



Partnering with The Vaccine Fund

Updated February 2004

Progress Report

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

by the Government of

COUNTRY: MALI

Date of submission: May 2004

Reporting period: 2003 (*Information provided in this report **MUST** refer to the previous calendar year*)

(Tick only one) :

- Inception report
- First annual progress report
- Second annual progress report
- Third annual progress report
- Fourth annual progress report
- Fifth annual progress report

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

****Unless otherwise specified, documents may be shared with the GAVI partners and collaborators***

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1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

—▶ *Please 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 GAVI funds are transferred to a Ministry of Health account entitled "Project Funds". An initial amount of FCFA 467 853 992 was paid into this account in May 2003. As at 30 December 2002, the balance on the AFD account stood at FCFA 45 048 150. As at 31 December 2003, a balance of FCFA 42 713 826 still remained unaccounted for at the level of the regions.

On the basis of their micro-plans for the improvement of support for immunization activities in the health districts and localities, the Regional Health Directorates send forecast budgets through the National Health Directorate to the Interagency Coordinating Committee (ICC) for examination, possible correction and final approval.

The micro-plans and related budgets are examined, amended and approved by the ICC. Each region for which the district micro-plans have been approved enjoys, upon request, the benefit of financing from traditional partners and from GAVI.

The request is financed out of the "Project Funds" account, either by bank transfer or by cheque with the three signatures of the Minister of Health, the Administration and Finance Director of the Ministry of Health, and the Controller of the Administration and Finance Directorate of the Ministry of Health.

Once the funds have been used, the beneficiary structures send the supporting documents to the Administration and Finance Directorate via the National Health Directorate.

1.1.2 Use of Immunization Services Support

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

Funds received during the reporting year : FCFA 467 853 992

Remaining funds (carry over) from the previous year : FCFA 45 048 150

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	442 254	442 .254			
Injection supplies	275 080.6	275 080.6			
Personnel	23 776 .2			23 776 .2	
Transportation	11 855.96	2 128.56	916.3	8 811.1	
Maintenance and overheads	1 050.86		666.66	384.2	
Training	15 662.23			15 662.23	
IEC / social mobilization	2 040			2 040	
Outreach	0				
Supervision	3 947.06	841.16	765	2 340.9	
Monitoring and evaluation	32 500			32 500	
Epidemiological surveillance	40 471.66	2 183.33		38 288.33	
Vehicles	0				
Cold chain equipment	0				
Other (specify)	10 583.33			10 583.33	
Total:	417 410.154	280 675.904	2 347.96	134 386.29	
Remaining funds for next year:	437 426.74				

Other : immunization cards
USD 1 = FCFA 600

**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 of funds was discussed.(Annex I)

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

- Continued preparation and revision of micro plans in the health districts with funding from traditional partners (WHO, BASIC/USAID, UNICEF, etc) and GAVI
- Implementation of advanced strategy / simplified mobile team activities in the districts
- Support for cold chain operation in the districts
- Supervision of immunization activities from central level to the regions and from the regions to the districts
- GVAC software training for district level staff

The main problems encountered were connected with the delay in making central level funds available to the districts via the regions

1.1.3 Immunization Data Quality Audit (DQA) *(If it has been implemented in your country)*

→ Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES

NO

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

Not carried out but the regions visited during the previous DQA were monitored on the occasion of supervisions.

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

→ Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Start of immunizations with the new and under-used vaccines : MONTH – JUNE YEAR – 2003

→ Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

We received 1 323 400 doses of the HepB vaccine on 4 June 2003. We did not encounter any problem in using it.

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.

The HepB vaccine (under-used vaccine) is currently being administered at all immunization centres. The immunization staff were trained in the correct administration of this vaccine and the keeping of injection support material. We did not encounter any problem with the introduction of the HepB vaccine in the course of 2003. The plan for the introduction of the Hib was drawn up and endorsed by the ICC. We are waiting for a reply from GAVI to our application.

