Annual Progress Report 2007

Submitted by

The Government of

GUINEA

to the

Submission date: 15 May 2008

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(In conjunction with the Excel spreadsheet, in accordance with guidelines)

Please return a signed copy of the document to:
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland

Enquiries should be addressed to Dr Raj Kumar, rajkumar@gavialliance.org or to representatives of a GAVI partner agency. All documents and attachments should be submitted in French or in English, preferably in an electronic format. Documents may be shared with GAVI partners and collaborators as well as the general public.

This report reports on activities in 2007 and specifies requests for January – December 2009.

Signatures page for ISS, INS and NVS

For the Government of .....

Ministry of Health: Dr Sangaré Maimouna BAH	**Ministry of Finance: Dr Ousmane Doré**
Title: **Minister of Public Health**	Title: **Ministry of Economy, Finance and Planning**
Signature: ……	Signature: ……
Date: 15 May 2008……	Date: 15 May 2008……

We, the undersigned members of the Inter-Agency Co-ordinating Committee (ICC) endorse this report, as well as the attached Excel spreadsheet. 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 financing organization have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organization	Signature	Date
Dr Momo Camara, Secretary General	Health		
Dr Mahi Barry, National Director for Public Health			
Dr Camille Tafsir Soumah, EPI/SSP/ME National Coordinator			
Dr Djénou Somparé Somparé, Head of Immunization Division			
Mr Oury BAH	Ministry of Higher Education		
Elhadj Mamadou Aliou Diallo	Ministry of Finance		
Mr Marcel Leno	Ministry for Cooperation		
Kanfory CAMARA	Ministry of Agriculture, Animal Husbandry and the Environment		
Abdoulaye SYLLA	Representative of the Ministry of Fisheries and Aquaculture		
M. Etienne Sewa Lélano	Ministry of the Interior and Security		
Bernadette KOLIE	Ministry for Youth		
Madame Bintou Nabé	Ministry for Social Affairs and the Advancement of Women and Children		

Dr Réné Zitsamalé-Coddy	WHO		
Dr Mohamed Cissé	UNICEF		
Dr Mariama Ciré BAH	USAID		
Mr Ibrahima Diakité	ROTARY CLUB POLIO PLUS		
Dr Mohamed S.Sylla	ADeSaME (Association for Mother and Child Health Development)		

Signatures Page for HSS N/A

For the Government of .....

Ministry of Health:

Title: ……

Signature: ……

Date: ……

Ministry of Finance:

Title: ……

Signature: ……

Date: ……

We, the undersigned Members of the National Health Sector Coordinating Committee (HSCC), …… (insert name) endorse this report on the Health Systems Strengthening Programme. 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 HSCC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organization	Signature	Date

Progress Report Form: Table of Contents

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

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes
If so, provide details in the text box provided on how the funds were reflected in the Ministry of Health budget.
If no, is there an intention to get them on-budget in the near future?

The funds are included in the Ministry of Health and Ministry of Finance budget in the form of an external grant following discussion and ICC approval as a FINEX item (external funds).

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 management of ISS funds is supervised by the ICC whose Chairman (the Secretary General for the Ministry of Public Health) and Vice President (WHO representative) are the signing officers of cheques enabling the disbursement of funds to finance EPI planned activities.

The ICC terms of reference include a definition of the distribution mechanism and control system for the management of EPI resources.
Within the ICC there is a technical commission made up of the EPI core team , EPI focal points from WHO and UNICEF, and Ministry of Finance officers responsible for OAP development and the annual Program budget. In order to implement the OAP, requests are prepared and submitted to the ICC for full adoption after amendments have been made.
A receipt committee for EPI equipment purchased using GAVI funds was set up by the MPH and serves as an interface between the ICC and EPI (this committee is chaired by WHO and includes UNICEF amongst its members).

Under the “Reaching Every District” approach, the ICC has set in motion advanced strategy immunization activities and formative supervision, making sure that means are rationally allocated and that resources placed at the disposal of the EPI for this strategy by partners such as UNICEF, WHO and the World Bank APNDS Project develop a synergy. ICC also ensures that the national injection safety policy is implemented.

