Joint appraisal report

Country	Djibouti
Reporting period	*Previous appraisal:* **Internal Appraisal Report, September 2014** *Current appraisal:* **September 2015**
cMYP period	*2011-2015*
Fiscal period	*January – December*
Graduation date	*Not applicable, country is in the Preparatory Transition Phase*

1. EXECUTIVE SUMMARY

1.1. Gavi grant portfolio overview

GAVI began financing immunization activities in Djibouti in 2002, providing injection safety support (2002 – 2004), immunization services support (2002 – 2004 and 2011 – 2012), support for Hib-containing pentavalent vaccine (2007-2015), PCV (2012-2015) and rotavirus vaccine (2013-2015). Since 2002, Djibouti received a total of US$4,309,675 in disbursements from GAVI (both in terms of cash and vaccine support), including US$ 249,352 in 2014 and US$871,647 in 2015.

Currently, three vaccine grants remain active (pentavalent, PCV and rotavirus vaccines, introduced respectively in 2007, 2012 and 2014). For 2016, Djibouti has requested renewal for all three of these vaccines in the existing presentations.

Two additional grants for HSS and IPV support were approved in 2015. HSS grant, in the amount of US$3,400,000 for five years, focuses on expanding access to vaccination to remote underserved areas, strengthening health information management, managerial and leadership capacity building of health staff and strengthening supply chain and stock management. IPV grant, approved for the amount of US$213,500 including a US$100,000 vaccine introduction grant, will support IPV introduction activities. The introduction was originally scheduled for September 2015, but was delayed due to supply constraints until March 2016. Funding for IPV and HSS support has already been approved until the end of 2016.

In 2014, the share of Gavi's financing in the country's total expenditures for immunization was 10% (as per the 2014 APR report). As per cMYP 2011-2015, this proportion is estimated to be 25% of the total cost of the program for 5 years. The government support to the immunization program mostly includes infrastructure and HR costs and does not cover procurement of vaccines (traditional vaccines are purchased by UNICEF). There is no specific budget line for the immunization program, and funding for the EPI program is grouped with the overall budget of the Directorate of Priority Diseases, which manages TB, HIV, malaria, immunization and infectious non-transmissible diseases.

Djibouti is currently in the Preparatory Transition Phase (previously an intermediate income country). As per Gavi policies, the country will be subject to the annual increase in co-financing payments of 15% starting with 2017.

1.2. Summary of grant performance, challenges and key recommendations

Grant performance

Even though Djibouti's Expanded Program on Immunization (EPI) can be considered a relatively strong performer in the WHO EMRO/UNICEF MENARO region, it continues to struggle with achieving its immunization targets, with only a few vaccines reaching 90% coverage (BCG, hepatitis B birth dose, DTP1 and recently introduced PCV), as confirmed by WHO/UNICEF coverage estimates, disease surveillance and epidemiology. The country also continues to experience disease outbreaks, with a measles outbreak presently underway (September 2015).

In 2014, coverage against all antigens was below 95%, according to WHO/UNICEF estimates. Coverage actually fell for most antigens compared to previous years reaching 78% for DTP3 (compared to the target of 92%), 86% for BCG (vs. target of 93%) and 71% for measles 1st dose (vs. to 89% target and 80% coverage in 2013), according to WHO/UNICEF estimates. The JRF data, based on the country's administrative data, provides a slightly different picture, with most antigens other than measles showing a mild increase in coverage, but still remaining below the established targets. The variations in data from various sources has been a concern, and a need for improvement of data collection and management has been expressed by the country.

According to the WHO/UNICEF estimates, only 3 regions in the country (out of 6) had DTP3 coverage rates above 80% in 2014. Measles coverage was below 80% in all 6 regions. The drop-out and wastage rates were estimated to be higher than UNICEF/WHO-suggested targets, even though exact calculations are difficult to confirm due to insufficient data quality.

Table 1. Reported Vaccination Coverage, 2010-2014 (WHO/UNICEF estimates).

Vaccine/coverage	2000 (%)	2010 (%)	2011 (%)	2012 (%)	2013 (%)	2014 (%)
BCG	34	90	89	87	86	99
HepB (birth dose)	-	-	-	87	86	94
DTP1 (pentavalent 1)	66	90	89	85	87	93
DTP3 (pentavalent 3)	46	88	87	81	82	78
Polio3	46	88	87	81	82	78
MCV1	50	85	84	83	80	71
MCV2	-	-	-	82	-	-
PCV1	-	-	-	-	87	93
PCV3	-	-	-	-	82	78
Rotavirus	-	-	-	-	-	-

Source: Official country estimates

During the last few years, Djibouti registered several measles cases (see Table 2 below), but their numbers have been significantly reduced in 2014. Last year, no outbreaks were detected, and only 6 confirmed measles cases were registered compared to 709 in 2012 and to 985 cases in neighboring Somalia in 2014. However, a measles outbreak started in Djibouti in January 2015. According to EPI program's surveillance, there were 82 clinical cases of measles in 2015, with 2 unconfirmed fatal cases. These numbers, however, may not be fully accurate due to the weaknesses in epidemiological surveillance. A measles and polio campaign for children aged 9 months to 15 years was carried out in May 2015, and a follow-up campaign for young people aged 15 to 25 is planned for October 2015.

The last clinically confirmed case of poliovirus in Djibouti was reported in 1999. National reporting of the acute flaccid paralysis surveillance started the same year (only one case reported in 2014 with late notification). Given porous borders, cross border movement, the circulation of the virus in the neighboring countries and the low immunity in the remote areas, the risk of importation of wild poliovirus is still high. Despite this, the AFP surveillance is weak and needs urgent improvement according to the evaluation in June 2015.

Table 2. Reported Vaccine-preventable Diseases

	1990	2000	2010	2011	2012	2013	2014
Diphteria	0	0	0	0	0	0	0
Japanese Encephalitis	-	-	0	-	-	-	-
Measles	104	183	7	49	709	28	6
Mumps	-	-	-	-	-	-	-
Pertussis	25	48	0	-	-	-	-
Polio	7	0	0	0	0	0	0
Rubella	-	-	-	15	0	0	-
Tetanus (neonatal)	0	0	0	-	0	-	-
Tetanus (total)	2	0	0	-	-	-	-
Yellow Fever	-	-	0	-	-	-	-

Source: Djibouti Immunization Profile, WHO; Reported measles cases and incidence rates by WHO Member States

The latest vaccine introductions in Djibouti were PCV (2012) and anti-rotavirus vaccine (in June 2014). Post-introduction evaluations (PIEs) have not yet been conducted, and are planned to be carried out jointly before the end of 2015. According to the information provided by EPI team, both introductions went successfully, with preparations and roll-out adequately conducted. Communication campaigns and medical staff training took place prior to introductions. No cases of hesitancy or refusals were noted.

EPI review, planned for early 2016, will allow to collect additional information on the performance of the EPI Program and confirm its strengths and challenges.

Financial management:

In 2014, Djibouti did not receive any direct cash support from Gavi (a US$100,000 Vaccine Introduction Grant for introduction of rotavirus vaccine was disbursed in 2013). A total of US$ 60,457 in cash balance from previously disbursed NVS support remained in country as of 1 January 2014. From this amount, US$37,686 was expended in

2014 (details on the expenditures and relevant bank statements are awaited from the MoH). In the past, the NSV funds have been managed by the *Direction des Ressources et Humaines et Financières* of the Ministry of Health. Starting 2015, all cash grants from Gavi are being managed by the Project Management Unit of the MoH, with a dedicated Finance expert for Gavi funding. The funds remaining from previous NVS introduction grants and ISS support as of now (US$ 6,500) will be used for repairs and maintenance of fridges and for EPI supportive supervision. Gavi

Financial Management Assessment was conducted in Djibouti in 2014 prior to the approval of the HSS grant. It identified a number of weaknesses that needed to be addressed prior to implementation of HSS activities, notably the weak capacity of the internal audit function, lack of established mechanism to follow up on implementation, and absence of a procurement plan. A number of FMA recommendations, notably those related to procurement plan, have not yet been completed.

Co-financing: In both 2013 and 2014, Djibouti faced difficulties fulfilling its co-financing obligations. The country was in default in both years. The 2014 co-financing commitments were fulfilled after the 31 December deadline in late February 2015. The co-financing obligations for 2015 remain outstanding (as of June 2015, the country covered approximately 25% of the total amount).

It should be noted that Djibouti is not paying for its traditional vaccines, and should be encouraged to start allocating resources to that area in preparation of a future transition out of Gavi support. As a country in the preparatory transition phase (formerly 'intermediate'), the country will be affected by the new co-financing policy on linkage to prices. As of 2017, the country will have to pay approximately 15% of the weighted average vaccine price of the presentation. In 2016, co-financing will still be as per the old policy. As the World Bank does not currently publish GNI per capita for Djibouti, it is difficult to give an approximation of when the country will enter the accelerated transition phase.

Key findings

Strengths and achievements:

- High overall coverage compared to other countries in the region
- Growing coverage for vaccines administered at birth (BCG, DTP1, Hep B)
- Availability of vaccines at all levels, no reported stock-outs or expiration of vaccines.
- Strong collaboration with UNICEF and WHO country offices, as well as other development partners
- Existing expertise available in different MoH departments (EPI, DEPCI, PIU, INSPD, SIS, etc.) and good knowledge by these departments of their respective programs
- Availability of support from numerous international and bilateral development partners (USAID, WB, UNFPA, AFD, etc.)
- Existence of the Health Information Management system
- Demonstrated efforts for the adoption of innovations and new technologies, and large potential for their continued development.

Challenges:

- Considerable dependence of the EPI program on external financial and technical assistance
- Lack of financial contribution of the government to the procurement of traditional vaccines
- Insufficient empowerment and decision-making capacity of the EPI and high turn-over of its personnel
- Need for improvement of technical and managerial aspects of all central directions of the MoH (currently those aspects are covered by UNICEF and WHO)
- Insufficient coordination between different departments and services within the MoH involved in the EPI activities (PIU, EPI, DEPCI, SIS, Division of Priority Diseases, INSPD, Department of Health Regions, etc.)
- Continued outbreaks of preventable infectious diseases, including in the capital city
- Lack of decentralization of immunization and health services, with most activities and efforts centered on the capital
- Major challenges in data collection and analysis, especially at regional level
- Weak surveillance and supportive supervision of immunization activities (lack of logistics supports , vehicles, fuel …)
- Accessibility issues: more than 20% of the country's territory is difficult to reach (mountainous areas and absence of roads), requiring effective mobile outreach strategies; insufficient operationalization of such strategies

- Significant migratory flows with insufficient availability of health centers and services at the borders, leading to a weaker capacity to detect and respond to outbreaks among migrant populations and to the risk of introduction of infectious diseases to Djibouti through migratory flows.
- Low capacity for evidence-based decision-making and for data analysis in the context of outbreaks
- Major challenges in vaccine management, notably in terms of logistics and data management; high risks of expiration of vaccines, insufficient capacity to collect and analyze wastage data
- Delays in implementation of recommendations of EVM assessments and other in-country reviews and analysis
- Delays in conducting post-introduction evaluations of PCV and rotavirus vaccines
- Lack of adequate forecasting of vaccine needs at central and regional level
- Lack of adequate stock management at regional level
- Unresolved weaknesses in the cold chain systems (storage facilities, equipment, temperature monitoring, etc.)
- Absence of pharmacovigilance function at the country level
- Lack of cross-border strategy and community approaches, absence of relevant normative documents and regulatory frameworks

Key recommended actions to achieve sustained coverage and equity

1. Strengthen political and financial commitment of the government of Djibouti to immunization efforts;
2. Strengthen the managerial and operational capacity of the EPI Program and enhance collaboration and exchange of information among various actors in the field of immunization, including government agencies and services and development partners;
3. Improve data quality, collection and analysis at all levels;
4. Improve cold chain capacity at all levels through harmonized efforts with other health programs, projects and partners; and implement the EVM Improvement Plan.
5. Enhance and expand vaccine management, disease surveillance and supportive supervision;
6. Invest in decentralization of health services to ensure adequate access to and quality of services at the peripheral levels, including cross-border regions and among nomadic populations.

