Reference: 2015-015

Ministre de la Santé et des Affaires Sociales
Ministère de la Santé et des Affaires Sociales
Boîte postale 177
Nouakchott
Mauritanie

Genève, 10 février 2015

Objet : Lettre de décision demande de soutien VPI de la Mauritanie à Gavi

Monsieur le Ministre,

En référence à la lettre d'information que Gavi vous a adressée le 15 décembre 2014 suite à l'examen de votre demande de soutien au vaccin antipoliomyélitique inactivé (VPI) en novembre 2014 par le Comité d'examen indépendant (CEI), nous avons le plaisir de vous annoncer que votre réponse aux éclaircissements a été approuvée.

En novembre 2014, l'OMS a revu ses directives sur la mise en oeuvre de sa politique relative aux flacons multi-doses pour le VPI (note ci-joint). Cette révision réévalue les estimations de perte, passant de 50 à 20% pour la présentation vaccinale en flacons de 10 doses et de 30% à 15% pour la présentation vaccinale en 5 doses.

Ce changement de directives s'appliquera à partir de mai 2015 lorsque les producteurs de vaccins auront déplacés la pastille de contrôle du vaccin (Vaccine Vial Monitor) du bouchon à l'étiquette. Le pays devant recevoir son premier lot de vaccins avec la pastille de contrôle sur le bouchon, l'estimation initiale du taux de perte a été prise en compte dans le calcul du nombre de doses approuvées en 2015 et l'estimation revue à la baisse a été prise en compte dans le calcul du nombre de doses à partir de 2016.

Pour toute question ou demande de renseignements complémentaires, n'hésitez pas à contacter mon collègue le Dr Alain Komi Ahawo à l'adresse: kahawo@gavi.org

Veuillez croire, Monsieur le Ministre à l'expression de nos sentiments distingués.

Hind Khatib-Othman
Directrice des programmes Gavi

Annexe A : Description du soutien approuvé par Gavi
Annexe B : Rapport du CEI

Copie : Ministre des Finances
Directeur de la Planification de la Coopération et des Statistiques
Coordonnateur du PEV
Représentant de l'OMS, Mauritanie
Représentant de l'UNICEF, Mauritanie
Groupe de travail régional
Siège de l'OMS, Genève
Division des approvisionnements de l'UNICEF, Copenhague

Annexe A

MAURITANIE

SOUTIEN AU VACCIN ANTIPOLIOMYELITIQUE INACTIVE (VPI)
VACCINE SUPPORT FOR INACTIVATED POLIO VACCINE (IPV)

Cette lettre de décision décrit les conditions d'un programme
This Decision Letter sets out the Terms of a Programme

1. **Pays : Mauritanie**
   Country

2. **Numéro d'allocation : 1518-MRT-25c-X / 15-MRT-08h-Y**
   Grant Number

3. **Date de la lettre de décision : 10 février 2015**
   Date of Decision Letter

4. **Date de l'Accord Cadre de Partenariat: 8 juillet 2013**
   Date of the Partnership Framework Agreement

5. **Titre du Programme: Soutien aux Vaccins Nouveaux**
   Programme Title

6. **Type de Vaccin: Vaccin AntipoliomyélitiqueInactivé (VPI), Routine**
   Vaccine type

7. **Présentation requise du produit et formulation du vaccin[1] : Vaccin Antipoliomyélitique Inactivé (VPI), 10 doses par flacon, liquide**
   Requested product presentation and formulation of vaccine

8. **Durée du Programme[2] : 2015 – 2018**
   Programme Duration

9. **Budget du programme (indicatif) (sous réserve des conditions de l'Accord Cadre de Partenariat) :**
   Veuillez noter que les montants avalisés ou approuvés pour 2018 seront communiqués en temps voulu, en prenant en compte les informations mises à jour concernant les besoins du pays, et à la suite du processus de revue et d'approbation de Gavi.

   Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement): Please note that endorsed or approved amounts for 2018 will be communicated in due course, taking into account updated information on country requirements and following Gavi's review and approval processes.

