Annual progress report 2007

Submitted by

The Government of

Guinea-Bissau

to

Date of submission: 15 May 2008
Annual progress report (this report is an account of the activities completed in 2007 and defines requests for 2008)

Unless stipulated to the contrary, GAVI partners, employees and the public may be informed of these documents.

Signatures page for the ISS, the INS and the NVS

On behalf of the Government of Guinea-Bissau……

Ministry of Health:

Title: ……

Signature: ……

Date: 15 May 2008

……

Ministry of Finance:

Title: ……

Signature: ……

Date: 15 May 2008

……

We, the undersigned members of the Inter Agency Coordinating Committee for Immunisation, endorse this report. Signing the endorsement page of this document does not imply any financial (or legal) commitment whatsoever on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting on countries' performance. It is based on the requirement to carry out regular government audits, as stipulated in the Banking form.

The members of the IACC confirm that the funds received from the GAVI Funding entity have indeed been audited and accounted for in accordance with standard government or partner requirements.

Full name/Title	Agency/Organisation	Signature	Date
	MINISTRY OF PUBLIC HEALTH		
	MINISTRY OF FINANCE		
	MINISTRY OF EDUCATION		
	MINISTRY OF TERRITORIAL ADMINISTRATION		
	WHO		
	UNICEF		
	ROTARY CLUB BISSAU		
	WORLD BANK		
	EUROPEAN UNION		
	AGUIBEF NGO		
	INTERNATIONAL PLAN		
	CHAMBER OF COMMERCE		
	WOMAN AND CHILD INSTITUTE		

Signatures page for HSS support

On behalf of the Government of ……

Ministry of Health:

Title: ……

Signature: ……

Date: 15 May 2008

……

Ministry of Finance:

Title: ……

Signature: ……

Date: 15 May 2008

……

We, the undersigned members of the National Health Sector Coordinating Committee …….. (insert the name) IACC endorse this report on the Health System Strengthening Programme. Signing the endorsement page of this document does not imply any financial (or legal) commitment whatsoever on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting on countries' performance. It is based on the requirement to carry out regular government audits, as stipulated in the Banking form.

The HSCC members confirm that the funds received from the GAVI Funding entity have indeed been audited and accounted for in accordance with standard government or partner requirements.

Full name/Title	Agency/Organisation	Signature	Date

Progress Report Form: Table of contents

The text boxes in this report have been given for guidance only. Feel free to add more text beyond the space provided.

1. Report on progress accomplished in 2007

1.1 Immunisation Services Support (ISS)

Do the funds received for ISS conform to the budget (do they appear in the Ministry of Health and Ministry of Finance budget): No
If yes, explain in detail how they appear in the Ministry of Health budget in the box below.
If it is not the case, explain if it is planned to make them conform to the budget in the very near future?

The Ministry of Health budget is devised in accordance with the annual plan of action of the PNDS (National Sanitary Development Plan). In the 2007 plan of action, GAVI funds appear in the financing of line 1.3 of box 14 "Procurement of vaccines, material and equipment at central level". A request was made to the Secretariat of the Plan to include GAVI ISS projects and new vaccines in the Public Investment Plan 2006-2008.

1.1.1 Management of ISS funds

Please describe the management mechanism of ISS funds, including the role played by the Inter Agency Coordinating Committee for Immunisation (IACC).
Please report on any problems that have been encountered involving the use of these funds, such as a delay in the availability of the funds to complete the programme.

Management of Alliance funds for vaccines and immunisation and the Vaccine Funds is jointly carried out by the Guinea-Bissau ROTARY CLUB and the Ministry of Health (EPI Division) under the supervision of the CCI. In concrete terms, the ROTARY and the EPI Division manage a bank account where for each payment the signatures of the President of the ROTARY and the Director of the EPI are required.
A third signature of a CCI Member is registered. Payments are made with a minimum of two signatures.
The initial balance at the beginning of 2007 was US $ 189,538.

In January 2007, the IACC met to monitor the implementation of the plan for the use of the funds which was approved in November 2006 and revised the 2005–2009 multi-year plan.

The recompense of US $ 74,000 for year 2006 was received in October 2007.
The funds for the introduction of new vaccines were also received in October. The Ministry of Health was only informed 3 months later.

In May 2007, the IACC approved the plan for the use of GAVI funds for the current year based on the targets of the multi-year plan, contributions from the other partners of the national programme and the balance available.

The process to request the release of funds is slow and the time required between the date of a request and the release of the amount can exceed two months.