1.3. Requests to Gavi's High Level Review Panel

Grant Renewals

NVS: ***Request for renewal of pentavalent, rotavirus and PCV vaccines in existing presentations***

For 2016, Djibouti requested renewal of support for pentavalent, PCV and rotavirus vaccines in their existing presentations (PCV13 1-dose liquid, pentavalent 2-dose lyophilised, and antirotavirus 2-dose). The 1- and 2-dose presentations are important for Djibouti to reduce wastage, considering the very low birth cohort (estimated total number of live births for 2016 – 31,262) and high risk of wastage if multiple dose vials are used.

IPV doses for Djibouti have already been approved until the end of 2016, so no renewal of IPV support is required at this time.

Health systems strengthening support

No extension or renewal of support is being requested by Djibouti at this time, as the 5-year approved HSS grant has started in August 2015, and two tranches of funding have already been approved, covering the period until June 2017. A new request for funding will be requested from the HLRP in 2016 following the review of the first year of HSS grant implementation.

1.4. Brief description of joint appraisal process

The Joint Appraisal was conducted in country from 13 to 17 September 2015. During the mission, participants from Gavi Secretariat, UNICEF Regional Office (MENARO), WHO and UNICEF Country Offices met with representatives of the Ministry of Health, DEPCI (*Direction des Etudes, de la Planification et de la Coopération internationale*), Project Management Unit of the MoH, Expanded Program on Immunization, Ministry of Budget, Health Information System, Health Promotion Department at the MoH, World Bank, USAID, and UNDP.

Based on the discussions during the visit to Djibouti and relevant background documents, the Joint Appraisal report was drafted by mission members in close collaboration and consultation with the country representatives. The findings of the Joint Appraisal, including identified strengths and challenges and key priority actions, have been shared with members of the ICC during a debriefing organized at the end of the mission. Feedback from the ICC debrief has been incorporated in the final debrief presentation and Joint Appraisal report. The final report was

shared for feedback with mission members, regional offices of WHO and UNICEF and relevant country stakeholders.

2. COUNTRY CONTEXT

2.1. Key contextual factors that directly affect the performance of Gavi grants.

Djibouti's estimated population in 2014 was 941,000, of which 70% live in urban areas and 58% in the capital (national statistics). Rural areas are difficult to access and many of those who live outside of the urban centers are nomads. Large migrant populations cross Djibouti's territory, estimated to reach 100,000 per year.

Leadership, Governance and programme management

Expanded Program on Immunization was established in Djibouti in 1984 and showed good performance until early 1990s, when a civil war broke out and immunization activities nearly stopped. The Program regained strength in the 2000s, but has been under a growing strain in the recent years. The leadership of the EPI has undergone multiple challenges in the last few years, with four EPI coordinators changing after a short time in the position. The current EPI coordinator assumed his post in May 2015. While the competency and experience of the EPI team are strong, there is insufficient coordination and cooperation of immunization activities with other MoH departments and services, and the EPI team does not yet have a strong lead in coordinating and overseeing the full set of initiatives related to immunization (HSS, supply chain, data collection and analysis, disease surveillance, etc.).

High-level political support: The President of the Republic of Djibouti plays an active role in promoting vaccination, with most immunization campaigns being launched by him or by the Prime-Minister in person. The Minister of Health chairs the Health Partners Group (*Groupe des Partenaires de la Santé*), while the Secretary General of of the Ministry of Health chairs the ICC. Provision of all vaccines in Djibouti, including at private facilities, is free of charge, and government commitment exists to maintain it this way. There is an ongoing effort to set up a Universal Health insurance system in Djibouti, with strong advocacy to be done that the immunization program be financed through this channel. Despite these existing initiatives, the government commitment to immunization is not at the desired level, as demonstrated by the absence of dedicated budget line for EPI, lack of domestic funding for traditional vaccines, and inadequate funding for the EPI's surveillance, supervision, training and logistical needs.

Leadership and national level program management: Programme management has been a weak area for Djibouti's EPI in the recent years. Current Coordinator of Djibouti's EPI, a medical doctor, has assumed this position in May 2015. There has been a high turn-over of EPI coordinators in the recent years, which weakens the program's leadership and influence in the MoH and its ability to play a strong role in decision-making and management of the overall immunization activities. Institutional knowledge of the program, however, has been preserved at the MoH and EPI level, as two former EPI coordinators still work at the EPI in other positions, and one former coordinator serves as an Advisor to the Minister of Health and is still highly involved in the day-to-day work and decision-making at the EPI level. The EPI program is structurally found under the Direction of Priority Diseases, but in practice it is being directly supervised and managed by the Secretary General of the Ministry of Health.

One of the objectives of the recently approved HSS grant is to improve the leadership and managerial capacities of health system managers, which would directly benefit the EPI program. Technical Assistance is also foreseen for the operational review of the EPI and identification of measures to empower it and make it play a stronger role in the immunization activities.

ICC: Djibouti has a functional ICC chaired by the Secretary General of the Ministry of Health and devoted exclusively to the issues of immunization. Its members include representatives of the MoH, other ministries, international partners (WHO and UNICEF, UNHCR, IOM, WFP), and NGOs including two domestic civil society organizations (Union Nationale des Femmes de Djibouti [UNFD], et Association Bender Djedid). The ICC is chaired by MoH and UNICEF ensure the secretariat. The ToR of the ICC has been updated in 2015. The ICC meets regularly (at least once a quarter) and plays an important role in steering immunization-related decision-making (e.g. the ICC provides opinion on introduction of new vaccines and consults the Minister of Health on issues related to vaccination). In 2014 and 2015 more than 10 meetings were held. In 2015, ICC meetings covered the following issues: validation of 2014 APR report and 2014 coverage survey, preparation of the IPV introduction proposal and of measles, polio and vitamin A campaigns, measles elimination strategy in the capital and regions, and preparation of the HSS grant.

In addition, Djibouti has an established "Health Partners Group" ("*Groupe des Partenaires de la Santé*", GPS) chaired by the Minister of Health, which has a broader mandate than the ICC and looks at health issues overall, even though immunization is included in its agenda and gets discussed at the Group's semi-annual meetings. GPS benefits from a higher level political representation, including bilateral partners, Secretary of the Budget, Director of the National Treasury, of Social Security, the UN Partners (World Bank, WHO, UNICEF, UNFPA, WFP, UNHCR, IOM, UNDP) , etc. When the ICC struggles to reach a consensus on an issue, it is brought to the GPS deliberations.

The country does not have an established HSCC, but the Permanent Secretary in the Ministry of Health (PS/MoH) appointed a technical committee in 2013 ("*comité de pilotage*"), led by the head of DEPCI (*Direction des Etudes, de la Planification et de la Coopération internationale*), to prepare the GAVI HSS proposal, which included all major departments of the Ministry of Health, the UNFD, and key external partners. This committee will also oversee the HSS grant. Under the leadership of this committee, regular monitoring of results and performance of the expanded program on immunization will be ensured on the basis of technical and financial reports. This technical committee is composed of heads of departments and programs of the Ministry of Health, other ministries, civil society and development partners. It will work closely with the other existing committees such as the ICC, but also with monitoring and evaluation units of different programs and Directorates of the Ministry of Health. It will also approve internal and external assessment reports and workplans during implementation and at the end of the project. In addition, this committee will take necessary corrective measures for the smooth implementation of the proposed activities and submit reports on progress to the GPS, which is the highest instance of the coordination of the Ministry of Health. The Secretariat of the Committee is represented by the National Focal Point of HSS/Gavi closely with the Director of Planning. Throughout the monitoring and evaluation of the grant progress, a harmonized approach to national capacity building and research synergy with existing systems will be adopted in order to capitalize on successful experiences at local level and ensure sustainability of efforts made.

Legislation Framework: Vaccination with all antigens is free in Djibouti, including in private health facilities. In terms of legislation, the MoH has established the EPI schedule but the private clinics often disregard this calendar. A 1999 Health Policy law defines free health services for mother and child (Law N°48/1999).

***Migrant and refugee situation*:** Djibouti continues to deal with a protracted refugee crisis, having hosted more than 23,000 mainly Somali refugees, in many cases for more than two decades. These refugees whose number has now decreased to a bit less than 16,000 are mainly hosted in the two refugee camps of Ali Addeh and Holl Holl in the southern region of Ali Sabieh but also in Djibouti-city. The current crisis situation in Yemen led to more than 25,000 people coming to Djibouti since the conflict escalated in March 2015. By September 2015, 2,800 people - mainly Yemenis - have registered as refugees and the majority of them are hosted in the Markazi Camp established in April/May 2015 in the Northern region of Obock while the others live in the cities of Djibouti and Obock. In order to cater for the health needs of this new refugee population, a health post has been set up in the Markazi camp and the capacities of the Obock Hospital have been expanded; support has also been provided to two hospitals in Djibouti-city to whom severe cases which cannot be treated in Obock are referred. Djibouti currently lacks regulatory and normative framework for addressing the migrant and refugee situation, notable from health perspective. Large migratory flows have existed in Djibouti since the 1970s (first with Somalians, followed by Eritreans). Recent political events in Yemen and drought in Ethiopia have led to a large number of migrants and refugees entering Djibouti. The country's borders are not equipped with health posts and there is no systematic strategy for providing health care and disease surveillance among migrant populations.

Partnership Framework Agreement (PFA) has been signed in 2014.

National Regulation Authority (NRA): Djibouti does not have a functioning NRA. The Direction of Drugs, Pharmacies and Laboratories (*Direction des Médicaments, des Pharmacies et des Laboratoires, DPML*) is responsible for monitoring the National Pharmaceutical Policy and development of applicable regulations in the domestic pharmaceutical sector. It is not very functional because of lack of logistical means, materials and equipment for the proper functioning of the department. A revision of the list of essential drugs and vaccines is underway under the supervision of the DMPL and will be finalized before the end of November 2015.

There is no National Pharmacovigilance Centre in Djibouti, but forms for reporting side effects exist. They have been validated in 2009 by all hospital practitioners and health centers doctors, but unfortunately the reporting procedures are not harmonized (this should be coordinated by the DMPL). Moreover, side effects reported by the EPI and other programs are not transmitted to the DMPL for analysis and monitoring.

Regarding Djibouti Marketing Authorisation (AMMD), there is a strong will among senior MoH officials to put relevant procedures in place. This is planned to be implemented by the DMPL soon for vaccines and any health products imported into the Republic of Djibouti.

NITAG: Djibouti has established a NITAG, but as of today, this committee is not yet functioning as expected. Its members include experts in maternal and child health, Cabinet of Minister members with experience in immunization, and the former Secretary General of the Ministry of Health. The NITAG meets on an ad hoc basis to discuss specific questions, but its meetings have not been regular (approximately 4-5 meetings over the past 8 years). In 2014, the NITAG chair participated in regional meeting.

Costing and financing

The EPI programme is highly dependent on the partners' support in terms of financing. Government funding covers only the salaries of health agents and the maintenance of buildings. Djibouti is currently not paying for its traditional vaccines (these are procured with UNICEF financing).

cMYP: Djibouti's current cMYP (costed and budgeted) covers the period 2011-2015. The country is currently working on the 2016-2020 cMYP and expects to finalize it in Q4 of 2015.