	2015	2016	2017	Total[3]
Budget du programme (US$) *Programme Budget (US$)*	149,000	170,000	159,000	478,000

[1] Veuillez vous referrer à la section 18 pour plus d'informations sur la présentation du produit
[2] Ceci est la durée entière du programme.
[3] Ceci est le montant total approuvé par Gavi pour la durée de 2015-2017. *This is the total amount endorsed by Gavi for 2015 to 2017.*

10. **Allocation d'introduction du vaccin : US$ 109,000**
Vaccine Introduction Grant

11. **Montant annuels indicatifs** (sous réserve des conditions de l'Accord Cadre de Partenariat**) :**[4]
Le montant annuel pour 2015 a été amendé.
Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement).[5]

Type de fournitures qui seront achetées avec les fonds de Gavi chaque année *Type of supplies to be purchased with Gavi funds in each year*	**2015**	**2016**
Nombre de doses de vaccins IPV *Number of vaccine doses*	129,600	146,400
Nombre de seringues autobloquantes *Number of AD syringes*	85,600	131,800
Nombre de seringues de reconstitution *Number of re-constitution syringes*		
Nombre de réceptacles de sécurité *Number of safety boxes*	950	1,450
Montants annuels ($US) *Annual Amounts (US$)*	149,000	170,000

12. **Organisme d'achat : UNICEF**
Procurement agency

Obligations de cofinancement : Les exigences habituelles requises concernant le co-financement ne s'appliquent pas au VPI. Cependant, le pays est encouragé à contribuer aux coûts des vaccins et fournitures pour le VPI.

Co-financing obligations: Gavi's usual co-financing requirements do not apply to IPV. However, the country is encouraged to contribute to vaccine and/or supply costs for IPV.

13. **Soutien aux coûts opérationnels des campagnes : Non Applicable**
Operational support for campaigns

[4] Ceci est le montant approuvé par Gavi. Prière de modifier les montants annuels indicatifs des années précédentes si cela change ultérieurement
[5] *This is the amount that Gavi has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.*

14. **Le pays devra fournir les documents suivant, à la date spécifiée, comme partie intégrante des conditions pour l'approbation et le décaissement des montants annuels futurs :**
The Country shall submit the following documents by the specified due dates as part of the conditions to the approval and disbursements of the future annual amounts:

Rapports, documents et autres *Reports and other required documents*	**Date limite de réception** *Due dates*
Rapport de Situation Annuel 2015 ou équivalent *2015 Annual Progress Report or equivalent*	**15 mai 2016**

15. **Éclaircissements financiers: Non Applicable**
Financial Clarifications:

16. **Autres conditions:**

- Si le pays envisage un changement de présentation de produit, il est recommandé d'inclure les autres présentations voulues du VPI dans la proposition initiale, afin de réduire les besoins d'interventions futures et de faciliter le changement. Aucune allocation de changement de produit ne sera en principe, fournie au pays dans ce cas.

- Veuillez envoyer une copie de la politique d'assurance certifiant que les vaccins et les équipements financés par Gavi sont assurés comme prévu et requis par l'Accord-cadre de partenariat.

Signée par,
Au nom de Gavi

Hind H. Khatib

Hind Khatib-Othman
Directrice des programmes Gavi
10 février 2015

Annexe B

Independent Review Committee (IRC) Country Report
Gavi Secretariat, Geneva • 10 - 24 November 2014
Country: Mauritanie

1. Type of support requested: IPV

Planned start date *(Month, Year)*	Duration of support	Vaccine presentation(s) *(1st, 2nd, and3rd choice)*
July 2015	2015-2018	10 doses, 5 doses, 1 dose

2. In-country governance mechanisms (ICC/HSCC) and participatory proposal development process

Mauritania plans to introduce IPV in July 2015. The decision to introduce IPV was officially taken during the ICC meeting held on the 25th April 2014. An IPV introduction plan was then developed by EPI with support of partners (WHO, UNICEF). The IPV introduction plan was submitted to the ICC for its endorsement on 09 September 2014. There is limited information on discussions or specific issues raised during the meeting.

Mauritania appears to have a robust ICC with good representation of governmental, multilateral, bilateral, and civil society organizations. However, participation in the development of the proposal may have been limited to MoH, WHO and UNICEF. There is no technical advisory group for immunisation (NITAG) in the country.