ICC meetings in 2007 focused mainly on:

- solving EPI routine financial and operational issues (implementation of the "Reaching Every District" Approach);
- supporting the organization of Child Health Weeks during June and December: accelerating routine EPI to be geared to Vitamin A and mebendazole distribution;
- discussing and adopting the 2007-2011 comprehensive Multi Year Plan and the plan for Pentavalent vaccine introduction in the routine EPI;
- delivering GAVI management and financing process audit results;
- Presenting and discussing the document on the involvement of civil society in immunization and the health system in general.

1.1.2 Use of Immunization Services Support

*In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.*

Funds received during 2007: 398,500
Remaining funds (carry over) from 2006: **1,303,000**
Balance to be carried over to 2008: **US$ 516,129**

Table 2: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	167,235	0	0	167,235	0
Injection supplies	0	0	0	0	0
Personnel	73,200	0	0	73,200	0
Transportation	16,240	0	12,100	41,140	0
Maintenance and overheads	204,325	136,560	27,600	40,165	0
Training	62,790	0	0	62 790	0
IEC / social mobilization	0	0	0	0	0
Outreach	215,267	0	45,294	169,973	0
Supervision	15,162	15,162	0	0	0
Monitoring and evaluation	57,647	37,000	15,200	5,447	0
Epidemiological surveillance					0
Vehicles (purchase of 7 vehicles)	160,146	45,756	45,756	68,634	0
Cold chain equipment (purchase of solar refrigerators)	166,301	0	0	166,301	0
Other .....*(purchase of 40 motorbikes)*	47,058	0	0	47,058	0
Total:	**1,185,371**	**234,478**	**145,950.00**	**804,943**	0
Remaining funds for next year:	**US $ 516,129**				

If no information is available because of block grants, please indicate under 'other'.
Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.

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

The outcome of discussions at various technical meetings was to recommend the use funds. GAVI funds were used in synergy with funds from other partners (Unicef; WHO; JICA and World Bank) to strengthen immunization.
This was achieved through the funding and execution of the following activities:

- *Purchase of 40 motorbikes and solar fridges*
- *Purchase of 4-months worth of DTP and OPV to put an end to a stockoutage.*
- *Purchase of computer equipment and management tools*
- *Internet connection charges*
- *Supply of fuel for cold chains*
- *Implementation of RED in all health districts*
- *Supervision of immunization activities*
- *Training of health officers on EPI management*
- *Maintenance of rolling stock (supply and supervision vehicles)*
- *EPI Annual Review*

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for __2009____

**If no DQA has been passed, when will the DQA be conducted?*
**If the DQA has been passed, the next DQA will be 5 years after the passed DQA.*
**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

FOLLOW-UP ON RECOMMENDATIONS FROM THE 2004 DQA

Register maintenance

- ❑ Standardization and improvement of counting forms/records format ***(Done)***
- ❑ Supply of child forms to DPS' and CPN ***(Done)***
- ❑ Register standardization and routine filing of radio data ***(Partially done)***

Filing and reporting

- ❑ Defining and drawing up written work procedures for EPI and SNIS ***(Underway)***
- ❑ Drawing up the procedure for EPI data backup and sharing **(Underway: quarterly meeting, quarterly bulletin and sharing of findings)**

Monitoring and evaluation

- ❑ Display of EPI immunization curves ***(Done in CS and DPS')***
- ❑ Monitoring of the swiftness at which reports are delivered in EPI/SNIS districts ***(Carried out at the end of each month)***
- ❑ Monitoring of CS performance by districts ***(Carried out once a month and once every six months)***
- ❑ Central level wastage rate calculation ***(not routinely)***

System Design

- ❑ Tracking of any double counting ***(Done during supervision)***

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

YES X *NON* ☐

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

With regard to register maintenance, consistency between registers and routine files has been achieved; With regard to filing and reporting, the procedures for EPI data backup and sharing have been implemented during quarterly meetings; With regard to monitoring and reporting, wastage rate calculation is not carried out routinely.