Co-financing: In both 2013 and 2014, Djibouti faced difficulties fulfilling its co-financing obligations. The country was in default in both years. The 2014 co-financing commitments were fulfilled after the 31 December deadline in late February 2015. The co-financing obligations for 2015 remain outstanding (as of June 2015, the country covered approximately 25% of the total amount).

It should be noted that Djibouti is not paying for its traditional vaccines, and should be encouraged to start allocating resources to that area in preparation of a future transition out of Gavi support. As a country in the preparatory transition phase (formerly 'intermediate'), the country will be affected by the new co-financing policy on linkage to prices. As of 2017, the country will have to pay approximately 14% of the weighted average vaccine price of the presentation. In 2016, co-financing will still be as per the old policy. As the World Bank does not currently publish GNI per capita for Djibouti, it is difficult to give an approximation of when the country will enter the accelerated transition phase. The per capita GDP was estimated at 1,650 US$ in 2013.

Government funding: According to World Health Statistics 2015, Djibouti's expenditure on health as a percentage of gross domestic product was 8.8% in 2012, up from 5.8% in 2000. More recent data is not available. Government expenditure on health represents 59.7% of total health expenditures (with the rest being privately financed). External resources for health account for 12% of total health expenditure on health. Per capita expenditure on health was estimated in 2012 at US$150 (PPP rates), up from US$65 in 2000.

The budget development process of the MoH is done on an annual basis, with the MoH elaborating the budget proposal and submitting it to the Ministry of Budget for Review and Approval. In general, the final allocated budget to the MoH is reduced compared to the original proposal. There is no longer a specific vaccine budget line in the overall MoH budget, as the immunization program's budget has been integrated in the overall budget for the Direction of Priority Diseases.

Government resources allocated to the Immunization Program are used primarily to cover staff, other recurrent costs and equipment, but not for the purchase of traditional vaccines, which are paid by UNICEF. In the past, the Minister of Health has committed to negotiate an additional budget line for vaccines with the Finance department, but so far this commitment hasn't been realized. Djibouti is highly encouraged to start allocating and progressively increasing funding for traditional vaccines from government sources.

The country is aware of the urgent need to develop financial sustainability strategies for increased mobilization of funds for immunization, including for co-financing. It requests technical support from partners for the elaboration of such strategies, which will be reflected in the new cMYP.

Table 3. Reported MoH budget (Djibouti franc)

	2009	2010	2011	2012	2013
MINISTERE DE LA SANTE	7,455,608	7,591,448	7,882,460	6,491,517	7,225,516
Personnel	1,996,097	2,224,899	2,661,735	2,937,726	3,226,636
Materiel (hors charges énergétique)	511,764	511,764	552,925	602,870	681,542
Charges énergétique	183,761	283,761	283,761	283,761	283,761
Transfert	268,528	356,753	535,411	541,202	105,377

Investissement	324,458	136,271	125,628	567,958	186,200

Source: Ministry of Finance, Djibouti

Donor funding: Currently, several international donors and partners provide assistance to Djibouti's NIP and health sector overall. Immunization partners include Gavi, UNICEF, WHO, USAID and World Bank. Wider health support is provided by the World Bank, Global Fund through UNDP, US military, Japan, French Development Agency, and Italian Cooperation, European Union. Multilateral projects are monitored by the Department of External Financing (*Direction de financement exterieur*), and bilateral projects – by the Ministry of Foreign Affairs and International Cooperation.

Procurement mechanism: All vaccines in Djibouti are procured through UNICEF Supply Division. Traditional vaccines are purchased with UNICEF support, and UNICEF ensures their reception and delivery to the central health store using a hired private transport company. The government's funding for vaccines is limited to Gavi co-financing requirements. There is a limited capacity for vaccine needs forecasting in Djibouti, with a strong dependence on UNICEF support to estimate future year's needs. Transport of vaccines to the regions is done on a quarterly basis, with the regional representatives coming to pick up vaccines from the central level. There is currently no refrigerated truck available for EPI program, and transportation is done using cold boxes. Procurement of a refrigerated truck is foreseen under the HSS grant. Health centers are supplied monthly from the administrative center of the health regions. In the capital city, EPI programme supplies monthly all Community Health centers. Country's annual needs for vaccines are estimated based on population targets with support from UNICEF/WHO. Vaccines are supplied by UNICEF semi-annually.

Other system components

HR Management: Djibouti's EPI program is structurally placed under the supervision of the Direction of Health Priority Programs (*Direction des programmes prioritaires de santé*), which reports to the Secretary General of the Ministry of Health. In practice, however, the EPI program is directly overseen by the SG of the Ministry of Health and the Minister of Health. The EPI program has sections devoted to planning/training, communications, logistics, and surveillance. The staff of the EPI team at the central level is experienced (with two members of staff – former EPI coordinators). In the capital city, most workers in immunization units of health centers are nursing aids. At the central level, it is necessary to form two logisticians to improve the management of vaccines and cold chain equipment.

Cold Chain and logistics: Most recent EVM Assessments in Djibouti were conducted in April 2011 and August 2014 and EVM Improvement Plans developed. 2014 EVM scores showed considerable improvement between the two assessments, even though significant weaknesses still exist and need to be addressed. According to the results of the 2014 Assessment, the country had adequate storage capacity at all levels. Buildings used by the EPI were in good condition and were well ventilated. Central store has a functioning generator used in cases of electricity cuts. Most of the equipment used is in line with WHO standards. A number of weaknesses has also been noted, such as lack of temperature monitoring devices at all levels, use of non-prequalified fridges and cold boxes in some centers, inadequate monitoring of vaccine wastage, and short life span of solar batteries due to inappropriate use.

Djibouti has not reported any stock-outs of vaccines in recent years. There have been a few cases of expired vaccines, but this has not occurred on a large scale. The country did not report any unopened vial wastage. However, considering the limited data collection and reporting capacity at the EPI level, there is a risk that some stock-outs and wastage are not being duly reported. Djibouti has an open vial policy in place.

Immunization service delivery: EVM vaccine management assessments were conducted in 2011 and 2014, and development of improvement plans has been institutionalized. Despite this, implementation of the identified recommendations has been slower than desired due to limited resources and strong need for technical assistance.

In the capital, where close to 54% of Djibouti's population lives, immunization services are delivered through a fixed approach. Outreach strategies are also applied, but at a much smaller scale due to logistical and HR limitations. Community outreach is also at its infancy, but several initiatives are being developed to address this area, notably with the assistance of UNICEF, which is currently introducing an initiative on strengthening health systems at decentralized level. Gavi HSS grant also has specific objective covering the development of community strategies and access in rural zones.

A coverage survey supported by UNICEF has been conducted in October 2014. It did not demonstrate any gender inequities in vaccine access and coverage.

Vaccine management: The 2014 EVM Assessment showed considerable improvement in this area compared to the 2011 review (the score went from 39% in 2011 to 86% in 2014).

Reasons for under-vaccination are mostly related to difficulties of access to immunization services (especially in remote areas) and issues with data quality (children who do get vaccinated do not always get registered as such, so their vaccination status does not get reflected in administrative data). There is generally no issues related to hesitancy among medical workers and parents or anti-vaccination publicity led by media/journalists. Nonetheless, there is a need for better communication on immunization and for promoting vaccine importance.

Surveillance and reporting: Djibouti's EPI has low human and technical capacity for evidence-based decision-making. The limited data currently obtained via existing reporting and surveillance systems is not fit for this purpose due to lack of reliability and difficulties in exploiting the current data management systems. This is mainly caused by lack of operational electronic health management systems and sub-optimal computer and data management literacy of health staff.

Supervision activities are carried out by the EPI in Djibouti town, with irregular visits of centers, review of storage conditions, verification of data collection and completion of forms, and follow-up on previously identified issues. Supervisory visits in the regions have not taken place since 2014 due to logistical challenges (lack of vehicles, etc.). In remote zones, supervision does not take place and EPI has very limited information on the situation there. There is a real need for decentralization of EPI activities and nomination of dedicated focal points in the regions to conduct supervision and oversee vaccine management.

EPI program conducts AFP surveillance, but samples must be sent to Nairobi due to the absence of lab capacity in Djibouti. The lab capacity for measles exists, but many suspected cases are not being tested, despite annual outbreaks both in Djibouti city and in border areas. This is partially due to lack of EPI focal points in border areas and lack of incentives for health workers to conduct supervision and monitoring, even though other health programs reportedly receive incentive payments.

There is no established function of safety surveillance of vaccines in Djibouti. An AEFI register has been developed and is being used during campaigns. Some cases are being reported by the health centers, but the maintenance of registers is not regular and consistent. IPV VIG has provisions for the AEFI training (with respect to trainings and communication). There is also a plan to create a committee for investigation and analysis of AEFI cases.

Djibouti has an injection safety plan. Health facilities are equipped with adequate quantities of AD syringes and safety boxes. Vaccinators are trained and/or retrained on injection safety on a regular basis. All health posts in the health regions are equipped with an incinerator. In Djibouti city, there is a sanitation unit in charge of collecting and destroying sharps and syringes.

Hôpital General Peltier's paediatric department, in collaboration with the National Institute of Public Health, is conducting surveillance of suspected cases of meningitis and taking samples to isolate the responsible bacterial strains. The hospital is supposed to inform the NITAG if number of cases found is substantial. There is no specific pharmacovigilance program in the country. The lack of AEFI surveillance monitoring is a concern, notably with the introduction of rotavirus.

***Data quality*:** A Pan-Arab Project for Family Health (PAPFAM) survey was conducted in 2012, but the results were challenged and have still not been validated, The Health Information System (HIS) was restructured in 2012 and has benefited from new staff, equipment (with the installation of rural telephone in facilities, HIS data is now transmitted electronically from rural areas), and a more effective data collection, analysis and feedback process. Much remains to be done, however, to ensure timeliness and quality of data and the country plans to implement a DQS with WHO support. Under the HSS grant, there are plans to improve health information management at all levels of the health pyramid.

Communication: EPI program has an underperforming communications unit and despite the existing of a communication strategy developed in 2009 and reviewed in 2012 with the support of UNICEF, all production of communication materials and mobilization are undertaken by the direction of health promotion This direction also deals with preparation of communications prior to vaccine campaigns. The country participates regularly in the Immunization Week activities. In terms of communications, the EPI program works in close collaboration with the Directorate of Health Promotion (DPS, MoH body responsible for the IEC (Information, Education and Communication) and for monitoring the promotion of immunization services to national media. Several communication plans have been developed, including a crisis communication plan. These are being jointly implemented by EPI and DPS.

3. GRANT PERFORMANCE, CHALLENGES AND RENEWAL REQUESTS

3.1. New and underused vaccine support

3.1.1. Grant performance and challenges

In 2014, Gavi provided support to Djibouti for three vaccines – pentavalent, anti-rotavirus and PCV. According to WHO country estimates (as per the June 2015 Djibouti Country Immunization Profile), vaccine coverage for all EPI vaccines was below 90%, with the exception of DTP1, hepatitis B birth dose and recently introduced PCV.

The reported total number of surviving infants in the country were 26,692 in 2013 and 27,492 in 2014. In 2013, coverage targets were not achieved and had stagnated for most antigens, reaching 82% for DTP3 (compared to 87% in 2011 and 81% in 2012, and a 2013 target of 92%), 86% for BCG (87% in 2012 and target 93%) and 82% for measles (82% in 2012 and target 90%).

Vaccination with all antigens requires further efforts to catch-up on implementation to meet the established targets through outreach services. Reported wastage rates for EPI vaccines were within the WHO-recommended limits, but the reported wastage data may not be accurate due to challenges with data quality and inconsistent registration of vaccine wastage.

