

Annual progress report 2007

Submitted by

The Government of

Mali

to



Date of submission: 30 May 2008

Annual progress report (This report is an account of the activities completed in 2007 and defines requests for 2009.)

**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 Mali

Ministry of Health:

Oumar Ibrahim TOURE

Title: Minister of Health

Signature:

Date:

Ministry of Finance:

Abou Bakar TRAORE

Title: Minister of Finance

Signature:

Date:

We, the undersigned members of the Inter Agency Coordinating Committee for Immunisation (IACC), 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
Oumar Ibrahim TOURE: Minister of Health	Ministry of Health		
Lasséni KONATE: General Secretary of the Ministry of Health	Ministry of Health		
Dr DIAKITE Oumou MAIGA: Technical Advisor	Ministry of Health		
Ousmane DIARRA: Administrative and Financial Director	Ministry of Health		
Pr Toumani SIDIBE: National Director for Health	National Health Division		
Dr DIALLO Fatoumata B. Tidiane: Representative	WHO		
Dr Marcel K. Rudasingwa: UNICEF Representative	UNICEF		
Alexandre NEWTON: Director	USAID		
Djédy SYLLA	UNDP (United Nations Development Programme)		
Dr François M. LAMAYE	French Embassy		
Dr Boubacar NIAMBELE	Rotary International club Mali		

Signatures page for HSS support

On behalf of the Government of Mali

Ministry of Health:

Title: Oumar Ibrahim TOURE: Minister of Health

Signature:

Date:.....

Ministry of Finance:

Title: Abou Bakar TRAORE: Minister of Finance

Signature:

Date:

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) (insert the name) 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

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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): Yes/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, is it planned to make them conform to the budget in the very near future?

The funds received for ISS conform to the Ministry of Health budget. The funds are managed in accordance with the management procedures of the Health sector programme called PRODESS.

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.

GAVI funds are transferred to an account called “Project Funds” opened by the Ministry of Health. During 2007, GAVI indicated the sum of \$213,500 by way of bonus for 2006. It was not possible to transfer this amount to the abovementioned account as GAVI had not been given the bank account details. The balance of the account of the Administrative and Financial Division of the Ministry of Health (AFD) at 31 December 2007 was \$1,034,291.

Within the scope of the Pentavalent vaccine becoming generally available throughout the country in 2007, 45 sanitary districts received training before the Pentavalent vaccine became generally available. The training was geared towards the EPI local office managers and community health centre vaccinators. The cost of the training of approximately \$144,231 was paid out of the bonuses from previous years.

The requests for funds for programmed activities are financed in accordance with the procedure governing the “Project Funds” account, either by bank transfer or by cheque containing the following three signatures: the Minister of Health, the Administrative and Financial Director of the Ministry of Health and the Manager of the AFD after approval of the expenditure projects by the IACC.

Once the structures receiving the money have used the funds, they send the supporting documents to the Administrative and Financial Division through the National Health Division.

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 year 2007: **US \$ 0**

Remaining funds (brought forward) from 2007: **\$1,034,291**

Remaining funds to be brought forward in 2008: **\$1,034,291**

Table 2: Use of funds in 2007*

Sector of Immunisation Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection material					
Personnel					
Transport					
Maintenance and overhead expenses					
Training				\$144,231	
IEC / social mobilisation					
Actions towards groups which are difficult to reach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles/motorbikes					
Cold chain equipment					
Other ... <i>(please specify) costs for vaccine transit</i>					
Campaign against yellow fever (response)					
Total:				\$144,231	
Balance of funds remaining for following year:		\$1,034,291			

**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 following routine EPI strengthening activities were conducted:

- training of personnel within the scope of the introduction of the Pentavalent vaccine;
- preparation and adoption of the 2007-2011 Comprehensive Annual Multi-Year Plan (cMYP),
- completion of the integrated measles and polio campaign,
- transit of the vaccines.

Out of all these activities, only the training was financed from the bonus funds within the scope of the introduction of the Pentavalent vaccine.