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

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

National Survey on the Nutritional Status of Children and the Monitoring of Major Child Survival Indicators

1.1.4. ICC Meetings

How many times did the ICC meet in 2007 ? ***Please attach all minutes.***
Are any Civil Society Organizations members of the ICC and if yes, which ones?

4 times

1.2. GAVI Alliance New and Under-used Vaccine Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include any changes in doses per vial and changes in presentation (e.g. DTP + HepB mono to DTP-HepB) and vaccine receipt dates in 2007.

Yellow fever vaccine

Vaccine	Vial size	Doses	Date of introduction	Date of receipt (2007)
YELLOW FEVER VACCINE	**5**	**215,500**	**1 /10/2002**	**11 March 07**
YELLOW FEVER VACCINE	**10**	**45,000**		**29 August 07**
Total		**260,500**		

Hep B

Vaccine	Vial size	Doses	Date of introduction	Date of receipt (2007)
Hep.B monovalent	**10**	**643,500**	**1 /12/06**	**13 March 07**
Hep.B monovalent	**10**	**349,500**		**07 May 07**
Total		**993,000**		

Please report on any problems encountered.

Logistical problem due to the old age of supervision vehicles in some health districts.

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.

- *Supply of vaccines and suitable management tools to health facilities*
- *Implementation of RED and active catching-up during Child Health Week*
- *Supervision of activities*
- *Monitoring of activities*

1.2.3. Use of GAVI Alliance financial support for introduction of a new vaccine

These funds were received on: ___0_____
Guinea did not receive any funds from GAVI for new vaccine introduction (US $ 100,000) when the Hep B vaccine was introduced.

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

No funding.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in September 2006 by the WHO/ICP regional office.

Please summarize the major recommendations from the EVSM/VMA.

RECOMMENDATIONS TO THE MPH / EPI

2.1 Cold chain management

Objectives of recommendations for the Cold Chain

- Reorganize the CC to increase storage reliability and reduce CC management sensitivity to the variability of energy supply recurrent costs.
- Strengthen the various CC levels in anticipation for the change of immunization schedule (new vaccine introduction) and target population increase (strategic plan: target 2010).

Central level

- With a view to introducing new vaccines, vaccine storage requires:
  - the strengthening of positive storage capacity at central level:
    - through the repair of non operational cold chambers at central level, the installation of a new chamber ($40m^3$), or the strengthening of the cold chamber in Labé, which can be achieved by carrying out repairs, securing its energy supply and reinforcing management capacity.
  - the review of pentavalent supply intervals at central level (e.g. 3 supplies per year instead of 2)

- With a view to introducing new vaccines, ambient storage capacity should be reinforced (injection equipment).
- Central level should be equipped with a generating set able to take on board all cold chain equipment in the event of an energy supply disruption and which would have automatic starting; the 70 kVA set with manual starting could provide an alternate solution if required.
- Vaccine stores should be suitably equipped with storage temperature monitoring devices (data loggers, alarm, 3M card, thermometers, freeze indicators).

- The store housing fridges and freezers should be restored (weather-tightness problem on the store roof).

- A separate office should be provided for the vaccine manager (separate from the vaccine store) to limit access to the equipment.

- Cold chain equipment currently located in a corridor with public access should be relocated in a room with more restricted access.

- Maintenance capacity should be strengthened.
  - Permanent qualified staff and use of subcontractors.
  - Spare parts for cold chain equipment
- The abilities of cold chain and vaccine managers should be strengthened.

- Alternate cold chain options should be identified for emergency situations in order to make vaccine stocks safe, clear instructions should be written and displayed and staff should be briefed.