The details of the bank account where ISS funds are sent are inadequate and have to be revised.

1.1.2 Use of Immunisation Services Support

*In 2007, the following major areas of activity were funded with the GAVI Alliance **Immunisation Services Support** contribution.*

Funds received during 2007 US $ 74,000 (recompense) + 200,000 (new vaccines)_____

Remaining funds (brought forward) from 2006 _____ US $ 189,538

Remaining funds to be brought forward in 2008 _____ US $ 103,802_____

Table 2: Use of funds in 2007*

Immunisation Services Support Sector	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State Province	District	
Vaccines	**0**	**0**	**0**		
Injection material	**0**	**0**	**0**		
Personnel	**14,750**	**0**	**14,750**		
Transport	**17,872**	**0**	**17,872**		
Maintenance and overheads	**12,767**	**11,806**	**962**		
Training	**16,125**	**14,078**	**2,047**		
IEC / social mobilization	**0**	**0**	**0**		
Outreach	**0**	**0**	**0**		
Supervision	**11,148**	**4,684**	**6,464**		
Monitoring and evaluation	**5,831**	**5,831**	**0**		
Epidemiological surveillance	**0**	**0**	**0**		
Vehicles	**0**	**0**	**0**		
Cold chain equipment	**62,165**	**62,165**	**0**		
Other. ……. *(specify)*	**19,078**	**19,078**	**0**		
Total	**159,736**	**117,641**	**42,095**		
Remaining funds for following year:	**103,802**				

If no information is available because of block grants, please indicate the amounts in the boxes for "Other" support sectors.

Please append the minutes of the IACC meeting (s) during which the allocation and use of the funds were discussed.

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

The Technical Immunisation Committee supported by the Ministry of Health worked on the new PNDS (National Sanitary Development Plan), and the elaboration of two proposals for the introduction of new vaccines (12 January 2007) and the strengthening of the health system (3 October 2007). The following immunisation strengthening work was carried out with GAVI funds:

-A second round of advanced strategies was organised in January 2007 for all regions with the exception of Oio, the first one having taken place in December 2006 to increase vaccine coverage.

- Advanced strategies were conducted in all regions with GAVI funds during the year from the month of June just after the first round of the anti-tetanus campaign for women of childbearing age which took place in May and June; a second round to be carried out 30 days after the first round for the same target group. This campaign mobilized a large number of Ministry of Public Health human and logistics resources throughout the year, which affected the organisation of routine services.

-Supportive supervision from the central level to the regions of Bolama, Oio, Cacheu, Sao Domingos and part of the Autonomous Sector of Bissau.

-Supervision by 10 Regional Divisions for the benefit of sanitary zones (Cacheu was the only zone not to have participated)

-coordination meetings with the EPI and epidemiological surveillance managers to monitor and evaluate activities in March and October (the second financed by GAVI). During the second meeting, efforts were made to provide the EPI and epidemiological surveillance managers with specific training and information to improve surveillance strategies.

- missions in the regions to update the inventory of equipment and existing means of transport in the health centres and mission in the regions of Oio, Sao Domingos and Quinará to maintain and repair the cold chain.

-training on integrated disease surveillance and response for regional teams in Bolama and Bijagós.

The table below gives details of the vaccinations carried out directly as a result of GAVI funds within the scope of advanced strategies (there is no data from Oio and SAB):

Direct contribution from GAVI for antigen vaccinations (data incomplete):

	Total	GAVI	GAVI %
BCG	33,486	9,571	28.6%
DTP1	34,777	5,895	17.0%
DTP3	29,823	9,793	32.8%
Polio0	14,605	399	2.7%
Polio1	33,683	4,771	14.2%
Polio2	33,494	2,713	8.1%
Polio3	33,094	8,853	26.8%
Measles	32,661	5,451	16.7%
Total	245,623	47,446	19.3%

Without SAB and without OIO, and without DTP2

In the 9 regions which submitted specific information, advanced strategy work financed by GAVI enabled more than 19% of vaccinations to be carried out, but represented nearly a third of DTP3 vaccinations and more than a quarter of BCG and Polio3 vaccinations carried out in the country. GAVI contribution to national coverage is estimated in the region of 15%. Unfortunately, the highly-populated regions of the SAB

and the Oio did not seize the opportunity to increase coverage using GAVI resources. During the advanced strategies financed by GAVI, 59,211 women aged between 15 and 49 and 1,607 pregnant women were given their third or more dose of the tetanus vaccine.