As far as problems encountered in relation to the cMYP, updating of costs and resource mobilisation procedures proved to be insufficient for the implementation of the cMYP activities.

1.1.3 Immunisation Data Quality Audit (DQA)

The next* DQA is scheduled for 2009.

**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?

Mali conducted its last DQA in 2002. It recommended the following:

- strengthening of consistency controls in the preparation of the country's quarterly and annual tabulations. These audits, which could be systemized at district, regional and national levels, must be summarized in a written procedure.
- request the completion of a quarterly form incorporating reporting of the cases of secondary effects linked to immunisation,
- improve the deadlines for the submission of annual reports linked to immunisation,
- improve the keeping and filing of vaccine stock files and registers. The said files must be managed taking into account the type of vaccine, vaccine batches and use-by dates.
- optimize the IT tool which would represent an efficient use of IT in rendering the quality of immunisation data more reliable,
- improve the supervision of the new district towards the health centres within the scope of immunisation activities. The supervision should take the form of formalized reverse information.

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.

The recommendations were implemented during the revision activities of the national sanitary information system. Immunisation media was updated during the introduction of 3 new

vaccines. The information system revision networks incorporated the adjustment of the data collection media and personnel training. The use of DESAM (data management software) facilitated the preparation of the statistical directory and the reverse information of districts. Immunisation activities are followed through integrated supervision and monitoring

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 2007 regarding EPI issues (for example, vaccine coverage surveys).

No study regarding EPI issues was conducted in 2007.

1.1.4. IACC Meetings

How many times did the IACC meet in 2007? Please append all the minutes of the meetings. Are any Civil Society Organisations members of the IACC and if yes, which ones?

The IACC met 3 times in the year 2007. The minutes are appended to this progress report. The Civil Society is a member of the IACC through the Rotary and the Pivot/Santé et population Group. It takes part in the various IACC meetings.

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 changes in the presentation of the vaccines (for example from DTP + HepB mono to the vaccine DTP-HepB) and the dates the consignments of vaccines were received in 2007.

Vaccine	Size of vials	Doses	Date of introduction	Date consignment received (2007)
DTP-Hep+Hib	2-dose vials	1,303,200	2005	04/4/2007
DTP-Hep+Hib	2-dose vials	676,200	2005	31/7/2007
Yellow fever	5-dose vials	117,500	2001	11/3/2007
Yellow fever	5-dose vials	60,500	2001	17/8/2007
Yellow fever	10-dose vials	247,500	2001	5/12/2007
Yellow fever	50-dose vials	3,000,000	2001	11/12/2007
Hepatitis B	10-dose vials	60,300	2003	7/5/2007

Where applicable, please mention any problems encountered.

The use-by date of the thinner for the 50-dose vial yellow fever vaccine was very close to the date of receipt (5 months). Furthermore, the 10-dose yellow fever vaccine did not have any vaccine control tablets. The preventive yellow fever immunisation campaign which should have been conducted in 2007 was only completed in 2008 due to the workload linked to the integrated immunisation campaign against measles and polio, and the distribution of vitamin A, Albendazole and insecticide-treated mosquito nets.

The problems encountered during the introduction of the Pentavalent vaccine can be summarized as follows:

- delays in delivery despite the fact that the general availability of the vaccine in the districts should have begun in January 2007,
- delays in the training of vaccinator agents in such a way that the reporting on Pentavalent immunisation data only began in July 2007.

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.

At the end of 2007, within the scope of immunisation services strengthening, Mali conducted an integrated immunisation campaign against measles and polio, and the distribution of vitamin A, Albendazole and insecticide-treated mosquito nets. The preventive immunisation campaign against yellow fever is scheduled in 2008 in 33 districts with a risk of yellow fever.

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

These funds were received on: _____

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

The GAVI Alliance financial support of US \$ 100,000 was not awarded to Mali during the year 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 from 22 July to 18 August 2005.

Please summarise the major recommendations of the VMA / EVSM.