At regional level

- The Labé cold chain should be restored so that it can play a supporting role at central level for vaccine distribution to neighbouring regions.
  - Out-of-order compressors should be repaired (the negative cold chain does not work and the positive cold chain runs on one compressor only).
  - The availability of the energy supply should be strengthened to increase the reliability of the cold chain.
  - The manager's ability to manage considerable amounts of vaccine stocks should be reinforced.
- At the current stage, the establishment of a cold chain in each region does not seem a priority;

instead precedence should be given to reinforcing prefectural stores. However, given accessibility constraints in the region of Nzérékoré, the establishment of a cold chain could be contemplated (equivalent to a central cold chain, this decentralized cold chain in Nzérékoré would serve the prefectures of Nzérékoré and Kankan), if energy availability and strengthened management capacity could be secured.

At prefectural level (including Conakry DCS')

- All prefectural stores should be restored and made operational so that they can serve their purpose as buffer storage in the distribution chain to health centres; the following solutions are proposed:
    - Where resource integration is possible to maximize utilization of energy supply equipment, the EPI cold chain should be located inside the prefectural hospital and it should be kitted with ice-lined refrigerators and electric freezers (e.g. TCW 1152, MK 304... MF 114, MF 214...); all electrical equipment should have voltage regulators.
    - Where resource integration is not an option but the DPS can ensure power supply (for at least 16 hours at a time), the prefectural store should be equipped with ice-lined refrigerators and electric freezers (e.g. TCW 1152, MK 304,... MF114, MF 214...); all electrical equipment should have voltage regulators.
    - Where sufficient power is not available solar equipment should be installed in the prefectural store (e.g. VC150F).
- The maintenance service and spare part availability at central level should be strengthened and this should be consistent with the mechanisms implemented by the EPI Central Coordination (role of a central technician? departmental services/contractor partnership?)
- The abilities of cold chain and vaccine managers should be strengthened.
- An alternate solution for the cold chain should be available in emergency situations to ensure vaccine safety (oil fridges which have been replaced by solar equipment could become the cold chain alternate solution at prefectural level).

At health centre level

- Oil based equipment should be replaced by solar equipment; the change over could be gradual or generalized and all at once:
-
    - Gradual change over
        - Depending on running condition or other reason (to be explained): for example, the existing cold chain inventory has counted 50 malfunctioning fridges;
        - Depending on equipment age: for example, if the life expectancy is 8 years, then equipment older than 8 years should be replaced in the regions, in the manner indicated below for the following 5 years (2010) of the current strategic plan:

	2006	2007	2008	2009	2010
Boké	7	4	4	-	12
Conakry	6	-	7	3	4
Faranah	7	6	2		22
Kankan	4	2	3	9	29
Kindia	6	1	12	4	12
Labé	9	3	4	6	16
Mamou	7	1	1	2	13
Nzerekore	10	5	5	6	41
Total	**56**	**22**	**38**	**30**	**149**

Annex 1 provides a replacement plan according to age, broken down by region and DPS

    - Generalized simultaneous replacement of all equipment in all CS': this is a conversion to solar all at once: it requires a greater capacity for basic investment and training on new

equipment over a shorter period. Fuel supply problems in health centres will be completely resolved.

- Fuel based equipment which has been replaced by solar equipment may be used as an alternate cold chain solution in CS' with a high target population to ensure vaccine safety in emergency situations.

Annex 2 presents the plan for storage capacity strengthening requirements (capacity needed, available and additional needs) by store at the various levels of the health pyramid, enabling the vaccination of the projected 2010 target with introduced pentavalent vaccine.