Total national coverage for 2007 (infants under the age of one and pregnant women):

	Coverage	cMYP Target
BCG	93%	95%
DTP1	107%	
DTP3	96%	87%
Polio3	91%	87%
Measles	80%	85%
TT2+	47%	75%

Percentage of vaccinations given to infants over the age of one in 2007:

	Rate
Bafatá	2.5%
Bijagós	18.4%
Biombo	3.2%
Bolama	17.0%
Cacheu	1.5%
Gabu	0.3%
Oio	0.0%
Quinara	10.8%
SAB	6.1%
Sao Domingos	0.9%
Tombali	41.7%
Total	**7.7%**

This information is of interest as it indicates that only 7 to 8% of vaccination coverage does not include the target group. The most inaccessible regions also record the highest percentage of vaccinations given to older children (Tombali, Bijagos, Bolama, Quinara), and the vaccination coverage of two of them is below the national average (Bolama and Tombali).

Drop-out rates per region:

	BCG/Measles	DTP1/3
Bafatá	19.1%	0.1%
Bijagós	26.1%	14.3%
Biombo	30.7%	14.9%
Bolama	31.8%	9.5%
Cacheu	10.9%	-2.4%
Gabú	13.8%	3.7%
Oio	33.8%	21.7%
Quinará	14.3%	-22.0%
SAB	40.7%	20.4%
Sao Domingos	-15.6%	4.8%
Tombali	40.1%	34.3%
Total	**24.8%**	**10.8%**

The average drop-out rate for DTP1/DTP3 is slightly above the 10% figure set as a target in the multi-year plan. It should be noted that there is little disparity between the routine data from the epidemiological bulletin and the data from the EPI (less than 2%).

Wastage rate recorded in 2007:

	BCG	DTP	Polio	Measles	TT2
Bafatá	20%	6%	14%	33%	14%
Bijagós	43%	1%	3%	21%	10%
Biombo	---	25%	2%	2%	-----
Bolama	14%	14%	5%	4%	-----
Tombali	34%	7%	14%	15%	-----

Only 5 regions monitored their wastage rate. There is room for improvement concerning the measles vaccine in the regions of Bijagos, Bafata and Tombali, and concerning the BCG for Biombo and Tombali. The programme intends to obtain data from all the regions during the year 2008.

The other activities carried out by the national immunisation programme with the help of other partners:
-Regarding the elimination of maternal and neo-natal tetanus, two national campaigns were carried out among women aged between 15 and 49. The first round also included vitamin 1 supplementation and deparasitation by mebendazole among infants aged between 6 to 59 months in May and June 2007. A second campaign of vitamin A and deparasitation was carried out among the same age group in December.

Due to the 15% drop-out rate recorded between TT1 and TT2 in 4 regions, a qualitative evaluation was carried out in the regions involved.

- a CNEP (national committee of experts in poliomyelitis) meeting concerning the declared and investigated case of AFP for classification in the scope of the eradication of poliomyelitis (classed in category 3).

- National executives participated in the following workshops and meetings:

- *Participation in the Forum of decision-makers from French-speaking countries which are eligible for GAVI financing*
- *Participation in the meeting of EPI managers from the West African block countries*
- *Participation in the GAVI sub-regional technical briefing workshop for health system strengthening*
- *Participation in the workshop on the quality and coverage of anti-tetanus immunisation during the national immunisation days and mother and child week.*
- *Participation in the sub-regional workshop of West African block countries on the logistics management of the EPI*
- *Participation in the training workshop on the MBB programme*
- *Participation in the MLM training workshop of Portuguese-speaking countries*
- *Training of regional teams in sharp waste management and administration of vaccines with minimal risk.*

1.1.3 Immunisation Data Quality Audit (DQA)

The next* DQA is scheduled for _____ The audit was not carried out in view of the amount awarded by GAVI.

**If no DQA has been approved, when will the DQA be conducted?*
**If the DQA has been approved, the following DQA will be conducted five years later.*
**If no DQA has been conducted, when will the first DQA be carried out?*

What were the major recommendations of the DQA?

Not applicable

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

YES ☐ *NO* ☐

If yes, please specify the degree of implementation and append the plan.

Not applicable

Please append the minutes of the IACC meeting during which the plan of action for the DQA was discussed and endorsed by the IACC.

Please provide an account of the studies conducted in 2006 regarding EPI issues (for example, coverage surveys).

Not applicable

1.1.4. IACC Meetings

How many times did the IACC meet in 2006? Please append all the minutes of the meetings.
Are any Civil Society Organisations members of the IACC and if yes, which ones?