PERSONNEL TRAINING

- Prepare a standard operational procedures manual for all levels and place at the disposal of warehouses;
- Organise training sessions grouping together customs agents and transit companies on the handling of vaccines, their transport and the cold chain;
- Train EPI drivers including those from transit companies in vaccine transport and the maintenance of vehicles;

MONITORING AND SUPERVISION

- File claims for any documents missing when the vaccines are received;
- Prepare contracts in due form for service providers (forwarding agents, agent in charge of maintenance...);
- Prepare an emergency plan and place it at the disposal of all personnel.

INVESTMENT

- Replace the cold storage rooms with Chlorofluorocarbon (CFC);
- Install all storage rooms with automatic temperature recorders and equip the said storage rooms with consumables to enable the automatic recorders to function properly;
- Equip the cold storage rooms with an audible alarm system;
- Ensure that the warehouse has a large dry storage capacity for the storage of consumables and cool boxes;
- Equip the warehouse with a sufficient quantity of spare parts for the cold storage rooms, the generating set and the electrical installations.

MAINTENANCE

- Prepare and implement a preventive and curative building and equipment maintenance plan;
- Have a sufficient quantity of spare parts for the equipment and cold chain, the electrical installations and the means of transport;
- Establish an equipment maintenance report in conformity with standards;
- Prepare contracts in due form with service providers for the maintenance of the generating set and electrical installations;
- Have an adequate maintenance budget.

MOBILISATION OF RESOURCES

- Advocate for the acquisition of sufficient resources to implement the various actions envisaged among partners;
- Accelerate the mobilisation procedures of the State's budget funds to procure vaccines and consumables;
- Set up mechanisms for the mobilisation of local resources.

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

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

These recommendations were incorporated in the 2007-2011 multi-year plan, namely:

- renew the cold chain equipment
- withdraw obsolete cold chain equipment
- strengthen personnel skills
- replace cold storage rooms
- extend the storage warehouse
- strengthen means of transport

The next VMA / EVSM* will be conducted on: 2/03/2010

**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 2006 (add lines if required).

Injection Safety Material	Quantity	Date received
0.5 ml syringe	1,021,800	2/03/07
0.5 ml syringe	14,400	4/09/07
0.5 ml syringe	40,500	6/09/07
0.5 ml syringe	1,006,200	4/10/07
0.5 ml syringe	1,339,200	28/12/2007
0.5 ml syringe	1,339,200	31/12/2007
0.5 ml syringe	1,339,200	31/12/2007
0.5 ml syringe	570,500	7/02/07
0.5 ml syringe	547,900	4/09/07
0.5 ml syringe	19,800	7/02/07
0.5 ml syringe	119,800	4/09/07
Safety box	17,650	7/02/07
Safety box	17,625	04/09/07
Safety box	475	06/09/07

Where applicable, please give details of any problems encountered.

The reduced storage capacity of the injection material warehouses at central level forced us to distribute the material in other warehouses far from our site. In the scope of a reinforcement of storage capacities at central level, the building of a warehouse is planned in the national budget for 2008.

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.

GAVI injection safety support in Mali ended in December 2005. The Malian State finances injection safety material from State funds awarded to the Ministry of Health. A budget line has been created for this purpose.

Please provide details on how sharp waste is disposed of.

Sharp waste is collected by the immunisation services and then transported to the sanitary districts where it is incinerated. The incinerator model generally used is a De Montefort type incinerator.

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

Problems concern the quality of the materials used in the construction of the incinerators: the exhaust pipe and fire bricks have shown cracks in many districts. There is a need to form the personnel in charge of the destruction of immunisation waste.

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

No financial contribution from GAVI for injection safety support was received by Mali in 2007.