Pentavalent vaccine:

DTP-HepB-Hib was introduced in Djibouti in August 2007. In 2014, none of the country's 6 districts reported DTP3 coverage above 90%. 3 district reported coverage between 50% and 79%, and 3 more – between 80% and 89%. The low coverage is observed in remote districts, which have access challenges and poorly functioning outreach strategies.

Djibouti missed the target for the 3rd dose of pentavalent vaccine by a margin of 1,400 infants, which translated to a reported coverage of 84% as compared to the target of 89%. It should be noted that in the past, Djibouti revised its immunization targets to take into account the lack of progress in previous years. For 2015, revised DTP3 coverage target was 90% (revised downwards from 95%). In 2014, the target was brought down to 89%, and in 2013 – to 86% compared to the original 93%.

The national DTP3 coverage in 2014 was administratively reported as 84% while official estimation was 78% according to the JRF data. There is a discrepancy between the administrative data in JRF and country-reported results estimated (78%). The dropout rate for Penta1 to Penta3 has increased marginally from 6% in 203 to 7% in 2014. The WHO will provide technical support to conduct DQS development of data quality improvement plan and implementation, including training on data quality.

To increase coverage, the program had planned in its 2014 Action Plan to conduct catch-up activities in areas difficult to access and activities aimed to look for children lost-to-follow-up in periurban areas. These activities did not take place to the extent planned due to lack of logistical support and regular outreach by mobile teams.

PCV:

PCV vaccine was introduced in Djibouti in December 2012. Post-introduction evaluation was planned for September 2014, but has not yet been conducted. It is tentatively scheduled for December 2015. The introduction of the vaccine happened without major issues identified. 2013 and 2014 PCV3 coverage was in line with DTP3, at 82% and 78%, respectively, which is a good sign for PCV implementation. However, overall coverage has been declining for the past 5 years, which is a big concern.

Similarly to the pentavalent vaccine, Djibouti has missed the coverage target for 3rd dose of PCV. As reported in the APR 2014, the coverage was 84% compared to the target of 89%. The targets for PCV were also revised downwards in 2013 similar to the pentavalent vaccine.

The dropout rate for PCV 1 to PCV 3 has also increased similar to penta from 6% in 2013 to 7% in 2014. The vaccine is administered at 6, 10 and 14 weeks. National coverage for PCV for 2014 was 84% for 3rd dose.

Rotavirus vaccine:

The country reported 0% coverage in 2014 for the Rotavirus vaccine 1st and 2nd doses. The target coverage was 82%. It should be noted that the target coverage was revised downwards in 2013 to 86% and it subsequently revised further down to 82%.

Anti-rotavirus was introduced in June 2014 across the entire territory. The post-introduction evaluation has not yet been conducted and is planned to be carried out together with PCV PIE before the end of 2015. The introduction plan for antirotavirus vaccine included social mobilisation and training of health professionals, which

has been implemented. The launch was carried out under the patronage of His Excellency the Prime Minister Mr Mohamed Kamil Abdoulkader.

As the vaccine has bene introduced in June 2014, data for children vaccinated at the age of 6 months was not available at the end of 2014. For that reason, the country reported 0% coverage. Rotavirus PIE, scheduled to be conducted before the end of 2015, will allow to estimate current coverage rate.

The country does not conduct surveillance activities for rotavirus diseases due to lack of focal points and logistical capacity. Even though surveillance focal points (for measles and AFP do exist in the regions), they do not have the capacity to also conduct surveillance of rota diseases, In addition, the turnover of focal points is high.

3.1.2. NVS renewal request / Future plans and priorities

For 2016, Djibouti is eligible for requesting renewed support for all three vaccines currently supported by Gavi – pentavalent, anti-rotavirus and PCV. This support can only be renewed for one year, as the country's cMYP finishes in 2015, and the new plan for 2016-2020 has not yet been finalized. The country will be able to request further extension of support once the cMYP for the next period is finalized and validated.

There is no request for renewal of IPV support at this time, as IPV doses have been approved until the end of 2016. Djibouti has originally scheduled to introduce IPV in August 2015, but the introduction has been delayed due to supply issues on global level. The introduction will take place as soon as availability of supply is confirmed and vaccine shipment arrives (estimated early 2016). So far, no planned preparatory activities have been carried out.

Estimated needs for vaccines to be provided by Gavi and covered by the country in 2016 are provided below:

Table 6: Estimated GAVI support and country co-financing (GAVI support) – Pentavalent Vaccine

		2014	2015	2016
Number of vaccine doses	#	64,300	54,900	40,400
Number of AD syringes	#	62,500	52,400	36,400
Number of re-constitution syringes	#	35,500	30,300	22,300
Number of safety boxes	#	1,100	925	675
Total value to be co-financed by GAVI	$	144,000	113,000	77,500

Table 7: Estimated GAVI support and country co-financing (Country support) – Pentavalent Vaccine

		2014	2015	2016
Number of vaccine doses	#	7,500	9,400	7,600
Number of AD syringes	#	7,200	9,000	6,800
Number of re-constitution syringes	#	4,100	5,200	4,200
Number of safety boxes	#	150	175	125
Total value to be co-financed by the Country [1]	$	17,000	19,500	14,500

Table 8: Estimated GAVI support and country co-financing (GAVI support) – PCV Vaccine

		2014	2015	2016
Number of vaccine doses	#	19,800	75,600	45,000
Number of AD syringes	#	18,100	-	45,600
Number of re-constitution syringes	#	-	-	-
Number of safety boxes	#	225	-	525
Total value to be co-financed by GAVI	$	106,500	317,500	231,000

Table 9: Estimated GAVI support and country co-financing (Country support) – PCV Vaccine

		2014	2015	2016
Number of vaccine doses	#	1,800	7,200	5,400
Number of AD syringes	#	1,400	-	4,900
Number of re-constitution syringes	#	-	-	-
Number of safety boxes	#	25	-	755
Total value to be co-financed by the Country [1]	$	6,000	23,450	18,000

Table 10: Estimated GAVI support and country co-financing (GAVI support) – Rotavirus Vaccine

		2014	2015	2016
Number of vaccine doses	#	-	40,500	49,500
Number of AD syringes	#	-	-	-
Number of re-constitution syringes	#	-	-	-

Number of safety boxes	#	-	-	-
Total value to be co-financed by GAVI	$	0	109,000	114,000

Table 11: Estimated GAVI support and country co-financing (Country support) – Rotavirus Vaccine

		2014	2015	2016
Number of vaccine doses	#	6,000	3,000	7,500
Number of AD syringes	#	-	-	-
Number of re-constitution syringes	#	-	-	-
Number of safety boxes	#	-	-	-
Total value to be co-financed by the Country [1]	$	15,500	7,000	15,000

In terms of possible introductions of new vaccines, the country has a theoretical interest in HPV and rubella, but from the practical perspective, has not expressed an interest or readiness in considering their introductions. The reasons for that are the numerous challenges identified earlier, notably lack of capacity for evidence-based decision making, supply chain and data quality deficiencies, concerns of financial sustainability, as well as the insufficient human resource and logistical capacities to handle an addition of supplementary vaccines to immunization schedule. These questions will however remain on the country's health agenda and will be reconsidered at a later stage.

3.2. Health systems strengthening (HSS) support

3.2.1. Grant performance and challenges

The HSS grant, reviewed by the IRC in February 2014, has only been fully approved by Gavi in August 2015 due to delays in clearing all of IRC-requested clarifications. The first disbursement was made in August 2015, and activities under the grant have not yet begun.

The HSS grant will be managed and supervised by the DEPCI (*Direction des Etudes, de la Planification et de la Coopération internationale).* Financial and procurement aspects of the grant will be under the responsibility of the Project Implementation Unit of the Ministry of Health, which is responsible for the management of grant funds. Currently the PIU and DEPCI, together with the EPI program and other key partners and MoH services involved in immunization, are reviewing the grant's workplan until the end of December 2015 to ensure identification and fast implementation of priority activities (notably those linked to the IPV introduction in January 2016) and to complete the required steps for setting the basis for future implementation, e.g. selecting civil society organization that will implement community outreach strategies, finalizing procurement plan, implementing cold chain improvements, etc.

3.2.2. Strategic focus of HSS grant

HSS grant, in the amount of US$3,400,000 for five years, has the following four strategic objectives:

- expanding access to vaccination to remote underserved areas,
- strengthening health information management,
- strengthening managerial and leadership capacity building of health staff; and
- strengthening supply chain and stock management.

3.3. Request for a new tranche, no-cost extension, re-allocation or reprogramming of HSS funding / Future HSS application plans

Two years of HSS funding have so far been approved for Djibouti (US$680,000 per year). These funds will cover the period of July 2015 to June 2017. The first tranche of funding was disbursed to Djibouti in August 2015. The second tranche will be released in mid-2016 following a review of grant performance and budget execution in the first year of implementation.

Grant budget has been reviewed in June 2015 to take into account the delayed start of implementation. During the Joint Appraisal visit, a need to review the existing workplan and budget was discussed, with a view to reassess the priorities and ensure that the key priority actions (such as those linked to IPV introduction) are duly planned and executed. The need to review the HSS workplan and budget is also called by the need to harmonize Gavi HSS activities with HSS grants funded by other bilateral and multilateral donors.

No additional tranche or reallocation of funding is being requested from Gavi and HLRP at this time.

As the grant term is 5 years (until June 2020), Djibouti is not planning to apply for new HSS support in the coming year. However, Djibouti expressed a strong interest in putting in a request for additional support under the Cold Chain Optimization Platform in 2016.

3.4. Graduation plan implementation

Not applicable – Djibouti is currently categorized as a country in preparatory transition phase (previously, an intermediate income country), and thus has not yet reached the graduation (accelerated transition) stage.

3.5. Financial management of all cash grants

The FMA has been conducted in 2014, and a number of recommendations have been made for improvement of the financial management capacity of the Program Management Unit of the Ministry of Health, which will be in charge of financial execution and management of the grant. A number of FMA recommendations, notably with respect to procurement, still remain to be implemented.

NVS: In 2014, Djibouti did not receive any direct cash support from Gavi (a US$100,000 Vaccine Introduction Grant for introduction of rotavirus vaccine was disbursed in 2013). A total of US$ 60,457 in cash balance from previously disbursed NVS support remained in country as of 1 January 2014. From this amount, US$37,686 was expended in 2014. In the past, the NSV funds have been managed by the Direction des Ressources et Humaines et Financières of the Ministry of Health. Starting 2015, all cash grants from Gavi are being managed by the Project Managent Unit of the MoH, with a dedicated Finance expert for Gavi funding.

Implementation of the vaccine introduction grant for IPV (US$100,000) disbursed in May 2015 has not yet begun.

The NVS grants have never been audited due to their amounts being below the established thresholds.

To be expanded based on information provided by the EPI.

3.6. Recommended actions

Following the technical meetings and discussions that took place during the Joint Appraisal, a number of recommendations were raised and discussed by the mission participants with in-country stakeholders, including the ICC members. These observations and recommendations focused on the key priority activities and suggested actions for addressing the challenges identified during the Joint Appraisal, notably with respect to enhanced potential for financial and programmatic sustainability of national immunization programme.

Annex D provides a summary of these recommended actions translated into technical assistance support, together with intended outcome/s, indication of the implementing agency (potential provider), modality, costing and potential sources of funding. A

In summary, **the key recommended actions for Djibouti for the coming years**, as described in the Executive Summary section above, are:

1. Strengthen political and financial commitment of the government of Djibouti to immunization efforts;
2. Strengthen the managerial and operational capacity of the EPI Program and enhance collaboration and exchange of information among various actors in the field of immunization, including government agencies and services and development partners;
3. Improve data quality, collection and analysis at all levels;
4. Improve cold chain capacity at all levels through harmonized efforts with other health programs, projects and partners;
5. Enhance and expand vaccine management, disease surveillance and supportive supervision;
6. Invest in decentralization of health services to ensure adequate access to and quality of services at the peripheral levels, including cross-border regions and among nomadic populations.