Was an action plan prepared following the EVSM/VMA: Yes

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

- Non-operational cold chambers at central level should be repaired.
- Pentavalent supply intervals at central level (e.g. 3 supplies per year instead of 2) should be reviewed.
- Ambient storage capacity (injection equipment) should be reinforced.
- Central level should be equipped with a generating set able to take on board all cold chain equipment in the event of an energy supply disruption and this should have automatic starting; the 70 kVA set with manual starting could be used as an alternate solution if required.
- Vaccine stores should be suitably equipped with storage temperature monitoring devices (data loggers, alarm, 3M card, thermometers, freeze indicators)
- The store housing fridges and freezers should be restored (weather-tightness problem with the store roof).
- A separate office should be provided for the vaccine manager (separate from the vaccine store) to limit access to equipment.
- Cold chain equipment currently located in a corridor with public access should be relocated in a room with more restricted access.
- The maintenance capacity of permanent qualified personnel should be reinforced and contractors should also be used.
- Spare parts for cold chain equipment should be provided.
- The abilities of cold chain and vaccine managers should be strengthened.
- Alternate cold chain options should be identified for emergency situations in order to make vaccine stocks safe, clear instructions should be written and displayed and staff should be briefed.

The next EVSM/VMA* will be conducted in: _____2010_____

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

1.3 Injection Safety (INS)

1.3.1 Receipt of Injection Safety Support

Received in cash/kind

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

Injection Safety Material	Number/unit	Date of receipt
BCG AD syringes	0	
0.5 ml AD syringes	0	
2 ml reconstitution syringes	0	
5 ml reconstitution syringes (measles)	0	
Safety boxes	0	

Please report on any problems encountered.

1.3.2. Progress of the transition plan for safe injections and safe management of sharps waste

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

By the Government through the implementation of the Guinea UNICEF immunization independence initiative.

Please report on how sharp waste is being disposed of.

Sharp waste is collected in the health centres and transported to incinerators during supervision, where it is incinerated systematically.

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

There are not enough incinerators in the health districts; 6 new high temperature incinerators are being installed.

1.3.3. Statement on the use of GAVI Alliance injection safety support in 2007 (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:

N/A

2. Vaccine co-financing, immunization financing and financial Sustainability

Table 2.1: Total expenditure and financing trends

The purpose of Table 2.1 is to help GAVI to understand trends in overall immunization expenditure and financing context. The updated comprehensive Multi Year Plan (cMYP) for the reporting year can be sent instead of Table 2.1.

	2007	**2007**	**2008**	**2009**
	Actual	Expected	Expected	Expected
Expenditure per item				
Vaccines	826,999	15,097,333	5,093,766	5,242,208
Injection supplies	0	306,605	318,288	333,334
Cold chain equipment	290,609.5	76,142	79,636	167,827
Operational expenditure	1,810,128	1,378,655	1,599 4,09	1,700,859
Vehicles	185,146	180,826	760,824	74,879
Other (please specify) Motorbikes	47,058	1,926,290	481,931	643,727
Funding source				
Government (including World Bank loans)	659,764	2,061,756	3,807,272	2,958,207
GAVI Fund	1850871	1,507,645	8,455,066	5,358,472
UNICEF	475,805	1,052,130	1,018,757	1,882,734
WHO	143,500	210,208	243,271	794,022
Other (please specify) ROTARY	30,000			
Total expenditure	**3,159,940**			
Total funds		**4,831,739**		
Total financing gap	**1,671,799**			

Please describe the trend of immunization expenditure and funding during the reporting year, highlighting any discrepancies between expenditure, funding and expected and actual funding gaps. Provide a detailed explanation on the reasons for the trend and describe financial sustainability prospects for the immunization programme during the next three years; indicate whether the financing gaps are manageable, or whether they are an issue or a real cause for concern. In the latter two situations, explain what strategies are implemented to correct the gaps and what has caused them - expenditure increase for some budget items, loss of funding sources, a combination of both...

In 2007 EPI financing was provided by the Government of Guinea, as well as by World Bank loans, UNICEF, GAVI, WHO and Rotary.
The financing GAP is substantial and amounts to $ 1,671,799; the gap can be explained by the costs of the preventive yellow fever immunization campaign planned for 2007 but postponed to 2008.

Table 2.2: Country co-financing (in US $)

The purpose of Table 2.2 is to understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine, please complete a separate table for each new vaccine being co-financed.