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 understand 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 incorporation 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					
Total immunisation expenditure and development of immunisation financing	2006	2007	2008	2009	2010
<i>Immunisation expenditure</i>					
Vaccines	5,372,641	7,693,037	7,693,037	11,007,761	17,980,492
Injection material	401,521	739,114	802,191	898,851	1,137,753
Personnel	1,940,939	2,562,993	2,614,253	2,666,538	2,719,869
Other operational costs	3,085,701	5,814,418	5,856,445	3,713,998	3,224,555
Cold chain equipment	418,833	704,495	414,778	1,140,308	855,951
Vehicles		559,164	610,091	969,944	400,500
Other		5,003,333	1,783,542	334,493	11,982,073
Total immunisation expenditure	11,219,641	24,052,697	19,774,337	23,741,623	40,438,148
Total government expenditure for health services	145,368,000	130,614,000	140,292,920	145,598,092	159,558,560
<i>Immunisation financing</i>					
Government	3,334,348	4,290,774	4,701,342	4,542,942	5,767,162
GAVI	2,100,500	9,267,620	6,513,178	10,456,279	25,632,068
UNICEF	120,004	1,352,511	1,087,878	292,000	1,416,905
WHO	158,784	1,214,356	323,833	975,481	2,428,778
USAID	55,704	148,495	130,000	70,000	135,000
Other (please specify)					
Other (please specify)					
Total Financing	5,769,340	16,273,756	12,756,231	16,336,702	35,379,913

Table 3a: Vaccine co-financing by your country					
For the first vaccine awarded by GAVI, please indicate which vaccine was involved: (YELLOW FEVER VACCINE)					
Actual and planned co-financing by your country	2006	2007	2008	2009	2010
<i>Total quantity of doses co-financed by your country</i>			229,014	214,943	239,171
Total co-financing by your country			206,568	195,129	207,174
<i>Including the share from the</i>					
Government			206,568	195,129	207,174
Common fund basket Financing/SWAp					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total co-financing</i>			206,568	195,129	207,174

Table 3b: Vaccine co-financing by your country					
For the second vaccine awarded by GAVI, please indicate which vaccine was involved: (DTP-HepB+Hib)					
Actual and planned co-financing by your country	2006	2007	2008	2009	2010
<i>Total quantity of doses co-financed by your country</i>			0	0	0
Total co-financing by your country			0	0	0
<i>Including the share from the</i>					
Government			0	0	0
Common fund basket Financing/SWAp					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total co-financing</i>			0	0	0

Note: Mali introduced the Pentavalent vaccine progressively in the EPI in 2005. GAVI support will come to an end in 2011 and co-financing of the Pentavalent vaccine by Mali will begin in 2012 (see GAVI/06/468/ma/sc).

Table 3c: Vaccine co-financing by your country					
For the third vaccine awarded by GAVI, please indicate which vaccine was involved: (SPR pneumococcal vaccine)					
Actual and planned co-financing by your country	2006	2007	2008	2009	2010
<i>Total quantity of doses co-financed by your country</i>				29,900	97,900
Total co-financing by your country				\$93,000	\$304,000
<i>Including the share from the</i>					
Government				\$93,000	\$304,000
Common fund basket Financing/SWAp					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total co-financing</i>				\$93,000	\$304,000

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?			
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)
1 st vaccine awarded (Yellow Fever vaccine)	N/A	N/A	N/A
2 nd vaccine awarded (DTP-HepB+Hib)	N/A	N/A	N/A
3 rd vaccine awarded (SPR pneumococcal)	N/A	N/A	N/A

Q. 2: Which vaccine procurement mechanisms are currently used in your country?			
Procurement through UNICEF			
	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, TETANUS TOXOID, OPV, VAR, Yellow Fever	State Budget
Revolving funds from the PAHO			
Donations			
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	X	
National Health Sector Plan	X	
National Health Budget	X	Yellow Fever, Pentavalent, Pneumococcal
Medium-term expenditure framework	X	Yellow Fever, Pentavalent, Pneumococcal
SWAp	X	
cMYP Cost analysis and financing	X	Yellow Fever, Pentavalent, Pneumococcal
Annual Immunisation Programme	X	Yellow Fever, Pentavalent, Pneumococcal
Other		

Q. 4: Which factors delayed and/or hindered the mobilisation of resources for vaccine co-financing?	
Insufficiency of resources	
2.	
3.	
4.	
5.	

Q. 5: Do you expect to encounter difficulties to co-finance vaccines in the future? What type of difficulties?	
1. Burdensome resource mobilisation procedures on the State budget	
2.	
3.	
4.	
5.	