1.2.3 Use of GAVI/Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

→ Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

We received the USD 100 000 in support of the introduction of the new and under-used vaccines in May 2003. This money enabled us to increase injection support material, to train immunization staff and to raise the awareness of the population with regard to the new vaccine to be introduced.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

→ Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

The AD syringes, reconstitution syringes and safety boxes were supplied by GAVI in accordance with our expressed needs and stocks did not run out anywhere in the territory during the course of 2003. The construction of incinerators is continuing at district and other levels, thanks to financial support from the WHO and UNICEF. The MONTFORD model is being introduced throughout the country.

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

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/NF support.

Indicators	Targets	Achievements	Constraints	Updated targets
<p>1. 83 staff given training at central, regional and district level to instruct the vaccination staff of the immunization centres</p> <p>2. No data available</p> <p>3. 85% of the immunization centres did not experience any shortage of injection equipment</p> <p>4. 100% of the immunization centres are equipped with safety boxes. 40% of the districts experienced breakdowns (flue) of the incinerators constructed in 2002</p>	<p>1. To improve the skills of health workers and to ensure safe injection management.</p> <p>2. To improve community awareness of the risks connected unsafe injections in the transmission of HIV/AIDS and other pathogens</p> <p>3. To make adequate injection equipment available in the immunization centres</p> <p>4. To ensure the safe collection and disposal of sharps waste in the immunization centres</p>	<p>1. Staff trained in the Timbuktu and Kidal regions, after the 7 other regions of Mali in 2002</p> <p>2. Four out of the four scheduled resupplies executed</p> <p>3. Three out of the four scheduled resupplies executed</p>	<p>1. Difficulty of monitoring staff trained from the districts to the community health centres and from the central level to the regions</p> <p>2. Delay in mobilizing resources for raising community awareness</p> <p>3. Mismatch between volumes of syringes and volumes of vaccines in the regions</p> <p>4. Low storage capacity for safety boxes at central level</p>	<p>1. Provide special support to the EPI in order to permit the monitoring of the staff trained</p> <p>2. Disseminate the integrated communication plan for the EPI</p> <p>3. Ensure quarterly resupply of regions with vaccines and consumables</p> <p>4. Increase storage capacity at central level</p>

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

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

A contribution in kind, namely the supply of:

8 032 400 AD syringes for	USD 5 551 951.50
305 800 reconstitution syringes for	USD 13 761
69 700 safety boxes for	USD 80 155

2. Financial sustainability

Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.

First Annual Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

Mali's financial sustainability plan was endorsed in April 2003 by GAVI's independent review committee. This plan is being disseminated to all players concerned for implementation.

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table, specify the annual GAVI/VF support over five years that it is intended to spread over ten years and to co-finance with other donors.

1. Rate of execution of the 2003 budget programme from the State budget : 100%
2. Rate of execution of the budget scheduled from internal resources : Not reported
3. Rate of execution of the budget scheduled from external resources : 100%
4. Proportion of the health budget allocated to immunization : 7.39% in 2003
5. Proportion of HIPC funding allocated to immunization : Not reported
6. Cost of the Fully Vaccinated Child and the dose administered : Not reported

Table 2 : Sources (planned) of financing of the new vaccine (Hib)

Proportion of vaccines supported by	Annual proportion of vaccines									
	2004..	2005..	2006..	2007..	2008..	2009..	2010..	2011..	2012..	2013..
Proportion funded by GAVI/VF (%)	100%	100%	100%	100%	100%	100%	100%	60%	0%	0%
Proportion funded by the Government and other sources (%)	0%	0%	0%	0%	0%	0%	0%	40%	100%	100%
Total funding for (new vaccine) *										

* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.

Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gavittf.org> under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

3. Request for new and under-used vaccines for year 2005

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

3.1. Up-dated 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. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	456348	466388	476648	487135	497852	508808	519999	531439
Infants' deaths	56113	57348	59899	61217	61217	62561	63960	65367
Surviving infants	400235	409040	418039	427236	436635	446241	456039	466072
Infants vaccinated / to be vaccinated with 1 st dose of DTP (DTP1)*	311973	348361	419946	433669				
Infants vaccinated / to be vaccinated with 3rd dose of DTP (DTP3)*	211601	255361	316803	350724				
NEW VACCINES								
Infants vaccinated / to be vaccinated with 1 st dose of new vaccine (HepB)				41387				
Infants vaccinated / to be vaccinated with 3rd dose of new vaccine				29019				
Wastage rate of *** (new vaccine)			Not reported	Not reported				

