM/VMA? Yes/No

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

[List main activities] Not applicable as none was conducted in 2007 or 2008

When will the next EVSM/VMA* be conducted?

The next EVSM/VMA is planned for September 2011

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: Pentavalent	
Anticipated stock on 1 January 2010	20,200 Doses
Vaccine 2: PCV – 7	
Anticipated stock on 1 January 2010	50,500 Doses

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? No

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
Not applicable	Not applicable	Not applicable

Please report on any problems encountered.

[List problems]

Not applicable

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

The GAVI Safe Injection Support started in 2002 and ended in 2005. The cost of safe injection supplies was then incorporated into the recurrent budget of the Ministry of Health and has since been fully funded by government. There has not been any stock out of safe injection material since the transition in 2005

Please report how sharps waste is being disposed off.

Incinerators have been built one in each of the six health regions exclusively for the management of sharp wastes. Sharps are initially disposed off in safety boxes at the site of injection and are later transported to the incineration sites by the respective health facility staff and in some instances by the regional health teams during routine supervision. There are incinerator attendants in each region for the management of the sharp wastes under the supervision of the regional health teams.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

The following were some of the problems encountered during the transitional phase:

- Inadequate interim storage facility for safety boxes containing used sharps
- Limited capacity of incinerators to cope with demand
- Some of the incinerators could not cope due to inferior materials and therefore developed structural defects

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

Not applicable

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines	110,579	189,166	194,786
New Vaccines	695,500	1,763,590	1,830,440
Injection supplies	50,272	116,667	123,126
Cold Chain equipment (UNICEF)	250,000	12,333	33,555
Operational costs	137,337	179,318	154,523
Other (please specify)			
Total EPI (Government + GAVI)	1,243,688	1,763,590	1,830,440
Total Government Health	298,188	457,317	494864

Exchange rate used D25.50

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

In 2008, the Government of The Gambia allocated 7 million GMD (equivalent to 300,000 USD) to meet the cost of buying and co-financing traditional and new vaccines and consumables respectively. The timeliness and adequacy of allocations for the previous and current reporting year has been very satisfactory with no reported incidents of stock outs.

Given all odds, in particular the ongoing global financial crisis; it is rather difficult to project trends. So far, it has become obvious that The Gambia is not spared from the burden of the ongoing global crisis. If the global financial crisis continues, poor countries like The Gambia will be affected resulting in major challenges to meet the financial commitments of the national immunisation programme. So far the government has met most of the financial needs of the EPI programme knowing the important role the programme plays in the attainment of MDGs 4 and 5. Through the ICC, regular briefings will be held with the Ministry of Health to ensure that immunization remains a principal focus for funding in order to reduce childhood morbidity and mortality.

Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>1st vaccine: Pentavalent</i>		2010	2011
Co-financing level per dose		0.20	0.30
Number of vaccine doses	#	15,200	21,700
Number of AD syringes	#	16,200	23,000
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	200	275
Total value to be co-financed by country	\$	50,500	68,000

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>2nd vaccine:PCV-7</i>		2010	2011
Co-financing level per dose		0.15	0.20
Number of vaccine doses	#	6400	8700
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by country	\$	32,500	44,000

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine DPT/Hib	November 2008	April 2009	November 2009

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DPT/Hib	41,000	11,900

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1. There were no factors hindering resource mobilisation for vaccine co-financing in 2008. Adequate funds made available in The Gambian EPI Vaccine Account managed by UNICEF Supply Division in Copenhagen. However, the country could not settle its co-financing portion on time due mainly to misunderstanding on co-financing procedures.
2. The Gambia remains fully committed to the co-financing agreement with the GAVI Alliance.

If the country is in default please describe and explain the steps the country is planning to come out of default.

The country received a co-financing default letter and is closing working with UNICEF to effect the payment and also to prevent the occurrence of such in future.

3. Request for new and under-used vaccines for year 2010

Section 3 is for the request of new and under-used vaccines and related injection safety supplies for 2010.

3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

Are there changes between table A and B? (Yes)

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes in births:

The country had vaccinated far more than the projected number of births for 2008 (68,884) as indicated in the cMYP 2007 – 2011, thus the EPI Programme has accordingly revised upwards, the targets for all subsequent years within the cMYP.

Provide justification for any changes in surviving infants:

The country had vaccinated far more than the projected number of surviving infants for 2008 (63,098) as indicated in the cMYP 2007 – 2011, thus the EPI Programme has accordingly revised upwards, the targets for 2008 and for all subsequent years within the cMYP.

Provide justification for any changes in Targets by vaccine:

The change in targets has made it necessary to effect corresponding changes in calculations for vaccine requirements as well.

Provide justification for any changes in Wastage by vaccine:

The country maintains a fairly improved vaccine management system, thus the vaccine wastage rate remains the same as planned in the cMYP 2007 – 2011.

Vaccine 1: Pentavalent Vaccine

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;)

The Gambia would be interested in having the multi-dose (5) vials for Penta and PCV-7. However, the prices and vial size are not indicated in the excel annex sheet attached. Thus the tables below cannot be completed.

Table 3.1: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	67,855	69,688
Target immunisation coverage with the third dose	<i>Table B</i>	#	97%	97%
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	69,254	71,125
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.20	0.30

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011
Number of vaccine doses	#	237,400	203,900
Number of AD syringes	#	252,600	215,600
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	2,825	2,400
Total value to be co-financed by GAVI	\$	789,500	636,500

Vaccine 2: Pneumococcal Conjugate Vaccine

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	66,456	68,251
Target immunisation coverage with the third dose	<i>Table B</i>	#	95%	95%
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	67,236	68,854
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	0.15	0.20

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011
Number of vaccine doses	#	207,900	209,600
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	\$	1,050,000	1,058,500

6. Checklist

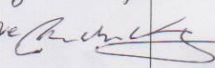
Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	15 th /05/09	
Reporting Period (consistent with previous calendar year)	2008	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	Yes	
DQA reported on	N/A	
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on	N/A	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	N/A	
ICC minutes attached to the report	Yes	

7. Comments

ICC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

UNICEF provided technical support to EPI unit in the preparation of the APR 2009. Advice to improve the accuracy of the financial breakdown and filling in the response to questions were shared with EPI colleagues. Comments were also provided on the tables and requests were made to share the attachments on page 11. Due to time constraint, not all of the suggestions and requests were fulfilled. It is encouraging to note that we are able to address some of the issues and Government's commitment to work with partners on the GAVI funded activities. Government has also promised to share the report on audited accounts for GAVI funds from 2009. As an interim measure, the General Ledger Report on the EPI GAVI project for 2008 was shared with ICC partners. UNICEF has reiterated the request to have the APR presented to the ICC in draft form a month before the submission date and to convene a review of the draft with all supporting documents to allow ICC members to endorse the APR as required by the process. We look forward to working closer with EPI and the Department of State for Health towards improving the quality of the APR and achieving results for children's immunization in The Gambia. 15/05/09 UNICEF Representative 

~ End ~