3. Situation analysis – Status of the National Immunisation Programme

Mauritania is a low-income country with 4 million inhabitants living in about 1 million Km^2. Much of the territory is desert with a large nomadic population. The country has experienced these past years an influx of refugees from Mali. Mauritania recorded its last case of WPV in 2010 even though it was declared polio-free in 2007.

Mauritania's DPT3 coverage appears to have reached 80%. The WUENIC report shows no significant discrepancies between administrative, survey (last was the MICS of 2011) and WUENIC estimates over the last 12 years. DPT3 coverage appeared to be stagnant at about 70% or even declining somewhat until 2011 when coverage began to rise to its current level. The DTP1 to DTP3 dropout rate was 16% in 2103. This was not discussed in the proposal. Eight % of districts still have DPT3 coverage of less than 50%.

There are concerns about data quality although *Agence de Médecine Préventive* (AMP) is providing some assistance with this and the next MICS has already been scheduled.

Mauritania has received an HSS grant from Gavi, but expenditures of these funds were slow during 2013. Weaknesses of the cold chain and lack of human resources for health at peripheral levels are major obstacles to further improvements in coverage and to the ability to take on additional vaccines. Nevertheless, rotavirus vaccine introduction and MenA campaign activities are planned for late 2014. The country intends to introduce Yellow Fever, IPV and HPV in 2015. A program review is forthcoming.

4. Overview of national health documents

The present CMYP is defined for 2012-2015 and is in line with the application and with other national health documents, principally the Framework to Reduce Poverty and the National Sanitary and Social Policy. The country has specified a plan for inclusion of IPV into their next CMYP, to be updated in December 2014 or January 2015. Mauritania conducted a new EVM in March/April 2014 and submitted the report of that as well as the improvement plan.

5. Gender and Equity

G.I.I = 0.64; G.I.I. = 142; MMR = 510/100,000. The 2011 MICS found no significant difference in DPT3 coverage between boys (56%) and girls (57%). However, there is major variation in coverage between regions: from a low 42% in Nouakchott (the national capital) region to a high of 92% in Nouadhibou region.

The proposal did not discuss the equity issues that were reported in previous proposals such as the presence of large number of refugees that had crossed the border and the mobile nomadic population. This is of concern given the significant inequity issues in relation to access to health services that are likely to arise in the country, based on its size, geography, and population movements, and on well-documented gender-based disparities in educational status and social-economic indicators.

Data from 2001 reported in the 2004 United Nations World Fertility Report suggest that 28% of girls aged 15-19 are being married to significantly older men. This raises questions around inequality within these relationships, and the ability of young women to make decisions about their own and their children's well-being. It would be useful to have a specific study on whether the unequal status of women, particularly younger mothers, is a barrier to participation in either routine vaccination or campaigns.

6. Proposed activities, budgets, financial planning and financial sustainability

IPV introduction is estimated to cost US$183,687. The country is requesting US$109,000 from Gavi and the proposal shows that WHO (US$45,059) and UNICEF (US$29,628) will pay for the remainder of the expenses (i.e. there is no budget gap). No government contribution to the IPV introduction budget is indicated. As the IPV VIG is to be disbursed through the WHO country office, 7% of the VIG is devoted to paying WHO's administrative fee. The Gavi HSS grant is not shown as contributing to IPV introduction.

7. Specific comments related to requested support

New vaccine introduction plan

Mauritania plans to introduce IPV nationwide in July 2015. The logistics sub-committee will work with the National Regulation Authority on the approval procedure for the IPV and will order the IPV vaccines through UNICEF.

The current Penta schedule is 6-10-14 weeks and IPV vaccine is scheduled to be administered at 14 weeks simultaneously with penta 3, PCV3 and OPV3. The proposal documents are not consistent about the injection site, indicating on p.8 of the intro plan that it will be administered IM in the left thigh 3cm from the Penta injection site, while indicating

on p.2 of the intro plan that it will be administered IM in the left deltoid, which is not consistent with WHO recommendations and guidelines.

Catch-up strategies: The country plans to integrate administration of IPV with deworming, vitamin A and nutritional activities, which are conducted during intensified vaccination activities targeting infants 0-11 months of age.