4. TECHNICAL ASSISTANCE

4.1 Current areas of activities and agency responsibilities

In 2014 and 2015, Djibouti received technical assistance from Gavi Alliance partners in the following areas:

WHO:
- EVM Assessment and Improvement plan (August 2014)
- Support for IPV proposal development and planning of introduction activities
- Support for development of tOPV- bOPV switch plan
- Review of EPI program;
- Strengthening of routine immunization.

In addition, the following activities is planned by the WHO before the end of 2015:
- Development of cMYP 2016 – 2020

UNICEF:
- IPV introduction proposal
- OPV switch proposal
- Development of funding proposal to MRI (Measles and Rubella Initiative)
- Development of a C4D (communication for development) strategy with large component of EPI

4.2 Future needs

The key future priorities for Djibouti as reported by the country in the 2014 APR and redefined during the joint appraisal are:

Short-term (2015-early 2016):
- Develop and validate the cMYP for the 2016-2020 period (WHO)
- Organize and conduct supplementary immunization activities to cover unimmunized and under-immunized children in hard-to-reach zones (measles and polio)
- Conduct Post-Introduction Evaluation for PCV and rotavirus vaccines in Q4 2015 or combined with EPI review in 2016 (WHO)
- Introduce IPV vaccine according to the introduction plan
- Launch implementation of priority HSS activities, notably in the context of the upcoming introduction of the IPV vaccine
- Conduct tOPV- bOPV switch in April 2016
- Train coordinators of vaccine storage units and EPI focal points on good vaccine management practices
- Improve collaboration between various MOH departments and services involved in immunization work
- Improve harmonization and collaboration between various development partners and donors active in Djibouti, and among various working groups (ICC, GPS, comité de pilotage for HSS) that deal with immunization issues
- Under take comprehensive EPI review (WHO)
- Assist in DQS/data quality review of development of data Improvement plan and training on data quality

Medium and long term (2016-2017):
- Recruitment of WHO international Technical Officer (P3 or P4), in addition to an SSA (Special Service Agreement) or a National Professional Officer (NOB or NOC) for 2016 and 2017.
- Organize active search for the EPI drop-outs (*perdues de vue*) in peripheral zones of Djibouti city with community participation
- Establish vaccination points at border entry points
- Organize children's health days and immunization week activities
- Organize national measles and polio vaccination days (WHO)
- Strengthen active surveillance of EPI target diseases, especially AFP, at all levels; and appointment of focal points at regional level for PCV and rotavirus vaccines (WHO)
- Train health staff on management tools, EPI activity monitoring and follow-up of vaccine coverage (WHO)
- Strengthen AEFI system
- Ensure regular repairs and maintenance of solar cold chain equipment in sanitary regions
- Equip with solar energy capacity the new health centers in order to ensure adequate storage of vaccines
- Conduct risk analysis for neonatal tetanus
- Establish a reporting system for adverse effects related to vaccination at the level of health centers
- Update the communication strategy on promotion of vaccine use
- Establish annual routine vaccine communication and mobilization plans, including for supplementary immunization activities

- Ensure smooth switch from tOPV to bOPV in April 2016 WHO/UNICEF.

Based on the above priorities and key recommendations, the TA areas and activities listed below have been proposed. It should be noted that the current HR capacity of WHO and UNICEF country offices would not allow them to undertake the full scope of necessary and priority TA activities in 2016 and 2017. **A reinforcement of each of the country offices with a dedicated technical specialist for immunization is thus highly solicited,** besides support from the Regional Offices.

Immunization financing & resource mobilization	• Strengthen EPI capacity for budget development and forecasting • Advocate for increased government funding for EPI operational activities • Develop a 2016-2020 cMYP, addressing scenarios such as introduction of additional new vaccines and change of financing source for traditional vaccines from international partners to the government • Provide support with assessment of potential opportunities for immunization program in the current context of development of the Universal Health Insurance and with advocacy for EPI program to be financed through the Health Insurance fund • Provide support to the EPI program concerning the activities needed for tOPV - bOPV switch
Procurement (vaccine and non-medical)	• Facilitate participation of relevant experts from Djibouti in procurement-related WHO training workshops • Provide support in building country capacities in self-procurement (both for vaccines and non-medical items), notably in the context of the HSS grant • Provide assistance in implementation of the HSS procurement plan (conducting tenders, monitoring of contract compliance of agreed suppliers, etc.) • Provide support in conducting capacity evaluation of civil society organizations that will be active in implementing HSS activities
Evidence-based decision-making	• Continued support to strengthening and operationalizing the NITAG (in disseminating guidance and providing trainings, participation in WHO meetings, visits to other NITAGs, experts attending NITAG meetings) & review of the NITAG performance • Conduct a study on PCV impact. • Strengthen measles and AFP surveillance, notably on the regional and peripheral level • Strengthen lab capacity for measles and rubella surveillance • Establish rotavirus and IBD surveillance networks
Programme performance	• Conduct an institutional assessment of the EPI Program to identify measures to improve its governance and leadership (review of Tors, capacity strengthening, opportunities for collaboration with other MoH departments, etc) • Conduct a comprehensive evaluation of technical aspects of the EPI program to assess its functionalities and challenges and propose measures for capacity strengthening • Development of guidelines to complete interrupted and delayed vaccinations (for all vaccines) • Support with decentralization of immunization activities, notably through community-based strategies • Strengthening of supportive supervision through introduction of SOPs and improved guidance with particular emphasis on relatively low performing districts and peripheral zones • Develop a training module on immunization for nursing and medical schools • Continue training of health staff and focal points in various immunization-related areas • Provide support with IPV introduction • Provide support with development of Performance Framework and reporting 2015 on it in 2016
Data quality	• Conduct a comprehensive study of current functionalities and bottlenecks of existing data collection and reporting system and of parallel collection of data by the Health Information System and EPI program; propose solution for the harmonization and quality improvement of data collection and reporting tools, with particular attention to target population estimates • Conduct a DHS survey (in 2017) • Develop reporting tools for adequate stock management at all levels • Provide technical assistance to improve target population estimates

	• Support with development and operationalization of electronic registers and databases (to benefit EPI and larger health system)

Communi-cation & social mobilization	• Support the EPI in developing and printing key communication materials
	• Support the EPI in conducting communication activities (health days, Immunization Week, etc.)
	• Improve demand generation activities through communication, social mobilization and advocacy:
	  ○ Develop communication strategy
	  ○ Move from classic interventions such as TV, radio, religious leaders - to "back yard" e.g. train females in community and they directly go to household to train mothers to generate demand
	  ○ KAP survey (HSS3) to follow up on the one conducted in 2013

Vaccine management & logistics	• Based on recent and upcoming cold chain inventory studies, develop a renewal plan for cold chain equipment
	• Review inventory and supply chain study findings and develop procurement list
	• Purchase cold chain equipment (logtags and other equipment according to findings of the inventory study and renewal plan for regional and facility levels)
	• Explore an efficient and feasible maintenance system for cold chain equipment in use, notably cold chain using solar power
	• Follow up on and support implementation of EVM recommendations at national and district levels for further institutionalization of vaccine management practices
	• Provide TA to address identified weaknesses at district and facility level
	• Develop a national systematic training programme on vaccine management
	• Train staff involved in vaccine management, particularly at district and facility levels
	• Provide training to field staff on WHO Open Vial Policy
	• Enhance and accelerate implementation of the EVM Improvement Plan;
	  ○ Cold chain technician training / refresher on maintenance and repair at national and regional level.
	  ○ Incentives for CCL staff.
	  ○ New technologies (solar fridges) - service delivery level - installation / monitoring.
	  ○ Refrigerator vehicle needed - national / regional level (HSS grant).
	  ○ Equipment procurement.
	  ○ National and regional level training workshop.

Vaccine regulations & AEFI surveillance system	• Familiarize EPI staff with WHO recommendations on AEFI surveillance system through participation in sub-regional workshops • Conduct AEFI surveillance system assessment to identify areas that require further improvement (e.g. legislation; case definitions; reporting forms; case investigation; filtering cases to be reported; causality assessment; data analysis; feedback) • Revise the AEFI surveillance system in line with assessment recommendations • Train key field staff on revised procedures • Assess and identify opportunities for establishing adequate pharmacovigilance and vaccine regulation practices

5. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT & ADDITIONAL COMMENTS

The Joint Appraisal findings have been presented to the Minister of Health and the ICC during the debrief sessions specifically organized for this purpose. The ICC (presided by the Secretary General of the Ministry of Health) reviewed the findings and endorsed them. The ICC proposed a number of additional points and observations for consideration in the final Joint Appraisal report, which have been duly incorporated in the final version of this document. Both the draft and final versions of the Joint Appraisal report (in English and French) have been shared with the mission members and organizations, MoH departments and individuals with which the JA team met during the appraisal.

Please find the full presentation to the ICC in Annex F to this report.

ANNEXES

- **Annex A. Key data**

Djibouti

Total population (2015)	887,858
Birth cohort (2015)	21,960
Surviving Infants (surviving to 1 year per year, 2015)	20,806
Infant mortality rate (deaths < 1 year per 1000 births, 2013)	57/1000
Child mortality rate (deaths < 5 years per 1000 births, 2013)	70/1000
World Bank Index, IDA (2012)	3.15
Gross Nation Income (per capita US$, 2005)	1,030
Co-financing status (2015)	Intermediate
No. of districts/territories (2014)	6

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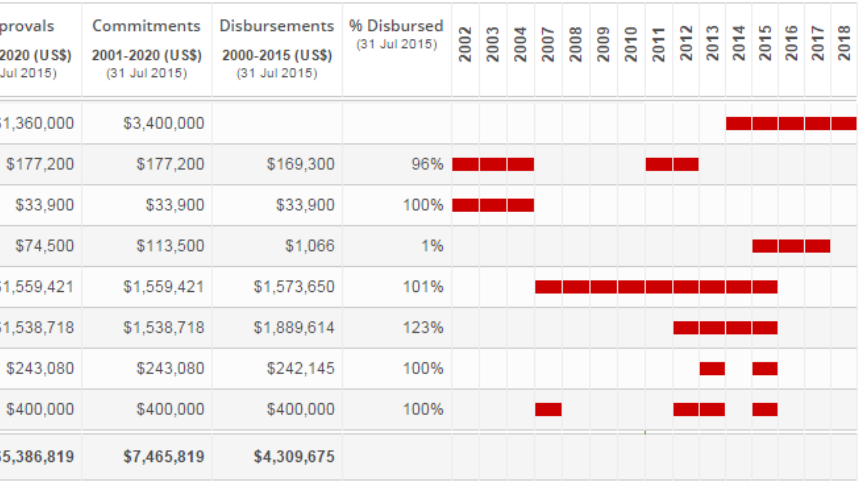
Gavi support for Djibouti

Type of support	Approvals 2001-2020 (US$) (31 Jul 2015)	Commitments 2001-2020 (US$) (31 Jul 2015)	Disbursements 2000-2015 (US$) (31 Jul 2015)	% Disbursed (31 Jul 2015)
Health system strengthening (HSS 1)	$1,360,000	$3,400,000		
Immunisation services support (ISS)	$177,200	$177,200	$169,300	96%
Injection safety support (INS)	$33,900	$33,900	$33,900	100%
IPV (NVS)	$74,500	$113,500	$1,066	1%
Penta (NVS)	$1,559,421	$1,559,421	$1,573,650	101%
Pneumo (NVS)	$1,538,718	$1,538,718	$1,889,614	123%
Rotavirus (NVS)	$243,080	$243,080	$242,145	100%
Vaccine Introduction Grant (VIG)	$400,000	$400,000	$400,000	100%
Total	**$5,386,819**	**$7,465,819**	**$4,309,675**	