Three coordination meetings took place during the year:

- *The meeting in January approved the proposal for the introduction of new routine vaccines and the monitoring of the plan concerning the use of GAVI funds*
- *The meeting in May approved the 2006 activity report*
- *The meeting in June approved the DTP-HepB-Hib combined vaccine dose option*
- *The meeting in September approved the Health System Strengthening proposal*

The following Civil Society Organisations are members of the IACC: Rotary Club, AGUIBEF, International Plan and the Guinea-Bissau Chamber of Commerce.

1.2. GAVI Alliance new and under-used vaccine support (NVS)

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

When was the new or under-used vaccine introduced? Please specify all changes in doses per vial and change in the presentation of the vaccine (for example from DP + HepB mono to DTP-HepB) and the dates the shipments of vaccines were received in 2006.

Vaccine	Size of vials	Doses	Date of introduction	Date shipment received (2007)
DTP-HepB-Hib	1 dose	84,602	June 2008	23/11/2007
Yellow fever	10 doses	29,200	June 2008	23/11/2007

Please mention any problems encountered.

The new vaccines have not been introduced in the routine programme yet. The funds for the introduction of new vaccines were received in October 2007, but the Ministry of Health was only informed 3 months later. The organisation of the immunisation campaign against tetanus and the drafting stages of the new PNDS (National Sanitary Development Plan) delayed

1.2.2. Major activities

Please outline the major activities that have been or will be completed in relation to the introduction, phasing-in, strengthening of services, etc. and give details on the problems encountered.

- já realizadas:
-Un plan d' introduction de nouveaux Introdução foi elaborado e provado pelo CCIA em Janeiro plano que prevê actividades tais como:
- Reforçada a capacidade dos responsáveis regionais pela vigilância sobre as estratégias para uma boa performance assim como os técnicos de saúde de 8 regiões sanitárias em VID
- O ponto da situação da cadeia de frio foi feito a partir do banco de dados pela OMS em 2006
-Uma revisão dos formulários (calendários vacinais, cartões de vacina fichas de stock fichas de marcação as fichas do registo de vacinas)
-34 técnicos regionais de saúde foram formados em Março 2008 sobre a manutenção preventiva da cadeia de frio.
-No nível central a capacidade de volume de stocagem foi aumentada com a aquisição de uma câmara de frio em 2006 ao nível regional estão já dimensionados nesse sentido.
-Em matéria de segurança da injecção o pais dispõem de uma política de segurança das injecções desde 2005. todas as injecções serão feitas com seringas autobloqueantes. todas as vacinações deverão ser realizadas de maneira segura sem causar prejuízo a criança nem expor a aquele que administra a riscos evitáveis e sem provocar lixos potencialmente perigosos para a população

- a realizar:
-Formação contínua dos técnicos de saúde,
-Uma formação MLM aos responsáveis regionais e das áreas sanitárias
-Encontros com os líderes comunitários e de opinião serão organizados afim de apresentar o interesse das novas vacinas sessões de educação e de informação sobre as três doenças com ajuda de materiais de informação. tais como os posters, medias rádios serão utilizados para comunicar aos pais as mensagens essenciais
Suportes de informação para os pais e guias de informações para os ´técnicos de saúde serão desenvolvidos
-Reforço do seguimento e da supervisão às eqiupas periféricas
-A vacina combinada será introduzida ao nível nacional e em função do stock residual do DTP
-Redução progressiva da taxa de perda .uma taxa de perda no máximo de 10% será procurada
-a adopção pelo país da política dos frascos abertos

-Uma intervenção de reparação manutenção será estabelecida com vista a reduzir as perdas devido as avarias e más manutenções
O plano plurianual prevê dotar cada região e cada hospital regional onde as caixas de segurança serão destruídas progressivamente
-Melhoria do acesso aos serviços de vacinação reforço estratégia avançada, informação suplementar das populações para o conhecimento dos pontos de concentração e das datas

1.2.3. Use of GAVI Alliance financial support (US $ 100,000) for the introduction of the new vaccine

These funds were received in October 2007_____ ?

Please report on the portion of the US $ 100,000 used, the activities undertaken and the problems encountered such as a delay in the availability of the funds to be used under the programme.

The Ministry of Public Health was informed late that the funds had been received. No activity was financed in 2007.

1.2.4. Vaccine Management Assessment / Effective Vaccine Store Management assessment

The last Vaccine Management Assessment (VMA) / Effective Vaccine Store Management assessment (EVSM) was conducted on _____.