For the 1st GAVI awarded vaccine Please specify which vaccine: DTP-Hep B-Hib liquid single-dose vial	**2007**	**2007**	**2008**	**2009**
	Actual	Expected	Expected	Expected
Co-financing (in US $ per dose)	N/A	N/A		
Government	N/A	N/A	48,000	202,500
Other sources (GAVI)	N/A	N/A	1,137,500	4,826,500
Co-financing (in US $ per dose)	N/A	N/A	1,185,500	5,029,000

Please explain past and future trends for co-financing levels for the first GAVI awarded vaccine.

For the 2nd GAVI awarded vaccine Please specify which vaccine (e.g.: DTP-Hep B)	**2007**	**2007**	**2008**	**2009**
	Actual	Expected	Expected	Expected
Co-financing (in US $ per dose)				
Government				
Other sources (please specify)				
Co-financing (in US $ per dose)				

Please explain past and future trends for co-financing levels for the second GAVI awarded vaccine.

Table 2.3: Your country co-financing (in US $)

The purpose of Table 2.3 is to understand the country level processes by which co-financing needs are incorporated into your country's planning and budgeting systems.

Q. 1: What mechanisms does your Health Ministry currently use for procuring EPI vaccines?			
	Tick for yes	List relevant vaccines	Sources of funds
Government Procurement - ICB			
Government Procurement - Other	x	BCG, DTP, POLIO, TT, MEA, YF	National Development Budget through the immunization independence initiative signed with UNICEF
UNICEF	x	TT, MEA, YF	National campaigns
PAHO Revolving Fund			
Donations	x	BCG, DTP, POLIO, TT, MEAS	JICA
Other (specify)	x	YF, Hep B, Pentavalent	GAVI
Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year? N/A			
Schedule of co-financing payments	Proposed payment schedule	Dates of actual payments made in 2007	
	(month/year)	(day/month)	
1st awarded vaccine (specify)			
2nd awarded vaccine (specify)			
3rd awarded vaccine (specify)			

Q. 3: How have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Answer yes or N/A if not applicable.
Budget line item for vaccine purchasing	YES
National health sector plan	YES
National health budget	YES
Medium-term expenditure framework	YES
SWAp	
cMYP cost and financing analysis	YES
Annual immunization plan	YES
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?	
1.	
2.	
3.	
4.	
5.	

3. Request for new and under-used vaccines for 2009

*Section 3 is related to the request for new and under used vaccines and injection safety for **2009.***

3.1. Updated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms on Immunization Activities. Any changes and/or discrepancies **MUST** be justified in the space provided. Targets for future years **MUST** be provided.

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

Updated baseline for Pentavalent vaccine in 2009:
Details of GAVI support for pentavalent vaccine in 2009

		2009
Number of vaccine doses	#	1,294,300
Number of AD syringes	#	1,379,400
Number of reconstitution syringes	#	0
Number of safety boxes	#	15,325
Total GAVI co-financed amount	**$**	$4,826,500

Details of Guinea co-financed amount for pentavalent vaccine in 2009

		2009
Number of vaccine doses	#	54,300
Number of AD syringes	#	57,900
Number of reconstitution syringes	#	0
Number of safety boxes	#	650
Total amount co-financed by the Governement of Guinea	**$**	$202,500

Table 5: Update of immunization achievements and annual targets. Please provide figures reported in the WHO/UNICEF Joint Reporting Form f