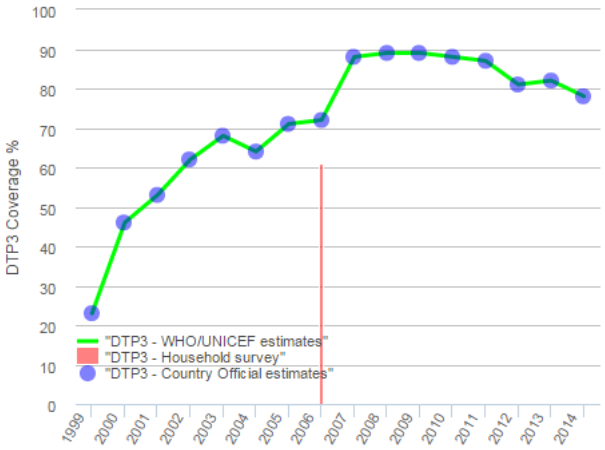


Red line on table indicates duration of support based on commitments.
Commitments: Multi-year programme budgets endorsed in principle by the Gavi Board. These become financial commitments upon approval each year for the following calendar year.
Approvals: Total Approved for funding

Download data for commitments, approvals & disbursements in XLS format

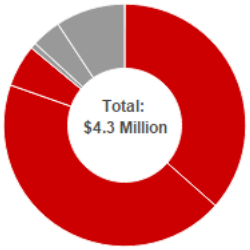
Djibouti DTP3 / immunisation coverage

DTP3 - WHO/UNICEF estimates (2014)	
Grade of confidence	*N/A*
DTP3 - Official country estimates (2014)	78%
M:F sex ratio at birth (2015)	1.04
Household survey: Last DTP3 survey (2006)	61%
% districts achieving > 80% DTP3 coverage (2014)	50%
% districts achieving < 50% DTP3 coverage (2014)	0%
MCV WHO/UNICEF estimates (2014)	71%
Polio WHO/UNICEF estimates (2014)	78%



Breakdown of support

Non-vaccine support	Vaccine support
14%	86%
$603,200	$3,706,474



Data refers to disbursed values, date as per above chart

Move mouse over graph for details

- **Annex B. Status of implementation of the key actions from the last joint appraisal and any additional High Level Review Panel (HLRP) recommendations**

Key actions from the last appraisal or additional HLRP recommendations	Current status of implementation
Djibouti should report on progress in responding to the EVM recommendations and in planning the next EVM.	**Detailed update on the implementation of the EVM Improvement Plan has been provided during the IPV clarifications process. An additional update (more recent) has been requested during the Joint Appraisal. The SCM is following up with the country to obtain this information.**
Consideration should be given to developing AEFI surveillance monitoring.	**No progress has been made on this recommendation since 2014. TA is being proposed for 2016 to address this recommendation.**
Djibouti should consider doing a new independent coverage survey since the last one was conducted in 2008.	**A Coverage survey was conducted in 2014 with support from UNICEF.**
Djibouti to ensure appropriate budget allocation for timely payment of co-financing requirements in coming years.	**No progress has been made on this recommendation since 2014. 2015 co-financing payment is delayed and Gavi is following up with the country on it. TA is being proposed through the PEF channel to address challenges with budgeting at EPI level.**
Efforts should be intensified to strengthen EPI target disease surveillance.	**No progress has been made on this recommendation since 2014 due to capacity and logistical challenges. Specific TA is being proposed through the PEF channel to address this recommendation.**

ANNEX C.
DESCRIPTION OF JOINT APPRAISAL PROCESS

Joint Appraisal was conducted in Djibouti from 13 to 17 September 2015 and was built upon information submitted in 2014 APR, details provided in the 2014 EVM and FMA Assessments, the 2014 Internal Appraisal, and other relevant survey and reports, additionally covering programmatic and performance-related challenges. In this perspective, the overarching objective was to assess the current situation of the immunization program in Djibouti set baselines against which to set targets for further improvements.

Main institutions and persons visited:

- **Ministry of Health of Djibouti** (Minister of Health, Secretary General of the Ministry of Health, Expanded Program on Immunization, MoH Program Management Unit, *DEPCI (Direction des Etudes, de la Planification et de la Coopération international*), Health Information System, Health Promotion Department at the MoH);
- **Ministry of Budget of Djibouti** (Secretary General of the Ministry of Budget);
- **UNICEF Country Office**
- **WHO Country Office**
- **World Bank**
- **USAID**
- **UNDP**

Representative from the UNICEF Regional Office (MENARO) joined the mission. WHO EMRO Regional Office unfortunately could not be represented during the visit due to scheduling challenges caused by a change in the original date for the Joint Appraisal visit.

Based on the discussions during the visit to Djibouti and relevant background documents, the Joint Appraisal report was drafted by mission members in close collaboration and consultation with the country representatives. The findings of the Joint Appraisal, including identified strengths and challenges and key priority actions, have been shared with members of the ICC during a debriefing organized at the end of the mission. Feedback from the ICC debrief has been incorporated in the final debrief presentation and Joint Appraisal report. The final report was shared for feedback with mission members, regional offices of WHO and UNICEF and relevant country stakeholders.

ANNEX D. FUTURE TECHNICAL ASSISTANCE NEEDS

Technical assistance for 2016					
Programme component (or strategy)	Activity (that requires TA)	Intended outcome/s	Provider (potential) of TA	Modality	Source of funding
1. **Immunization financing & resource mobilization**	1.1 Strengthen EPI capacity for budget development and forecasting	EPI team has capacity to forecast its budget needs and develop solid budget proposals	WHO	In-country TA	PEF
	1.2 Advocate for increased government funding for EPI operational activities	increased government funding for EPI	WHO and UNICEF	In-country TA and advocacy	PEF
	1.3 Develop a 2016-2020 cMYP, addressing scenarios such as introduction of additional new vaccines and change of financing source for traditional vaccines from international partners to the government	Stronger EPI planning and budgeting and clearer vision of future needs	UNICEF and WHO	In-country TA with external technical assistance	PEF
	1.4 Provide support with assessment of potential opportunities for immunization program in the current context of development of the Universal Health Insurance and with advocacy for EPI program to be financed through the Health Insurance fund	Improved and more sustainable financing of EPI	Sabin Institute	In-country work with potential external technical assistance	PEF
2. Vaccine procurement	2.1 Facilitate participation of relevant experts from Djibouti in procurement-related WHO training workshops (preferably in francophone Africa)	Developed in-country capacity	WHO	Regional workshops and trainings	PEF
	2.2 Provide support in building country capacities in self-procurement (both for vaccines and non-medical items), notably in the context of the HSS grant	More efficient and sustainable procurement mechanisms	WHO & UNICEF	In-country work with external technical assistance	PEF
	2.3 Provide assistance in implementation of the HSS procurement plan (conducting tenders, monitoring of contract compliance of agreed suppliers, etc.)	Developed in-country capacity and more efficient procurement	WHO & UNICEF	In-country TA	PEF
	2.4 Provide support in conducting capacity evaluation of civil society organizations that will be active in implementing HSS activities	Efficient and transparent process of CSO selection and capacity evaluation	WHO & UNICEF	In-country TA with external technical assistance	PEF
	2.5 Continued advocacy for the government progressively assuming financing of traditional vaccines	Increased sustainability of EPI programme	WHO & UNICEF	In-country TA, advocacy at high-level regional meeetings	PEF
3. Evidence-based decision-making	3.1 Continued support to strengthening and operationalizing the NITAG (in disseminating guidance and providing trainings, participation in WHO	Improved strategic guidance to the Programme	WHO	Sub-regional workshop, study tours, in-country TA	PEF

Technical assistance for 2016					
Programme component (or strategy)	Activity (that requires TA)	Intended outcome/s	Provider (potential) of TA	Modality	Source of funding
	meetings, visits to other NITAGs, experts attending NITAG meetings) & review of the NITAG performance				
	3.2 Conduct PCV and rotavirus PIEs and a study on impact of these vaccines.	Improved strategic guidance to the Programme and advocacy support for continuation of rotavirus and PCV vaccinations	WHO and UNICEF	In-country TA with external technical assistance	PEF
	3.3 Conduct assessment of health risks and medical access for migrant and refugee population; provide assistance with regulatory framework for these populations	Improved strategic guidance to the Programme	WHO and UNICEF (in collaboration with UNHCR?)	In-country TA	PEF
	3.4 Strengthen measles and AFP surveillance, notably on the regional and peripheral level	In-country data and evidence on measles and AFP, effective surveillance	WHO	In-country TA	PEF
	3.5 Establish rotavirus and IBD surveillance networks	Advocacy support for continuation of rotavirus and PCV vaccinations	WHO	In-country work with external technical assistance	PEF
4. Programme performance	4.1 Conduct an institutional assessment of the EPI Program to identify measures to improve its governance and leadership (review of Tors, capacity strengthening, opportunities for collaboration with other MoH departments, etc)	Stronger capacity and leadership at EPI	WHO and UNICEF	In-country TA, in-country training	PEF
	4.2 Conduct a comprehensive evaluation of technical aspects of the EPI program to assess its functionalities and challenges and propose measures for capacity strengthening	Stronger capacity and leadership at EPI	WHO & UNICEF	In-country TA, in-country training	PEF
	4.3 Development of guidelines to complete interrupted and delayed vaccinations (for all vaccines)	Improved access to unreached and increased vaccination coverage	WHO & UNICEF	In-country TA	PEF
	4.4 Support with decentralization of immunization activities, notably through community-based strategies	Increased decentralization of services, improved access	WHO & UNICEF	In-country TA, in-country trainings	PEF
	4.5 Strengthening supportive supervision through introduction of SOPs and improved guidance with particular emphasis on relatively low performing districts and peripheral zones	Improved in-country capacity	WHO & UNICEF	In-country TA and training	PEF

Technical assistance for 2016					
Programme component (or strategy)	Activity (that requires TA)	Intended outcome/s	Provider (potential) of TA	Modality	Source of funding
	4.6 Provide support with the introduction of IPV and switch to b-OPV	Successful IPV introduction and bOPV switch	WHO & UNICEF	In-country TA and training	PEF
	4.7 Develop a training module on immunization for nursing and medical schools	Better knowledge among medical workers	WHO & UNICEF	In-country TA and training	PEF
	4.8 Continue training of health staff and focal points in various immunization-related areas	Better knowledge among medical workers	WHO & UNICEF	In-country TA	PEF
	4.9 Provide support with development of Performance Framework and reporting 2015 on it in 2016	Developed PF responding to country needs and context	WHO & UNICEF	In-country TA	PEF
5. Data quality	5.1 Conduct a comprehensive study of current functionalities and bottlenecks of existing data collection and reporting system and of parallel collection of data by the Health Information System and EPI program; propose solution for the harmonization and quality improvement of data collection and reporting tools, with particular attention to target population estimates	Data quality improvement plan developed to address weaknesses	WHO & UNICEF	In-country TA with external technical assistance	PEF
	5.2 Conduct a DHS survey (in 2017)	Improved in-country data	WHO & UNICEF	In-country TA with external technical assistance	PEF
	5.3. Develop reporting tools for adequate stock management at all levels	Improved in-country data	WHO & UNICEF	In-country TA	PEF
	5.4 Provide technical assistance to improve target population estimates	Improved target population estimates	WHO & UNICEF	In-country TA	PEF
	5.5 Support with development and operationalization of electronic registers and databases (to benefit EPI and larger health system)	Improved use of electronic systems and registers	WHO & UNICEF	In-country TA	PEF
6. Communication & social mobilization	6.1 Support the EPI in developing and printing key communication materials	Improved communication on immunization to parents	WHO/UNICEF	In-country TA	PEF
	6.2 Support the EPI in conducting communication activities (health days, Immunization Week, etc.)	Improved communication on immunization to parents	WHO & UNICEF	In-country TA	PEF
	6.3 Develop communication strategy	Intensified and targeted communication activities	UNICEF	In-country TA	PEF
	6.4 Move from classic interventions such as TV, radio, religious leaders - to "back yard" e.g. train females in community and they directly go to household to train mothers to generate demand	Intensified and targeted communication activities	UNICEF	In-country work with external technical assistance	PEF

