



Partnering with The Vaccine Fund

June 2003

# Progress Report

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

by the Government of

**COUNTRY: Mauritania**

Date of submission: November, 2003

Reporting period: 1 January – 3 December 2002 (*Information*

*provided in this report MUST refer to the previous calendar year )*

*( Tick only one ) :*

- |                               |                                     |
|-------------------------------|-------------------------------------|
| Inception report              | <input checked="" type="checkbox"/> |
| First annual progress report  | <input type="checkbox"/>            |
| Second annual progress report | <input type="checkbox"/>            |
| Third annual progress report  | <input type="checkbox"/>            |
| Fourth annual progress report | <input type="checkbox"/>            |
| Fifth annual progress report  | <input type="checkbox"/>            |

*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.

No GAVI funds were received in 2002. The ICC is an organised and functioning body in Mauritania, which is consulted frequently about important activities in the EPI.

### 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 0**

**Remaining funds (carry over) from the previous year N/A**

**Table 1 : Use of funds during reported calendar year 2002**

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					

Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ..... (specify)					
<b>Total:</b>					
<b>Remaining funds for next year:</b>					

*\*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.*

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

*See attached minutes.*

**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.

N/A

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

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

None

## 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**

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

None were provided by GAVI in 2002.

### **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.*

*2004 will focus attention on introduction of Hepatitis B vaccine. A GAVI proposal was submitted to support this effort in 2003 and remains pending.*

### **1.2.3 Use of GAVI/The 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.*

No activity in this area in 2002. The first proposal to support the introduction of new vaccines was prepared and submitted in 2003.

### 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

*Injection safety support was granted in June 2003, and activities will be reported in the next (2003) annual report.*

#### 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/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
N/A	N/A	N/A	N/A	N/A

#### 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:

Not funded in 2002.

## 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 Report : Report progress on steps taken and update timetable for improving financial sustainability  
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
- Second Annual Progress Report : Append financial sustainability action plan and describe any progress to date.  
Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
- Subsequent reports: Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.  
Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values.  
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.gaviftf.org> under FSP guidelines and annexes).  
Highlight assistance needed from partners at local, regional and/or global level

A World Bank consultant conducted a financial sustainability assessment in July 2003. The final report is still in progress, and the consultant's TOR is attached.

### 3. Request for new and under-used vaccines for year 2003 ( indicate forthcoming year )

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 (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported 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 10) . Targets for future years **MUST** be provided.

**Table 2 : Baseline and annual targets**

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
<b>DENOMINATORS</b>								
Births	127,408	130,720	134,119	137,606	141,184	144,855	148,621	152,485
Infants' deaths	20,640	21,176	21,727	22,292	22,872	23,467	24,077	24,702
Surviving infants	106,768	109,544	112,392	115,314	118,312	121,388	124,544	127,783
<b>Infants vaccinated with DTP3 *</b>	34,221	64,907	90,736	80,720	94,650	103,180	112,090	
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	31%	61%	81%	70%	80%	85%	90%	
<b>NEW VACCINES</b>								
Infants vaccinated with HepB * (use one row per new vaccine)	N/A	N/A	N/A	N/A	99,382	103,180	107,108	112,449

Wastage rate of HepB ( <i>new vaccine</i> )					1.25	1.25	1.17	1.11
<b>INJECTION SAFETY</b>								
Pregnant women vaccinated with TT	21,799	37,719	49,487	55,042	70,592	86,913	104,035	
Infants vaccinated with BCG	52,708	74,943	107,636	98,017	106,481	115,319	118,317	
Infants vaccinated with Measles	31,116	62,160	88,717	74,954	88,734	103,180	118,317	

\* Indicate actual number of children vaccinated in past years and updated targets

\*\* Indicate actual wastage rate obtained in past years

→ 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.

Baseline data has been inconsistently recorded. Data presented in this table is based on 2000 census estimates and assumes a population growth rate of 2.5% per year, new births (pregnant women) account for 5% of the total population and “surviving infants” as 4.19% of the total population. Although the IMR according to UNDP is 120/1000, we subtract the number of surviving infants from total number of pregnancies as described above, resulting in a higher IMR.

### 3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for the year 2003** (indicate forthcoming year)

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

The order for HepB was included in UNICEF Supply Division’s 2004 shipment plan (pending approval from GAVI). No new vaccines were introduced in 2003.