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

Section 3 concerns the request for new and under-used vaccines and injection safety for 2009.

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 on immunisation activities. 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 rates, vaccine presentations etc. from the previously approved plan and on reported figures which differ from those given in the WHO/UNICEF Joint Reporting Form on immunisation activities in the space provided below.

Further to the completion of the Demographic and Health Survey IV (EDS IV) in 2006, the rate of infant mortality recorded was 96 per thousand. This rate will be applied in 2008 and the following years to calculate the number of surviving infants. The targets of certain antigens (Yellow Fever Vaccine and Tetanus Toxoid) have been adjusted in line with the results recorded in 2007. Due to the general introduction of the Pentavalent vaccine in 2007 throughout the country, the DTP and hepatitis B are no longer administered separately but are done so through the Pentavalent vaccine.

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 2009 onwards.

Number of	Achievements and targets								
	2005	2006	2007	2008	2009	2010	2011	2012	2013
DENOMINATORS									
Births	557,212	540,751	565,311	581,140	597,412	603,270	620,161		
Infant deaths	72,995	61,105	63,880	55,789	57,352	57,914	59,535		
Surviving infants	484,217	479,647	501,431	525,350	540,060	545,356	560,626		
Infants vaccinated in 2007 (Joint Reporting Form) / to be vaccinated in 2007 and after with the 1st dose of DTP (DTP1)*	524,883	518,200	239,048	N/A	N/A	N/A	N/A		
Infants vaccinated in 2007 (Joint Reporting Form) / to be vaccinated in 2007 and after with the 3rd dose of DTP (DTP3)*	444,917	455,589	236,908	N/A	N/A	N/A	N/A		
NEW VACCINES**									
Infants vaccinated in 2006 (Joint Reporting Form) / to be vaccinated in 2007 and after with the 1st dose of Pentavalent vaccine (<i>new vaccine</i>)	54,086	94,577	318,027	525,350	540,060	545,356	560,626		
Infants vaccinated in 2006 (Joint Reporting Form) / to be vaccinated in 2007 and after with the 3rd dose of Pentavalent vaccine (<i>new vaccine</i>)	27,584*	78,782	219,794	495,933	509,820	524,095	538,769		
Wastage rate in 2006 and rate expected in 2007 and after*** for the (<i>new vaccine</i>)	10%	10%	10%	10%	10%	10%	10%		
Infants vaccinated in 2006 (Joint Reporting Form) / to be vaccinated in 2007 and after with the 1st dose of Hepatitis B (<i>new vaccine</i>)	485,975	437,493	30,000	N/A	N/A	N/A	N/A		
Infants vaccinated in 2006 (Joint Reporting Form) / to be vaccinated in 2007 and after with the 3rd dose of Hepatitis B (<i>new vaccine</i>)	433,449	450,335	28,800	N/A	N/A	N/A	N/A		
Wastage rate in 2006 and rate expected in 2007 and after*** for the Hepatitis B (<i>new vaccine</i>)	20%	20%	20%	10%	10%	10%	10%		
Infants vaccinated in 2006 (Joint Reporting Form) / to be vaccinated in 2007 and after with the Yellow Fever Vaccine (<i>new vaccine</i>)	383,952	408,063	439,336	474,443	487,823	517,935	532,541		

* |

Number of	Achievements and targets								
	2005	2006	2007	2008	2009	2010	2011	2012	2013
Wastage rate in 2006 and rate expected in 2007 and after*** for the Yellow Fever Vaccine (<i>new vaccine</i>)	38%	35%	25%	25%	25%	25%	25%		
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with tetanus toxoid	367,448	340,465	390,387	1,297,013	1,297,013	1,297,013	1,372,186		
Infants vaccinated / to be vaccinated with the BCG	500,648	530,837	546,658	563,089	578,968	601,496	541,941		
Infants vaccinated / to be vaccinated against measles	404,059	408,428	436,430	474,443	487,823	517,935	532,541		