Number of	Achievements and targets					
	2006	**2007**	**2008**	**2009**	**2010**	**2011**
DENOMINATORS						
Births	378,766	389,372	400,274	411,482	423,003	434,847
Infant deaths	31,274	32,151	33,050	33,976	34,927	35,905
Surviving infants	347,492	357,221	367,224	377,506	388,076	398,942
Infants vaccinated up to 2007 (JRF) / to be vaccinated in 2008 and beyond with a **1st dose** of DTP (DTP1)*	345,414	346,601	348,862			
Infants vaccinated up to 2007 (JRF) / to be vaccinated in 2008 and beyond with a **3rd dose** of DTP (DTP3)*	310,490	336,439	330,502			
NEW VACCINES**						
Infants vaccinated up to 2007 (JRF) / to be vaccinated in 2008 and beyond with a **1st dose** of Yellow Fever *(new vaccine)*	312,980	334,786	330,502	339,755	349,268	359,048
Infants vaccinated up to 2007 (JRF) / to be vaccinated in 2008 and beyond with a **3rd dose** of Hep B *(new vaccine)*	N/A	299,532	330,502			
Target population vaccinated with a 1st dose of Pentavalent (DTP3+HepB3+Hib3)	N/A	N/A	80,789	358,631	368,672	378,995
Target population vaccinated with a **3rd dose** of Pentavalent (DTP3+HepB3+Hib3)		N/A	73,445	339,755	349,268	359,048
Wastage rate up to 2007 and expected rate for 2008 and beyond*** for .....*(new vaccine)*	25%	25%	20%	15%	10%	10%
INJECTION SAFETY**						
Pregnant women vaccinated / to be vaccinated with tetanus toxoid	316,667	338,814	384,263	399,137	410,313	421,802
Infants vaccinated / to be vaccinated with BCG	339,633	359,760	368,252	378,563	393,393	413,105
Infants vaccinated / to be vaccinated with Measles (1st dose)	311,805	340,873	330,502	339,755	349,268	359,048

*Indicate the actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

***Indicate actual wastage rate obtained in past years

****Insert any row as necessary

3.2 Confirmed/revised request for new vaccines (to be shared with UNICEF Supply Division) for Year 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

No change

Please provide the Excel sheet for calculating vaccine request duly completed.

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:** Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement
- **Anticipated vaccines in stock at start of year 2008:** It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.
- **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 7. 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

3.3 Confirmed/revised request for injection safety support for the year 2009

Table 8: Estimated supplies for safety of vaccination for the next two years with..... *(Use one table for each vaccine: BCG, DTP, measles and tetanus toxoid and number them 8a, 8b, 8c, etc.) Please use the same targets as in Table 5.*

8 a: BCG vaccine

		Formula	For 2008	For 2009
A	Target number of children for BCG vaccination	#	367,224	377,506
B	Number of doses per child	#	1	1
C	Number of BCG doses	A x B	**367,224**	**377,506**
D	AD syringes (+10% wastage)	C x 1.11	407 618	**419031**
E	AD syringes buffer stock (2)	C x 0.25	91,806	94,376
F	Total AD syringes	D + E	499,424	513,407
G	Number of doses per vial	#	20	20
H	Vaccine wastage rate	2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H x 1.11/G	40,762	41,903
J	Number of safety boxes (+10% wastage)	(F + I) x 1.11/100	5,996	6,164

8 b: Measles vaccine (MEA)

		Formula	For 2008	For 2009
A	Target number of children for vaccination	#	330,502	339,755
B	Number of doses per child	#	1	1
C	Number of MEA doses	A x B	**330,502**	**339,755**
D	AD syringes (+10% wastage)	C x 1.11	366,857	377,128
E	AD syringes buffer stock (2)	C x 0.25	82,625	84,939
F	Total AD syringes	D + E	449,482	422,067
G	Number of doses per vial	#	5	5
H	Vaccine wastage rate (3)	2 or 1.6	1.6	1.6
I	Number of reconstitution syringes (+10% wastage) (4)	C x H x 1.11/G	117,394	120,681
J	Number of safety boxes (+10% wastage)	(F + I) x 1.11/100	6,292	6,026

8 c: ***tetanus toxoid +***

		Formula	For 2008	For 2009
A	Number of target pregnant women	#	384,263	399,137
B	Number of doses per pregnant woman	#	2	2
C	Number of TT doses	A x B	768,526	798,274
D	AD syringes (+10% wastage)	C x 1.11	856,064	886,084
E	AD syringes buffer stock (2)	C x 0.25	192,131	199,568
F	Total AD syringes	D + E	1,048,195	1,085,652
G	Number of doses per vial	#	10	10
H	Vaccine wastage rate (3)	2 or 1.6	1.6	1.6
I	Number of reconstitution syringes (+10% wastage) (4)	C x H x 1.11/G	136,490	141,773
J	Number of safety boxes (+10% wastage)	(F + I) x 1.11/100	13,150	13,624