Please summarise the major recommendations of the VMA / EVSM.

Not applicable

Was a plan of action drawn up following the VMA / EVSM: Yes / No

Please summarise the main activities within the scope of the EVSM and the activities which aim to implement the recommendations.

Not applicable

The next VMA / EVSM* will be conducted on_____

**All countries will be required to conduct a VMA / EVSM during 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 provide details of the quantities of GAVI Alliance injection safety support received in 2007 (add lines if required).

Injection Safety Material	Quantity	Date received
Auto-disable syringes 0.05 ml	**67,200 doses**	19/04; 22/10; 28/12
Auto-disable syringes 0.5 ml	**641,600 doses**	26/04; 22/10; 28/12
Dilution syringes 2 ml	**7,500 doses**	26/04; 22/10; 28/12
Dilution syringes 5 ml	**8,000 doses**	26/04: 22/10
Safety boxes	**5,900 units**	22/10; 18/12

Please give details of any problems encountered.

No problems were encountered and no stock shortage was reported during the year.

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

If support has ended, please indicate how injection safety material is funded.

The amounts required have been provided for in the funds to be released by the government in 2008. In terms of projections the state budget for health services is able to cover the procurement of syringes and safety boxes. A budget execution support plan should be submitted in the next few weeks to the Ministry of Finance to facilitate the release of funds.

Please provide details on how sharp waste is disposed of.

Sharp waste is currently collected in safety boxes which are either buried or burnt in pits which have been dug for this purpose in each of the health centres. There are already 24 basic incinerators in health centres in particular in the east of the country.
There are only two high temperature incinerators in the country (National Hospital, Mansôa), but basic incinerators are systematically installed in new health centres built within the scope of the PNDS (National Sanitary Development Plan).

Please give details on the problems encountered during the implementation of the transition plan for safe injections and safe management of sharp waste.

The programme to equip existing structures with high temperature incinerators has not been initiated.
It has not been possible to implement the disposal system of used safety boxes towards the network of incinerators but the safety boxes were destroyed by each health centre.

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 activity have been financed (specify the amount) with the GAVI Alliance injection safety support during the past year:

Not applicable

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

N.B.: Within the scope of Phase 2 of the GAVI Alliance, all countries are expected to co-finance the introduction of new vaccines at the beginning of Phase 2 (with the exception of the introduction of the second dose of the vaccine against measles in routine immunisation). The Annual Progress Report has been modified in an endeavour to observe what has happened in the country after the implementation of the new GAVI Alliance policies relating to vaccine co-financing. We therefore request countries to complete three new information tables and to reply to questions on what has happened in your country.

The purpose of Table 2 is to assist GAVI Alliance understand the developments in overall immunisation expenditure and the financial context.

The purpose of Table 3 is to help GAVI Alliance understand vaccine co-financing awarded by GAVI at the countries' level, both from the point of view of doses and financial amounts. If GAVI Alliance awarded more than one new vaccine within the scope of Phase 2 to your country, please complete a separate table for each new vaccine co-financed.

The purpose of questions relating to Table 4 is to understand the methods of integration of co-financing needs at the countries' level in the national budget planning and preparation mechanisms. A large amount of the information required can be taken from the comprehensive multi-year plan, from your country's proposal to GAVI and from the Alliance confirmation letter. Please report on all years until the end of your cMYP. Co-financing levels may be calculated using the Excel sheet provided for the vaccine request calculation.

Table 2: Total immunisation expenditure and development of immunisation financing
(exchange rate: US $ 1= 450 CFA)

Total immunisation expenditure and development of immunisation financing	**2006**	**2007**	**2008**	**2009**	**2010**
Immunisation expenditure					
Vaccines		*$308,602*	$728,513	$743,085	$754,385
Injection material		*$171,380*	$188,657	$197,871	$201,865
Personnel		*$429,606*	$464,216	$473,500	$482,970
Other operational costs		*$377,889*	$339,422	$352,100	$326,455
Cold chain equipment		*$118,383*	$45,520	$43,756	$44,609
Vehicles		*$37,944*	$64,297	$10,400	$10,608
Other		*$511,732*	$978,712	$999,090	$990,141
Total immunisation expenditure		*$1,955,536*	$2,235,681	$2,217,953	$2,231,890