* 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

COMMENTS

The target infant population to be vaccinated dropped between 2005 and 2006 due to the application of the gross birth rate of 47.7‰ in 2005 instead of 45.2‰. The birth rate of 47.7‰ for the period 1999-2004 was obtained from the General Census of Population carried out in Mali in 1998. (Projections 1999-2015 of the General Census of Population and Habitat (RGPH) and the National Department for Statistics and Information Technology (DNSI)). The birth rate of 45.2‰ for the period 2004-2009 obtained from the General Census of Population and Habitat of 1998 was applied from 2006 and thereafter. The high number of infant deaths in 2005 can be explained by the use of an infant death rate of 131‰. From 2008, the death rate of 96 per 1,000 live births from the EDS IV 2006 will be applied to calculate surviving infants.

27,584*: concerns infants from the district of Bamako in 2005 from July to December 2005.

3.2 Confirmed/revised request for new vaccines (to be sent to the UNICEF Supply Division) for 2009

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.

The requirements in terms of vaccines for 2009 will be sent to the UNICEF Supply Division using Forecast 2009. The 1-dose Pentavalent vaccine presentation was ordered for 2007 but the division would appear to have encountered difficulties in obtaining such a presentation. Orders for the first six months were consequently replaced with 2-dose lyophilised vials.

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

Table 6a. Estimated quantity of Yellow Fever vaccine doses

Vaccine:	2008	2009	2010
Total number of doses requested	1,186,108	1,219,558	1,294,838
Doses to be supplied by GAVI	803,826	780,703	796,699
Doses to be procured by the country	229,014	214,943	239,171
Co-payment in US \$/dose	0.15	0.15	0.15
Total co-payment	237,222	243,912	258,968

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

Table 6b. Estimated quantity of Pentavalent vaccine doses

Vaccine:	2008	2009	2010
Total number of doses requested	1,561,731	1,768,436	1,817,954
Doses to be supplied by GAVI	1,561,731	1,768,436	1,817,954
Doses to be procured by the country	0*	0*	0*
Co-payment in US \$/dose	0*	0*	0
Total co-payment	0	0	0

Notes

0*: Mali introduced the Pentavalent vaccine progressively in the EPI in 2005. GAVI support will come to an end in 2011 and co-financing of the Pentavalent by Mali will begin in 2012

- **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 differs from that of the 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 equivalent to 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 BCG (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.

Table 8a: BCG

		Formula	2009	2010
A	Number of target infants for the BCG immunisation:	#	590,412	603,270
B	Number of doses per infant for the BCG:	#	1	1
C	Number of BCG doses	A x B	563,089	578,968
D	Auto-disable syringes (+10% wastage)	C x 1.11	625,029	642,654
E	Buffer stock of auto-disable syringes (2)	C x 0.25	156,257	160,664
F	Total auto-disable syringes	D + E	781,286	803,318
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor (3)	2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H x 1.11/G	62,503	64,265
J	Number of safety boxes (+10%)	(F + I) x 1.11/100	9,366	9,630

- 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.

Table 8: Estimated supplies for immunisation safety for the next two years with PENTAVALENT Vaccine (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.

Table 8b: PENTAVALENT Vaccine

		Formula	2009	2010
A	Number of target infants for the Pentavalent immunisation:	#	516,597	531,062
B	Number of doses per infant for the Pentavalent:	#	3	3
C	Number of Pentavalent doses	A x B	1,549,791	1,593,186
D	Regulator stock	C x 0.25	387,448	
E	Anticipated stock		558,604	
F	Total number of vaccines required	C+D-E	1,378,635	
G	Auto-disable syringes (+10% wastage)	(C+D-E) x 1.11	1,530,285	1,769,436
H	Buffer stock of auto-disable syringes (2)	C x 0.25	387,448	398,297
I	Total auto-disable syringes	G + H	1,917,733	2,166,733
J	Number of doses per vial	#	2	2
K	Vaccine wastage factor (3)	2 or 1.6	2	2
L	Number of reconstitution syringes (+10% wastage) (4)	C x K/J	860,134	981,482
M	Number of safety boxes (+10%)	(I + L) x 1.11/100	30,834	34,945

Table 8: Estimated supplies for immunisation safety for the next two years with VAR (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.