8 a: yellow fever vaccine requested from GAVI for 2009

		Formula	For 2008	For 2009
A	Target number of children for yellow fever vaccination	#	330,502	339,755
B	Number of doses per child	#	1	1
C	Number of doses	A x B	**330,502**	**339,755**
D	AD syringes (+10% wastage)	C x 1.11	366,857	377,128
E	AD syringes buffer stock (2)	C x 0.25	82,625	84,939
F	Total AD syringes	D + E	449,482	422,067
G	Number of doses per vial	#	5	5
H	Vaccine wastage rate (3)	2 or 1.6	1.6	1.6
I	Number of reconstitution syringes (+10% wastage) (4)	C x H x 1.11/G	117,394	120,681
J	Number of safety boxes (+10% wastage)	(F + I) x 1.11/100	6,292	6,026

1 Contribute to a maximum of 2 doses for pregnant women (estimated as total births)
2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years.
3 The standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and yellow fever.
4 Only for lyophilised vaccines. Write zero for other vaccines.

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

No change.

4. Health Systems Strengthening (HSS) N/A

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2008. Countries are therefore asked to report on any activity in 2007.

Health System Support started in: _____ (date)

Current Health Systems Support will end in: _____ _____ (date)

Funds received in 2007: Yes/No
If yes, date of receipt: (dd/mm/yyyy)
If yes, total amount: US $ _____
Funds disbursed to date: US $ _____
Balance of instalment left: US $ _____

Requested amount to be disbursed in 2009 US $ _____

Are the funds on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No
If not, why not? How will it be ensured that funds will be on-budget?

N/A

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

N/A

Are any Civil Society Organizations involved in the implementation of the HSS proposal and describe their participation? If so, describe their involvement.

N/A

If you are requesting changes in the implementation plan and disbursement schedule as defined in your proposal, please state the reasons and explain the reason for changing your disbursement request. A breakdown of expenditure can be detailed in Table 9.

N/A

Please attach the minutes of the HSCC meeting(s) in which fund disbursement and the request for the next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

Table 9. HSS expenditure in 2007 for HSS activities and your request for 2009. In case there is a change in the 2009 request, please justify in the narrative above).			
Area for support	**2007 (Expenditure)**	**2007 (Balance)**	**2009 (Request)**
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 11. HSS Activities in 2007 : N/A	
Major activities	**2007**
Objective 1	
Activity 1.1	
Activity 1.2	
Activity 1.3	
Activity 1.4	
Objective 2	
Activity 2.1	
Activity 2.2	
Activity 2.3	
Activity 2.4	
Objective 3	
Activity 3.1	
Activity 3.2	
Activity 3.3	
Activity 3.4	

Table 11. Baseline indicators						
Indicator	**Data source**	**Baseline value** [1]	**Source**[2]	**Date of baseline**	**Objective**	**Date for target**
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

Please describe whether the objectives were achieved, any problems encountered when measuring indicators, how the monitoring process was strengthened and whether any changes have been suggested.

[1] If baseline data is not available, indicate whether this will be collected and when .
[2] The source is important to help access data and check its consistency.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Submission date	x	
Reporting period (consistent with previous calendar year)	x	
Government signatures	x	
ICC endorsed	x	
ISS reported on	x	
DQA reported on	x	
Use of vaccine introduction grant reported on	Not received for Hep B	Not transferred by GAVI for Hep (reimbursement possible)
Injection safety reported on	x	
Immunization funding and financial sustainability reported on (progress against country indicators)	x	
New vaccine request including co-financing completed and Excel sheet attached	x	
Revised request for injection safety completed (where applicable)	N/A	
HSS reported on	N/A	Planning process underway
ICC minutes attached to the report	x	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	N/A	Planning process underway

6. Comments

ICC/HSCC comments:

~ End ~