Total government expenditure for health services		*$4,908,662*	$7,875,555	$8,296,082	$10,619,317
Immunisation financing					
Government			$194,397	$230,471	$280,326
GAVI		***$576,289***	$589,693	$603,255	
UNICEF		*$310,000*	$295,000	$80,000	
WHO		*$232,500*	$313,225		
World Bank		*$25,000*			
International PLAN		*$ 30 570*			
Other (please specify)					
Total Financing		*$1,174,359*	$1,197,918	$913,726	$280,326

Table 3a: Vaccine Co-financing by your country					
For the first vaccine awarded by GAVI, please indicate which vaccine was involved (e.g. DTP-HepB)				**DTP-HepB-Hib**	
Actual and planned co-financing by your country	**2006**	**2007**	**2008**	**2009**	**2010**
Total quantity of doses co-financed by your country			7,300	6,000	
Total co-financing by your country			US $1,095	US $900	
Including the share from the					
Government			US $1,095	US $900	
Common fund basket Financing/SWAp					
Other (please specify)					
Other (please specify)					
Other (please specify)					
Total co-financing			US $1,095	US $900	

Table 3b: Vaccine co-financing by your country					
For the second vaccine awarded by GAVI, please indicate which vaccine was involved (e.g.: DTP-HepB)				**Yellow fever**	
Actual and planned co-financing by your country	**2006**	**2007**	**2008**	**2009**	**2010**
Total quantity of doses co-financed by your country			15,600	14,000	
Total co-financing by your country			US $3,120	US $2,800	
Including the share from the					
Government			US $3,120	US $2,800	
Common fund basket Financing/SWAp					
Other (please specify)					
Other (please specify)					
Other (please specify)					
Total co-financing			US $3,120	US $2,800	

Table 3c: Vaccine co-financing by your country					
For the third vaccine awarded by GAVI, please indicate which vaccine was involved (e.g.: DTP-HepB)				Not applicable	
Actual and planned co-financing by your country	**2006**	**2007**	**2008**	**2009**	**2010**
Total quantity of doses co-financed by your country					
Total co-financing by your country					
Including the share from the					
Government					
Common fund basket Financing/SWAp					
Other (please specify)					
Other (please specify)					
Other (please specify)					
Total co-financing					

Table 4: Questions relating to the implementation of vaccine co-financing			
Q. 1: Were there differences in the proposed payment schedules and actual payment schedules during the reporting year?			
NOT APPLICABLE			
Co-financed payment schedule	Proposed payment schedule	Actual payment dates during the reporting year	Delay in the transfer of co-financed payments
	(month/year)	(date/month)	(days)
1st vaccine awarded (specify)			
2nd vaccine awarded (specify)			
3rd vaccine awarded (specify)			

Q. 2: Which vaccine procurement mechanisms are currently used in your country?			
	Place a cross if applicable	List relevant vaccines	Source of funds
Government procurement – International call for tenders (ICT)			
Government procurement – Other			
UNICEF	X	BCG, DTP, TT, measles, polio	UNICEF
Revolving funds from the PAHO			
Donations		DTP-HepB-Hib, YF	GAVI
Other (please specify)			

Q. 3: Were the co-financing needs incorporated into the following national budget planning and preparation systems?		
	Place a cross if applicable	List relevant vaccines
Budget heading for vaccine procurement		
National Health Sector Plan		
National Health Budget	X (medication line)	Not specified
Medium-term expenditure framework		
SWAp		
CMYP Cost and financing analysis	X	BCG, DTP, polio, measles, TT
Annual Immunisation Programme	X	BCG, DTP, polio, measles, TT
Other		

Q. 4: Which factors delayed and/or hindered the mobilisation of resources for vaccine co-financing?	
1. lack of institutionalised monitoring mechanism between the Ministry of Public Health and the Ministry of Finance	However the Ministry of Public Health executives continued to monitor the matter. In 2008 EPI management carried out the monitoring and **A budget execution support plan should be submitted in the next following weeks to the Ministry of Finance to facilitate the release of funds.**
2. change in government: political instability	Change in team also affects executives in both ministries
3. vaccine co-financing is not listed in the priorities	Context of delay in the payment of salaries (4 months)
4. lack of available cash	
5. Non-specific line allotted to vaccines	Obtain a specific line to protect vaccine financing when the

	new classification of public accounts is created

Q. 5: Do you expect to encounter difficulties to co-finance vaccines in the future? What type of difficulties?	
1. Lack of available cash and uncertain state revenues	
2. The Ministry of Public Health is unable to negotiate with the Ministry of Finance for the allocation of resources for the health sector	
3.	
4.	