WHO has provided guidance on the scheduling of IPV; in line with this guidance, Gavi will not support any catch up strategies for IPV targeting children that have already been immunized with three doses of Penta/OPV. Countries are encouraged to take this into account when planning for IPV introduction, particularly with regards to health worker training.

The country has not provided wastage rates, however, no further action is required since indicative wastage rates will be used for the initial allocation of IPV doses.

The timeline presented covers only the period January to April 2015. Consequently, some preparatory or post introduction activities are not presented. The timeline appears to be very compressed and some activities are scheduled to take place very close to the planned introduction date. Launching, revision of norms and standards and revision of the cMYP are not scheduled in the timeline. A post-introduction evaluation is scheduled to begin at the end of the first year of introduction

Vaccine management and cold chain capacity

Summary of new vaccine introductions: Penta was introduced in 2009; PCV in November 2013 and Rota will be introduced in December 2014. IPV (10 dose) is to be introduced in July 2015. YF is to be introduced in January 2016.

EVMAs: An EVMA was last conducted March/April 2014. The report was submitted. Globally, there is significant progress since the last EVM was conducted in 2010. However, the country still scores below 80% at regional district and facility levels for almost all criteria. At national level, distribution and MIS/supportive system were found to be notably below standard.

Even though new refrigerators and freezers are being acquired, the country needs to strengthen the storage capacity of the cold chain at the central and regional levels for the introduction of future vaccines.

Waste management: The national strategy for safe injection has permitted the construction of incinerators in 40% of the Moughataa (district) with Gavi HSS support. The large volume of sharps wastes in campaigns are collected and brought to sites where incinerators are available.

Training, Community Sensitisation & Mobilisation Plans

- Cascade training is planned for February-March 2015. Note that vaccine introduction is to start in March.
- Development, printing and dissemination of educational and training materials in included in timeline, but these are to take place only one month before the launch of vaccine introduction.
- Advocacy tools emphasizing the polio end game are to be developed for decision-makers, community leaders, and development partners.

Monitoring and evaluation plans

- Reporting forms are to be updated and health staff will be trained in their use.
- A post-introduction evaluation is scheduled to begin at the end of the first year of introduction.
- Their system for AEFI surveillance and response is inadequate.
- The APR mentions that there is now a system for surveillance for rotavirus diarrhea and pediatric meningitis. A technical sub-committee of the ICC follows up on reports of outbreaks.

8. Country document quality, completeness, consistency and data accuracy

The necessary documents were submitted and they are sufficiently complete and consistent. Data quality appears to be an issue (stagnant coverage, geographic coverage inequity, DPT3 dropout)

9. Overview of the proposal

Strengths:

- Mauritania's DPT3 coverage appears to have reached 80%.
- Mauritania has already introduced two new vaccines (most recently PCV in 2013). Rota will follow in December 2014. Lessons learnt from these introductions will help inform IPV introduction in March 2015.

Weaknesses:

- Insufficient vaccine cold storage capacity at districts and regional levels
- Eight % of districts have DPT3 coverage below 50%.
- Insufficient information on specific strategies to reach nomadic and refugees populations

Risks:

- Introduction of 3 NVs in 2015: IPV, YF and HPV, may stress the system
- Weak system for AEFI surveillance and response

10. Conclusions

Mauritania has an opportunity to introduce IPV into its routine immunisation program in-line with the GPEI Endgame Strategic Plan. Some weaknesses exist and should be addressed but these seem unlikely to compromise the introduction.

11. Recommendations

Approval with Recommendations

Recommendations to the Country

1. Revise IPV injection site to confirm to WHO guidance; the recommended injection site for IPV is: One thigh: PCV+IPV separated by 2.5cm; other thigh: Pentavalent.

2. Consider carrying out an equity analysis (including gender inequality) and developing special outreach approaches to meet the needs of refugees, nomads and other marginalized populations.
3. Confirm that the budget will be adequate after provision is made for the 7% administrative fee that will likely be charged by WHO.
4. Ensure that IPV introduction is included in the next cMYP, to be updated in December 2014 or January 2015.

Recommendations to the Gavi Secretariat

1. Follow-up on the status of Rota introduction in view to capitalize on the cold chain and logistic findings for IPV introduction.
2. Request an update on the planned outreach services to refugees and determine if any barrier studies are planned.