INJECTION SAFETY

Pregnant women vaccinated with TT	Not reported	132454	237339	248262	398282	432485	452400	462352
Infants vaccinated with BCG	310156	340136	405954	375234	448067	457925	468000	478296
Infants vaccinated with Measles	225954	257306	277757	318165	349308	379305	387634	396162

- * Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)
- ** Use 3 rows for every new vaccine introduced
- *** Indicate actual wastage rate obtained in past years
- **** Insert any row as necessary

→ 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.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2005

→ Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

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Table 4: Estimated number of doses of Hib vaccine (Pentavalent) (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Number of infants vaccinated / to be vaccinated with the 1st doses of Hib (new vaccine)		143 830
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	478 955
E	Estimated wastage factor	(see list in table 3)	1,11
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	554984
G	Vaccine buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		554 984
I	Total vaccine doses requested	$F + G - H$	554 984
J	Number of doses per vial		2
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	563 347
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	308 016
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	9 672

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 a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 5 : 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

**Please report the same figure as in table 3.*

3.3 Confirmed/revised request for injection safety support for the year (indicate forthcoming year)

Table 6: Estimated supplies for safety of vaccination for the next two years with (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2004	For year 2005
A	Target of children for vaccination (for TT : target of pregnant women)¹	#	448067	457 925
B	Number of doses per child (for TT woman)	#	2	2
C	Number of doses	A x B	896134	915 850
D	AD syringes (+10% wastage)	C x 1.11	994 709	1 016 594
E	AD syringes buffer stock ²	D x 0.25	248 677	254 149
F	Total AD syringes	D + E	1243386	1 270 743
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	198 942	203 319
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	16010	16362

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

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will 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 for other years.

³ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Target	Achievements	Constraints	Updated targets
Coverage rate DTPP3	70%	79%	No major constraints	82%
Coverage rate DTP/DTPP3	20%	21%	Inadequate financing of advanced strategy and supervision	20%
Coverage rate AAV	55%	64%	Campaigns not conducted due to lack of resources	70%
Coverage rate HepB	72%	79%		82%
No. of ICC meetings with minutes	4 p.a.	4	No major constraints	Quarterly with possibility of extraordinary meetings

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Table 1 filled-in		
DQA reported on		
Reported on use of 100,000 US\$		
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in		
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		
Government signatures		
ICC endorsed		

6. Comments

→ *ICC comments:*

A large, empty rectangular box with a thin black border, intended for entering ICC comments. It occupies the majority of the page's vertical space below the header.

7. Signatures

For the Government of **THE REPUBLIC OF MALI**

Signature: **MRS MAIGA ZEINAB MINT YOUNBA**

Title: **MINISTER OF HEALTH**

Date: **19 MAY 2004.**

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/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
1. Ministry of Health	Mrs MAIGA Zeinab Mint YOUNBA- Minister / Chair			8. United Nations Development Programme UNDP)	Diedi SYLLA / Member		
2. Ministry of Health	Dr Mamadou Adama KANE- Secretary General / Member			9. European Union (EU)	Jean Christophe VIRIEV / Member		
3. Ministry of Health	Dr Sidy, Technical Adviser, head of EPI / Member			10. Rotary International Clubs (Mali)	Dr Boubacar Niambélé Health Specialist / Member		
4. Ministry of Health	Yakaré TOUNKARA Dep. Admin. Finance Director / Member			11. World Bank	Dr Daouda Mallé Health Specialist / Member		
5. National Health Directorate	Dr Youssouf KONATE- National Health Director / Member			12. United Nations Children's Fund (UNICEF)	Dr Ossen RAIMI / Member		
6. Ministry of the Economy and Finance	6-Mr Lamine KOITA- National Budget Directorate / Member			13. World Health Organisation (WHO)	Dr Lamine-Cissé SARR, representative / Member		
7. US Agency for International Development (USAID)	Mrs Ann HIRCHEY - Mission Director / Member			14. Pivot Health and Population Group	Dr Moctar DIALLO / Member		

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