Table 8c: VAR

		Formula	2009	2010
A	Number of target infants for the VAR immunisation:	#	474,443	487,823
B	Number of doses per infant for the VAR:	#	1	1
C	Number of VAR doses	A x B	474,443	487,823
D	Auto-disable syringes (+10% wastage)	C x 1.11	526,632	541,484
E	Buffer stock of auto-disable syringes (2)	C x 0.25	118,611	121,956
F	Total auto-disable syringes	D + E	645,242	663,439
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor (3)	2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H x 1.11/G	84,261	86,637
J	Number of safety boxes (+10%)	(F + I) x 1.11/100	8,097	8,326

Table 8: Estimated supplies for immunisation safety for the next two years with TT (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.

Table 8d: TT

		Formula	2009	2010
A	Number of target infants for the TT immunisation: number of target pregnant women (1)	#	1,297,013	1,297,013
B	Number of doses per infant for the TT: number of target pregnant women (1)	#	2	2
C	Number of TT doses	A x B	2,594,026	2,594,026
D	Auto-disable syringes (+10% wastage)	C x 1.11	2,879,369	2,879,369
E	Buffer stock of auto-disable syringes (2)	C x 0.25	648,507	648,507
F	Total auto-disable syringes	D + E	3,527,875	3,527,875
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor (3)	2 or 1.6	1.33	1.33
I	Number of reconstitution syringes (+10% wastage) (4)	C x H x 1.11/G	0	0
J	Number of safety boxes (+10%)	(F + I) x 1.11/100	39,159	39,159

Table 8e: YELLOW FEVER VACCINE

		Formula	2009	2010
A	Number of target infants for the Yellow Fever vaccine immunisation:	#	474,443	487,823
B	Number of doses per infant for the Yellow Fever vaccine:	#	1	1
C	Number of Yellow Fever vaccine doses	A x B	474,443	487,823
D	Regulator stock	C x 0.25	11,861	
E	Anticipated stock		153,267	
F	Total number of vaccines required	C+D-E	333,037	
G	Auto-disable syringes (+10% wastage)	(C+D-E) x 1.11	369,671	541,484
H	Buffer stock of auto-disable syringes (2)	C x 0.25	118,611	121,956
I	Total auto-disable syringes	G + H	488,282	663,439
J	Number of doses per vial	#	10	10
K	Vaccine wastage factor (3)	2 or 1.6	1.6	1.6
L	Number of reconstitution syringes (+10% wastage) (4)	C x K/J	75,911	86,637
M	Number of safety boxes (+10%)	(I + L) x 1.11/100	6,263	8,326

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 application. 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: _____ Not applicable

Current Health System Strengthening Programme will end on: _____ (date)

Funds received in 2007: Yes/No

If yes, total amount: US \$ _____

Funds disbursed to date:	US \$	
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Amounts disbursed to date:	US \$	
Balance of instalment outstanding:	US \$	

Requested amount to be disbursed for 2008 US \$

Do the 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 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 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. This is a requirement for the release of funds for 2008.

Table 9. HSS Expenditure in 2007 (Please fill in 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 report on 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 the baseline indicators						
Indicator	Data Source	Baseline Value¹	Source²	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	30/05/07	
Reporting Period (previous calendar year)	2007	
Government signatures	Yes	See signature page
IACC endorsement	Yes	See IACC minutes
Table 1 completed	Yes	
Report carried out on DQA	No	
Report carried out on the use of the US \$ 100,000	No	
Report carried out on Injection Safety	Yes	
Report carried out on FSP (financial sustainability plan) (progress accomplished compared with the country's FSP indicators)	No	
Table 2 completed	Yes	
Request for new vaccines completed	Yes	
Revised request for injection safety support completed (where applicable)	No	
Report carried out on HSS support	No	
IACC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	No	

6. Comments

IACC/HSCC comments:

~ End ~