Technical assistance for 2016					
Programme component (or strategy)	Activity (that requires TA)	Intended outcome/s	Provider (potential) of TA	Modality	Source of funding
	6.5 Conduct s KAP survey (HSS3) to follow up on the one conducted in 2013	Intensified and targeted communication activities	UNICEF	In-country work with external technical assistance	PEF
7. Vaccine management & logistics	7.1 Based on recent and upcoming cold chain inventory studies, develop a renewal plan for cold chain equipment	Improved supply chain	WHO	In-country TA	PEF
	7.2 Review inventory and supply chain study findings and develop procurement list	Improved supply chain	WHO	In-country TA	PEF
	7.3 Explore an efficient and feasible maintenance system for cold chain equipment in use, notably cold chain using solar power	Improved supply chain	WHO	In-country TA	PEF
	7.4 Purchase cold chain equipment (logtags and other equipment according to findings of the inventory study and renewal plan for regional and facility levels)	Improved supply chain	WHO	In-country TA	PEF
	7.5 Follow up on and support implementation of EVM recommendations at national and district levels for further institutionalization of vaccine management practices	Improved vaccine management	WHO & UNICEF	In-country TA	PEF
	7.6 Provide TA to address identified EVM weaknesses at district and facility level	Improved vaccine management	UNICEF	In-country TA	PEF
	7.7 Develop a national systematic training programme on vaccine management	Improved vaccine management	WHO	In-country TA	PEF
	7.8 Train staff involved in vaccine management, particularly at district and facility levels	Improved vaccine management	WHO	In-country TA	PEF
	7.9 Provide training to field staff on WHO Open Vial Policy	Improved vaccine management	WHO	In-country TA	PEF
	7.10 Enhance and accelerate implementation of the EVM Improvement Plan; • Cold chain technician training / refresher on maintenance and repair at national and regional level. • Incentives for CCL staff. • New technologies (solar fridges) - service delivery level - installation / monitoring. • Refrigerator vehicle needed - national / regional level (HSS grant). • Equipment procurement.	Improved vaccine management	WHO & UNICEF	In-country work with external technical assistance	PEF / HSS?

Technical assistance for 2016					
Programme component (or strategy)	Activity (that requires TA)	Intended outcome/s	Provider (potential) of TA	Modality	Source of funding
	• National and regional level training workshop.				
8. Vaccine regulations & AEFI surveillance system	8.1 Familiarize EPI staff with WHO recommendations on AEFI surveillance system through participation in sub-regional workshops	Improved safety of immunizations	WHO	In-country TA	PEF
	8.2 Conduct AEFI surveillance system assessment to identify areas that require further improvement (e.g. legislation; case definitions; reporting forms; case investigation; filtering cases to be reported; causality assessment; data analysis; feedback)	Improved safety of immunizations	WHO	In-country TA	PEF
	8.3 Revise the AEFI surveillance system in line with assessment recommendations	Improved safety of immunizations	WHO	In-country TA	
	8.4 Train key field staff on revised procedures	Improved safety of immunizations	WHO	In-country TA	PEF
	8.5 Assess and identify opportunities for establishing adequate pharmacovigilance and vaccine regulation practices	Improved safety of immunizations	WHO & UNICEF	In-country TA	PEF

- **Annex E. HSS grant overview**

General information on the HSS grant							
1.1 HSS grant approval date			February 2014 – approval with clarifications July 2015 – final approval				
1.2 Date of reprogramming approved by IRC, if any			N/A				
1.3 Total grant amount (US$)			USD 3,400,000				
1.4 Grant duration			July 2015 - June 2020				
1.5 Implementation year			N/A – implementation has not yet started				
(US$ in million)	**2015**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
1.6 Grant approved as per Decision Letter		US$ 680k	US$ 680k	US$ 680k	US$ 680k	US$ 680k	
1.7 Disbursement of tranches		US$ 680k	-	-	-	-	
1.8 Annual expenditure		-	-	-	-		
1.9 Delays in implementation (yes/no), with reasons			Even though the first disbursement was received in August 2015, implementation of activities has not yet begun				
1.10 Previous HSS grants (duration and amount approved)			N/A				

1.11 List HSS grant objectives

HSS grant, in the amount of US$3,400,000 for five years, has the following four strategic objectives:

- expanding access to vaccination to remote underserved areas,
- strengthening health information management,
- strengthening managerial and leadership capacity building of health staff; and
- strengthening supply chain and stock management.

1.12 Amount and scope of reprogramming (if relevant)

The country is considering a reprogramming or reallocation of activities due to a significant delay in starting implementation and modified country context (refugee situation, IPV introduction, etc.)

- **Annex F. Final Debriefing Presentation**

L'évaluation conjointe de l'état d'avancement de la mise en œuvre et de la performance des subventions allouées par Gavi au Djibouti

Djibouti
12-17 septembre 2015

Secretariat de l'Alliance Gavi
UNICEF Bureau Régional MENARO
OMS et UNICEF - Bureaux de pays

www.gavi.org

RÉUNIONS ORGANISÉES

- Ministère de la Santé
- Ministère du Budget
- Programme Elargi de Vaccination
- Direction des Etudes, de la Planification et de la Coopération internationale
- L'Unité de Gestion des Projets du Ministère de la Santé
- Bureaux pays de l'OMS et UNICEF
- USAID
- Banque Mondial
- PNUD

2 Djibouti – Evaluation Conjointe 2015

DÉFIS ET ASPECTS À AMÉLIORER (1/3)

- **Grande dépendance du programme** d'immunisation de l'assistance technique et financière externe
- **Coordination et coopération insuffisantes** entre les différents services du Ministère de la Santé impliqués dans le programme de vaccination (PEV, l'UGP, INSPD, SNIS DEPCI, Direction des maladies prioritaires)
- **Stratégie transfrontalière** insuffisamment définie de même que l'approche communautaire (document normatifs?)
- **Faible decentralisation** des efforts de l'immunisation, avec les activités et efforts concentrés sur Djibouti ville
- Défis majeurs pour la **collecte et analyse des données**, surtout au niveau régional; duplication des mécanismes (PEV vs SIS)
- Les **problèmes d'accès** aux vaccinations dans les zones rurales, notamment parmi les populations nomades
- Des **flux migratoires importantes** dans le contexte de manque des postes de santé aux frontières - risque élevé des flambées des maladies infectieuses; faible capacité d'analyse dans les cas de flambées

4 Djibouti – Evaluation Conjointe 2015

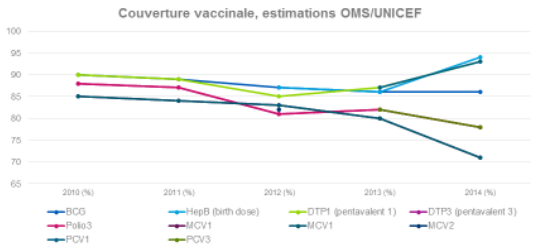
DÉFIS ET ASPECTS À AMÉLIORER (2/3)

- **Faible capacité de surveillance** des maladies cibles du PEV, et en particulier rougeole et polio
- **L'insuffisance de supervision formative** des activités d'immunisation
- **Absence de fonction de pharmacovigilance** et régulation des médicaments
- Les **retards dans la mise en œuvre des recommandations** de l'Evaluation sur la Gestion Efficace des Vaccins (GEV) et l'évaluation de gestion financière, notamment par rapport à:
  - Faible capacité des estimations des besoins en fonds et en vaccins pour le programme
  - Manque de la gestion adéquate du stock au niveau régional
  - Insuffisances constatées au niveau de la chaine de froid (équipement, contrôle température, espace du stockage, etc.)
  - Insuffisances au niveau de gestion de vaccins et du suivi du niveau des pertes

5 Djibouti – Evaluation Conjointe 2015

DÉFIS ET ASPECTS À AMÉLIORER (3/3)

- La couverture vaccinale en baisse pour un certain nombre des vaccins



6 Djibouti – Evaluation Conjointe 2015

ACTIONS PRIORITAIRES (1/3)

- Renforcer l'engagement politique et financier du gouvernement de Djibouti au programme de vaccination
- Progressivement assumer le financement des vaccins traditionnels, actuellement financés par les partenaires
- Renforcer la gouvernance et leadership du PEV, sa situation réglementaire et ces fonctionnalités
- Renforcer la coordination entre le PEV, la DEPCI, INSPD, SNIS et l'UGP dans le travail sur le RSS et immunisation en général
- Harmoniser le travail et fonctionnalités des différents groupes de travail et mécanismes de coordination (GPS, ICC, comité du pilotage, CCM)
- Accélérer la mise en œuvre des activités de la subvention RSS en revoyant les priorités immédiates et identifiant des synergies avec d'autres financements pour le RSS au pays

7 Djibouti – Evaluation Conjointe 2015

ACTIONS PRIORITAIRES (2/3)

- Renforcer la collaboration et échange d'information avec les différents partenaires de développement actifs au Djibouti, et bénéficier des opportunités offertes par ces partenaires, e.g. la participation dans les différents ateliers de formation, afin d'accroitre les capacités aux différents niveaux du programme
- Conduire une évaluation de la chaine de froid (et tirer avantage d'autres évaluations déjà menées) afin d'assurer la préparation adéquate pour l'introduction du VPI et d'harmoniser les différents appuis des partenaires dans ce domaine
- Mener les évaluations post-introductoires des vaccins pneumocoque et rotavirus
- Etablir et/ou renforcer la fonction de pharmacovigilance et système du contrôle régulatrice des médicaments, et vaccins en particulier
- Renforcer la capacité des agents du PEV pour l'utilisation des différents supports de données pour améliorer la qualité des données et la gestion des vaccins
- Conduire des supervisions formatives régulières aux différents niveaux pour corriger et améliorer l'utilisation des supports et la qualité des données

ACTIONS PRIORITAIRES (3/3)

- Améliorer la gestion des vaccins en mettant en œuvre le plan de renforcement de la gestion issu de l'évaluation de la gestion des vaccins (GEF/EVM) et assurer le suivi des taux de perte des différents antigènes
- Introduire un module PEV dans le cursus de l'enseignement des infirmières
- Renforcer la surveillance des maladies cibles du PEV en général et en particulier la polio et la rougeole
- Renforcer le rôle du niveau régional dans la gestion du programme et dans le suivi des activités et la prise de décision face aux menaces d'épidémies
- Renforcer la gestion financière des subventions en mettant en œuvre des recommandations issues de l'évaluation de la gestion financière menée par Gavi en 2014

PROCHAINES ÉTAPES

Etape	Date prévue
Partage du rapport d'évaluation conjointe avec les interlocuteurs du pays pour commentaires et contributions	D'ici le 21 septembre 2015
Revue du plan de travail de RSS par l'ensemble des acteurs impliqués afin de déterminer des activités prioritaires et planifier la mise en œuvre	D'ici le 25 septembre 2015
La soumission du rapport final d'évaluation conjointe au Panel de haut niveau pour la revue du soutien	D'ici le 1 octobre 2015
La prise de décision par le Panel de haut niveau sur le renouvellement de soutien en 2016	13-16 octobre 2015
La revue et finalisation par l'ensemble des acteurs impliqués du cadre de performance des subventions financées par Gavi	Fin octobre 2015
La prise de décision par le Panel de haut niveau sur le financement d'assistance technique en 2016	novembre 2015
La mise en œuvre de soutien approuvé par le Panel de haut niveau	2016

MERCI BEAUCOUP!