3. Request for new and under-used vaccines for 2008

*Section 3 concerns the request for new and under-used vaccines and injection safety for **2008**.*

3.1. Updated immunisation targets

Confirm/update basic data approved in your country's proposal: the figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided for this purpose (3.2). Targets for future years **MUST** be provided.

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

Table 7: Update of immunisation achievements and annual targets. Please provide the figures given In the WHO/UNICEF 2007 Joint Reporting Form and projections for 2008 onwards.

Number of	Achievements and targets								
	2005	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
DENOMINATORS									
Births	50,083	52,725	54,262	54,908	56,034				
Infant deaths	6,210	6,538	6,729	6,809	6,948				
Surviving infants	43,873	46,187	47,533	48,100	49,086				
Infants vaccinated in 2007 (JRF) / to be vaccinated in 2008 and after with the **1st dose** of DTP (DTP1)*		40,564	50,929	24,050	N/A				
Infants vaccinated in 2007 (JRF) / to be vaccinated in 2008 and after with the **3rd dose** of DTP (DTP3)*		40,717	45,433	21,645	N/A				
NEW VACCINES**									
Infants vaccinated in 2007 (JRF) / to be vaccinated in 2008 and after with the **1st dose** of **DTP Hep B Hib** *(new vaccine)*			0	24,050	49,086				
Infants vaccinated in 2007 (JRF) / to be vaccinated in 2008 and after with the **3rd dose** of **DTP Hep B Hib** *(new vaccine)*			0	21,645	44,177				
Wastage rate in 2007 and rate expected in 2008 and after*** for the **DTP Hep B Hib**				5%	5%				
Infants vaccinated in 2007 (JRF) / to be vaccinated in 2008 and after with the **1st dose** of the **yellow fever vaccine**			0	24,050	49,086				
Infants vaccinated in 2007 (JRF) / to be vaccinated in 2008 and after with the **3rd dose** of the **yellow fever vaccine**			N/A	N/A	N/A				
Wastage rate in 2007 and rate expected in 2008 and after*** for the **yellow fever vaccine**				40%	35%				
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT			30,784	66,781					

Infants vaccinated / to be vaccinated with the BCG			50,675	54,908					
Infants vaccinated / to be vaccinated against Measles			38,119	48,100					

* Indicate the precise number of infants vaccinated during past years and updated targets (with DTP alone or combined)
** Use three lines (as indicated under the heading entitled **NEW VACCINES**) for each new vaccine introduced
***Indicate the actual wastage rates recorded during past years
**** Insert any lines where necessary

3.2 Confirmed/revised request for new vaccines (to be sent to the UNICEF Supply Division) for 2008

In the case of a change in the presentation of vaccines or an increase in the quantities requested, please indicate below if the UNICEF Supply Division has assured you of the availability of the new quantities/presentations of the supplies.

Please provide the Vaccine Request Calculation Excel sheet duly completed and summarize the said sheet in table 6 below. As far as the calculation is concerned, please use the same targets as those given in table 5.

Table 6a. Estimated quantity of DTP-HepB-Hib vaccine doses (Please fill in a separate table for each additional vaccine and number them 6a, 6b, 6c etc.)

Vaccine:	2008	2009	2010
Total number of doses requested	180,000	147,700	
Doses to be supplied by GAVI	172,700	141,700	
Doses to be procured by the country	7,300	6,000	
Co-payment in US $/dose	0.15	0.15	
Total co-payment	**27,000**	**22,500**	

*** In accordance with GAVI co-financing policy, country groupings and the order of introduction of the vaccines**

Table 6b. Estimated quantity of Yellow Fever vaccine doses (Please fill in a separate table for each additional vaccine and number them 6a, 6b, 6c etc.)

Vaccine:	2008	2009	2010
Total number of doses requested	73,900	68,600	
Doses to be supplied by GAVI	58,300	54,500	
Doses to be procured by the country	15,600	14,000	
Co-payment in US $/dose	0.2	0.2	
Total co-payment	**15,000**	**14,000**	

Remarks

- **Phasing:** Please adjust the target number of infants who will receive the new vaccines, if a phased introduction is envisaged. If the target number for the HepB3 and Hib3 differ from DTP3, please provide the reasons for such a difference.
- **Vaccine wastage:** Countries are expected to plan for a maximum of 50% wastage rate for a lyophilised vaccine in 10 or 20-dose vials, a 25% wastage rate for a liquid vaccine in 10 or 20-dose vials and a 10% wastage rate for all vaccines (either liquid or lyophilised) in 1 or 2-dose vials.
- **Buffer stock:** Buffer stock is recalculated each year as being 25% of current vaccine needs.