**Table 3: Estimated number of doses of Hepatitis B vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund**

		Formula	For year 2004
<b>A</b>	<b>Number of children to receive new vaccine</b>		*99,382
<b>B</b>	<b>Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan</b>	%	100%
<b>C</b>	<b>Number of doses per child</b>		3
<b>D</b>	<b>Number of doses</b>	$A \times B/100 \times C$	298,146
<b>E</b>	<b>Estimated wastage factor</b>	(see list in table 3)	1.25
<b>F</b>	<b>Number of doses (incl. wastage)</b>	$A \times C \times E \times B/100$	372,683
<b>G</b>	<b>Vaccines buffer stock</b>	$F \times 0.25$	93,171
<b>H</b>	<b>Anticipated vaccines in stock at start of year ....</b>		0
<b>I</b>	<b>Total vaccine doses requested</b>	$F + G - H$	465,854
<b>J</b>	<b>Number of doses per vial</b>		10
<b>K</b>	<b>Number of AD syringes (+ 10% wastage)</b>	$(D + G - H) \times 1.11$	434,362
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage)</b>	$I/J \times 1.11$	51,710
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need)</b>	$(K + L) / 100 \times 1.11$	5,395

### 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:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **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 3 : 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 1.

### 3.3 Confirmed/revised request for injection safety support for the year 2003 - 2004

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

		<b>Formula</b>	<b>For year 2003</b>	<b>For year 2004</b>
<b>A</b>	<b>Target of of pregnant women)<sup>1</sup></b>	#	55,042	70,592
<b>B</b>	<b>Number of doses per woman</b>	#	2	2
<b>C</b>	<b>Number of TT doses</b>	A x B	110,084	141,184
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	122,193	156,714
<b>E</b>	<b>AD syringes buffer stock <sup>2</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	122,193	156,714
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>		
<b>I</b>	<b>Number of reconstitution <sup>3</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	1,356	1,740

<sup>1</sup> 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).

<sup>2</sup> 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.

<sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

**Table 5: Estimated supplies for safety of vaccination for the next two years with BCG**

		<b>Formula</b>	<b>For year 2003</b>	<b>For year 2004</b>
<b>A</b>	<b>Target of children for BCG vaccination</b>	#	98,017	106,481
<b>B</b>	<b>Number of doses per child</b>	#	1	1
<b>C</b>	<b>Number of BCG doses</b>	A x B	98,017	106,481
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	108,799	118,194
<b>E</b>	<b>AD syringes buffer stock <sup>2</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	108,799	118,194
<b>G</b>	<b>Number of doses per vial</b>	#	20	20
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	2	2
<b>I</b>	<b>Number of reconstitution <sup>3</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	10,880	11,819
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	1,328	1,443

**Table 6: Estimated supplies for safety of vaccination for the next two years with DTP**

		<b>Formula</b>	<b>For year 2003</b>	<b>For year 2004</b>
<b>A</b>	<b>Target of children for DTP vaccination</b>	#	80,720	94,650
<b>B</b>	<b>Number of doses per</b>	#	3	3
<b>C</b>	<b>Number of DTP doses</b>	A x B	242,160	283,950
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	268,798	315,185
<b>E</b>	<b>AD syringes buffer stock <sup>2</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	268,798	315,185
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>		
<b>I</b>	<b>Number of reconstitution <sup>3</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	2,984	3,499

**Table 7: Estimated supplies for safety of vaccination for the next two years with Measles**

		<b>Formula</b>	<b>For year 2003</b>	<b>For year 2004</b>
<b>A</b>	<b>Target of children for measles vaccination</b>	#	74,954	88,734
<b>B</b>	<b>Number of doses per child</b>	#	1	1
<b>C</b>	<b>Number of measles doses</b>	A x B	74,954	88,734

D	AD syringes (+10% wastage)	$C \times 1.11$	83,199	98,495
E	AD syringes buffer stock <sup>2</sup>	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	83,199	98,495
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor <sup>4</sup>	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution <sup>3</sup> syringes (+10% wastage)	$C \times H \times 1.11 / G$	13,312	15,759
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1,071	1,268

**Table 8: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.**

ITEM		For the year 2003	For the year 2004	Justification of changes from originally approved supply:
Total AD syringes	for BCG	108,799	118,194	
	for other vaccines	474,190	570,394	
Total of reconstitution syringes		24,192	27,578	
Total of safety boxes		6,739	7,950	

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

*Conflicting population projections may be found in past reports.*

*Wastage factor for BCG was not calculated in GAVI proposal for introduction of HepB.*

*Calculation tables were not completed for DTC, TT and measles in the GAVI proposal for introduction of HepB.*

**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	Targets	Achievements	Constraints	Updated targets
N/A	N/A	N/A	N/A	N/A

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## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission	Nov. 2003	
Reporting Period (consistent with previous calendar year)	2002	No GAVI support received in 2002.
Table 1 filled-in		Not applicable
DQA reported on		Not applicable
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	2003	pending
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report	X	
Government signatures		
ICC endorsed		

## 6. Comments

→ *ICC comments:*





## 7. Signatures

For the Government of .....

Signature: .....

Title: .....

Date: .....

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

~ End ~