Nous aimerions exprimer notre appréciation et gratitude à tous ceux que nous avons rencontré pour leur disponibilité, coopération et contributions précieuses.

Les discussions que nous avons eu ont été très informatrices et nous espérons avoir reflété aujourd'hui les opinions et points de vue exprimés par vos collègues.

Nous nous réjouissons de continuer à travailler avec vous à l'avenir afin d'atteindre nos objectifs communs.

Annex G. Recommendations to the country:

Actions	Responsibility	Timeline	Potential financial resources needed and source(s) of funding
1. STRENGTHEN POLITICAL AND FINANCIAL COMMITMENT OF THE GOVERNMENT OF DJIBOUTI TO IMMUNIZATION EFFORTS			
Government of Djibouti to maintain immunization as a priority from both the public health and financial points of view	**MoH**	**2015-**	**Government**
Government of Djibouti to progressively take over funding for traditional vaccines and increase funding for EPI operational activities	**MoH WHO and UNICEF TA**	**2016-2020**	**PEF**
Government of Djibouti to comply with 2015 Gavi co-financing obligations for pentavalent, rotavirus and pneumococcal vaccines	**MoH**	**Before 31 December 2015**	**Government**
Ministry of Health of Djibouti to develop a 2016-2020 cMYP, addressing scenarios such as introduction of additional new vaccines, change of financing source for traditional vaccines from international partners to the government, and potential further refugee crisis	**MoH; WHO TA**	**2016**	**PEF**
Ministry of Health of Djibouti to assess potential opportunities for immunization program in the current context of development of the Universal Health Insurance and advocate for EPI program to be financed through the Health Insurance fund	**MoH**	**2015-2016**	**Government**
Government of Djibouti to strengthen and operationalize the NITAG to ensure its high value and contribution to evidence-based decision-making on immunization in Djibouti.	**MoH; WHO TA**	**2015-**	**PEF**
EPI Program to implement IPV Introduction activities according to approved workplan and budget and introduce IPV on schedule	**MoH; WHO and UNICEF TA**	**2015-2016**	**PEF**
EPI to conduct the switch from tOPV to b-OPV according to schedule and guidelines	**MoH WHO and UNICEF TA**	**2016**	**PEF**
2. STRENGTHEN THE MANAGERIAL AND OPERATIONAL CAPACITY OF THE EPI PROGRAM AND ENHANCE COLLABORATION AND EXCHANGE OF INFORMATION AMONG VARIOUS ACTORS IN THE FIELD OF IMMUNIZATION, INCLUDING GOVERNMENT AGENCIES AND SERVICES AND DEVELOPMENT PARTNERS			
Ministry of Health of Djibouti to encourage stronger collaboration and cooperation between various MoH Departments and Services, as well as different bilateral and multilateral partners working on Immunization to streamline immunization efforts and ensure more efficient and sustainable use of resources	**MoH**	**2015-**	**Government**
EPI Program to strengthen capacity for budget development and forecasting	**MoH; WHO and UNICEF TA**	**2015-2016**	**PEF**
Conduct PCV and rotavirus Post-Introduction Evaluations a study on impact of these vaccines	**MoH WHO and UNICEF TA**	**Before 31 December 2015**	**2015 Business Plan**

Encourage and facilitate participation of relevant experts from Djibouti in procurement-related WHO training workshops, and other relevant regional meetings and trainings (e.g. on AEFI, vaccine safety, etc.)	**MoH** **WHO TA**	**2015-**	**Government,** **PEF**
Ministry of Health of Djibouti to continue building country capacities in self-procurement (both for vaccines and non-medical items), notably in the context of the HSS grant	**MoH** **WHO and UNICEF TA**	**2015-**	**Government,** **PEF**
MoH UGP and DEPCI to finalize the development of the HSS Procurement Plan and ensure its appropriate implementation (conducting tenders, monitoring of contract compliance of agreed suppliers, etc.)	**MoH** **WHO and UNICEF TA**	**2015**	**Government,** **HSS grant**
MoH UGP and DEPCI to conduct capacity evaluation of civil society organizations that will be implement HSS activities	**MoH** **WHO and UNICEF TA**	**2015**	**Government,** **HSS grant**
Ministry of Health of Djibouti with TA from partners to conduct an institutional assessment of the EPI Program to identify measures to improve its governance and leadership (review of ToRs, capacity strengthening, opportunities for collaboration with other MoH departments, etc)	**MoH** **WHO and UNICEF TA**	**2015-2016**	**PEF**
Ministry of Health of Djibouti with TA from partners to conduct a comprehensive evaluation of technical aspects of the EPI program to assess its functionalities and challenges and propose measures for capacity strengthening	**MoH** **WHO and UNICEF TA**	**2015-2016**	
Ministry of Health of Djibouti to develop a training module on immunization for nursing and medical schools	**MoH** **WHO TA**	**2015-**	
Ministry of Health of Djibouti to continue training of health staff and focal points in various immunization-related areas	**MoH** **WHO TA**	**2015-**	
EPI Program, MoH UGP, DEPCI, SIS and other relevant immunization stakeholders to finalize Performance Framework for Gavi-supported grants and start reporting results on it starting with 2016	**EPI, HSS, DEPCI, SIS** **WHO and UNICEF TA**	**2015-2017**	
3. IMPROVE DATA QUALITY, COLLECTION AND ANALYSIS AT ALL LEVELS			
Ministry of Health of Djibouti with TA from partners to conduct a comprehensive study of current functionalities and bottlenecks of existing data collection and reporting system and of parallel collection of data by the Health Information System and EPI program; propose solution for the harmonization and quality improvement of data collection and reporting tools, with particular attention to target population estimates	**MoH** **WHO and UNICEF TA**	**2015-**	
Ministry of Health of Djibouti with TA from partners to conduct a DHS survey (in 2017)	**MoH;** **WHO and UNICEF TA**	**2016-2017**	
Ministry of Health of Djibouti to develop reporting tools for adequate stock management at all levels	**MoH;** **WHO and UNICEF TA**	**2015-2016**	

Ministry of Health of Djibouti with TA from partners to conduct the tOPV – bOPV switch	**MoH WHO TA**	**2016**	
Ministry of Health of Djibouti to improve target population estimates	**MoH WHO TA**	**2015-2017**	
Ministry of Health of Djibouti with TA from partners to develop and operationalize electronic registers and databases (to benefit EPI and larger health system)	**UNICEF/WHO**	**2015-2017**	
Ministry of Health of Djibouti with TA from partners to conduct a KAP survey (HSS3) to follow up on the one conducted in 2013	**WHO TA**	**2016-2017**	
4. IMPROVE COLD CHAIN CAPACITY AT ALL LEVELS THROUGH HARMONIZED EFFORTS WITH OTHER HEALTH PROGRAMS, PROJECTS AND PARTNERS			
EPI to plan and conduct cold chain assessment required prior to introduction of IPV	**MoH; WHO and UNICEF TA**	**2015**	**IPV VIG**
Based on recent and upcoming cold chain inventory studies, Ministry of Health of Djibouti with TA from partners to develop a renewal plan for cold chain equipment	**MoH; WHO and UNICEF TA**	**2015- 2016**	**PEF HSS Grant**
EPI to review inventory and supply chain study findings and develop procurement list	**MoH**	**2015-2016**	**Government**
EPI to explore an efficient and feasible maintenance system for cold chain equipment in use, notably cold chain using solar power	**MoH; WHO and UNICEF TA**	**2015-2016**	**PEF HSS Grant**
EPI to purchase cold chain equipment (logtags and other equipment according to findings of the inventory study and renewal plan for regional and facility levels)	**MoH; WHO and UNICEF TA**	**2015-2016**	**Government HSS Grant**
EPI to follow up on and support implementation of EVM recommendations at national and district levels for further institutionalization of vaccine management practices	**MoH; WHO and UNICEF TA**	**2015-2016**	**Government HSS Grant**
5. ENHANCE AND EXPAND VACCINE MANAGEMENT, DISEASE SURVEILLANCE AND SUPPORTIVE SUPERVISION			
EPI to strengthen measles and AFP surveillance, notably on the regional and peripheral level	**MoH; WHO and UNICEF TA**	**2016**	**Government HSS Grant**
Ministry of Health of Djibouti to establish rotavirus and IBD surveillance networks	**MoH; WHO and UNICEF TA**	**2016**	**PEF**
EPI to strengthen supportive supervision through introduction of SOPs and improved guidance with particular emphasis on relatively low performing districts and peripheral zones	**MoH; WHO and UNICEF TA**	**2016**	**HSS Grant**
EPI to address identified EVM weaknesses at district and facility level	**MoH; WHO and UNICEF TA**	**2016**	**HSS Grant**
Ministry of Health of Djibouti to develop a national systematic training programme on vaccine management	**MoH; WHO and UNICEF TA**	**2016**	**PEF**
EPI to train staff involved in vaccine management, particularly at district and facility levels	**MoH**	**2015-2017**	**Government**
EPI to provide training to field staff on WHO Open Vial Policy	**MoH WHO TA**	**2015-2017**	**Government**
EPI with TA from partners to conduct AEFI surveillance system assessment to identify areas that require further improvement (e.g. legislation; case definitions; reporting forms; case investigation;	**MoH; WHO and UNICEF TA**	**2015-2017**	**PEF**

filtering cases to be reported; causality assessment; data analysis; feedback)			
EPI with TA from partners to revise the AEFI surveillance system in line with assessment recommendations	**MoH; WHO TA**	**2015-2016**	**PEF**
EPI to train key field staff on revised AEFI procedures	**MoH; WHO TA**	**2015-2016**	**HSS Grant**
Ministry of Health of Djibouti to assess and identify opportunities for establishing adequate pharmacovigilance and vaccine regulation practices	**MoH; WHO and UNICEF TA**	**2015-2017**	**Government**
6. INVEST IN DECENTRALIZATION OF HEALTH SERVICES TO ENSURE ADEQUATE ACCESS TO AND QUALITY OF SERVICES AT THE PERIPHERAL LEVELS, INCLUDING CROSS-BORDER REGIONS AND AMONG NOMADIC POPULATIONS.			
Ministry of Health of Djibouti to decentralize immunization activities, notably through community-based strategies	**MoH; WHO and UNICEF TA**	**2015-2016**	**PEF**
EPI to develop communication strategy	**MoH; WHO and UNICEF TA**	**2016**	**PEF**
EPI to move from classic interventions such as TV, radio, religious leaders - to "back yard" e.g. train females in community and they directly go to household to train mothers to generate demand	**MoH; WHO and UNICEF TA**	**2015-2017**	**Government**
Ministry of Health of Djibouti to conduct assessment of health risks and medical access for migrant and refugee population; provide assistance with regulatory framework for these populations; identify barriers (if any) to immunization for migrants and refugees; include potential remedial strategies in CMYP, HSS, annual EPI plans and mapping resource requirements; update micro-planning for reaching this marginalized group	**MoH; WHO and UNICEF TA**	**2015-**	**Government PEF**
Ministry of Health of Djibouti to identify demand-side barriers to improving immunization and specific interventions to address barriers, and build capacity in communication for immunization.	**MoH; WHO and UNICEF TA**	**2015-**	**Government PEF**