- **Anticipated vaccines in stock at the beginning of the year 2008:** This number is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all the vaccines supplied during the current year (including buffer stock) are expected to be used before the beginning of the following year. Countries with very low or no vaccines in stock are kindly requested to justify the use of the vaccines.
- **Auto-disable syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, with the exception of vaccine wastage.
- **Reconstitution syringes:** These only apply to lyophilised vaccines. Write zero for the 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 2008

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

		Formula	For 2008	For 2009
A	Number of target infants for the ….. immunisation (for the TT: number of target pregnant women) (1)	#		
B	Number of doses per infant (for the TT: number of target pregnant women) (1)	#		
C	Number of …. doses	A x B		
D	Auto-disable syringes (+10% wastage)	C x 1.11		
E	Buffer stock of auto-disable syringes (2)	C x 0.25		
F	Total auto-disable syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	C x H x 1.11/G		
J	Number of safety boxes (+10%)	(F + I) x 1.11/100		

1 Contribute to a maximum of 2 doses for pregnant women (estimate obtained by the total number of births)
2 The vaccine and auto-disable syringe buffer stock is set at 25%. This stock is added to the first stock of doses required to introduce immunisation in a given geographic zone. Write zero for the other years.
3 The standard wastage factor will be used to calculate the number of reconstitution syringes. It will be 2 for the BCG and 1.6 for measles and Yellow Fever.
4 Only for lyophilised vaccines. Write zero for the other vaccines.

If the quantity of the current request differs from the figure given in the GAVI letter of approval, please give the reasons below.

4. Health System Strengthening Programme (HSS)

This section only needs to be completed by those countries which have received approval for their HSS support proposal. This will serve as an initial report to enable the 2008 funds to be released. Countries are therefore asked to account for all activities undertaken in 2007.

Health System Strengthening Programme began on: _____

Current Health System Strengthening Programme will end on: _____

Funds received in 2007:	Yes/No	
	If yes, total amount:	US $ _____
Funds disbursed to date:		US $ _____
Balance of instalment outstanding:		US $ _____
Requested amount to be disbursed for 2008		US $ _____

Do funds conform to the budget (do they appear in the Ministry of Health and Ministry of Finance budget): Yes/No
If this is not the case, please give the reasons why. How will you ensure that the funds will conform to the budget?

Please provide a brief summary of the HSS support programme including the major activities achieved, and mentioning whether the funds were disbursed according to the implementation plan, the major accomplishments (especially the impacts on health service programmes, and in particular on the immunisation programme), the problems encountered and the solutions found or proposed, and any other salient piece of information that the country would like GAVI to know about. More detailed information may be given such as whether activities were implemented according to the implementation plan provided for in Table 10.

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

In the event that you would like to modify the disbursement schedule stipulated in the proposal, please explain why and justify the change in the disbursement request. Expenditure may be broken down to provide further details in Table 9.

Please attach minutes of the Health Sector Coordinating Committee 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 to which HSS funds are transferred to. This is a requirement for the release of funds for 2008.

Table 9. HSS Expenditure in 2007 (*Please complete the boxes for expenditure linked to HSS activities and your request for 2008. In the case of a change to your request for 2008, please indicate the reasons for such a change in the brief summary above).*			
Support sector	**2007 (Expenditure)**	**2007 (Balance)**	**2008 (Request)**
Activity costs			
Target 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Target 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Target 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 10. HSS Activities in 2007 (Please account for the activities undertaken in 2007)	
Major Activities	**2007**
Target 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Target 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Target 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. *Please update baseline indicators*						
Indicator	**Data Source**	**Baseline Value**[1]	**Source**[2]	**Date of Baseline**	**Target**	**Deadline 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 targets have been met, what kind of problems you have encountered when measuring the indicators, how the monitoring process has been strengthened and whether any changes have been proposed.

[1] If baseline data is not available indicate whether baseline data collection is planned and when it will take place.
[2] The source is important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (previous calendar year)		
Government signatures		
IACC endorsement		
Table 1 completed		
Report carried out on DQA		
Report carried out on the use of US $ 100,000		
Report carried out on Injection Safety		
Report carried out on the Financial Sustainability Plan (FSP) (progress achieved compared with the country's FSP indicators)		
Table 2 completed		
Request for new vaccines completed		
Revised request for injection safety support completed (where applicable)		
Report carried out on HSS support		
IACC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

6. Comments

IACC/HSCC comments:

~ End ~