Global Alliance for Vaccines and Immunization (GAVI)

APPLICATION FORM FOR CAMEROON'S PROPOSAL

For Support to:

Immunization Services,
Health System Strengthening
and Injection Safety

October 2006

This document is accompanied by an electronic copy on CD for your convenience. Please return a copy of the CD with the original, signed hard-copy of the document to: GAVI Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Julian Lob-Levyt, jloblevyt@unicef.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French.

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1. Executive Summary

Within the framework of GAVI phase II, the Government of Cameroon has the honour to request:

- Renewed support for Immunization Services;
- Support for Health System Strengthening.

Cameroon first received GAVI support for the strengthening of immunization services in 2001; it benefited from support for injection safety between 2003 and 2005. It has also received support for the introduction of new vaccines, namely the yellow fever vaccine in 2004 and the tetravalent viral hepatitis B vaccine (DTPHepB) in 2005.

GAVI's support helped boost our performance in terms of both quality and quantity. National immunization coverage rose from 43% in 2001 to 79% in 2005 (DTP3 reference antigen). The number of health districts with more than 80% immunization coverage is constantly growing. In addition, the percentage of health districts with a specific DTP drop-out rate of over 10% fell from 62% in 2002 to 35% in 2005. Vaccine wastage rates are also being sharply reduced in all districts. The wastage rate for DTPHepB was 12% in 76 of the 159 health districts on which 2005 data were available.

The country intends to continue on this path. Under the EPI 2007-2011 comprehensive multi-year plan, Cameroon proposes to attain a national immunization coverage rate of 90% in 2011, with at least 80% per antigen in each district, and to continue to introduce new vaccines (the Hib vaccine in 2008 and the rotavirus vaccine in 2011.

The main implementing strategies to meet those goals are:

- reinforcement of the Reach Every District (RED) strategy;
- broad implementation of Integrated Management of Childhood Illness (IMCI) and the Accelerated Child Survival and Development Programme (ACSD);
- staff capacity-building at all levels;
- the provision of good quality vaccines and of cold chain facilities at all immunizing health facilities;
- reinforcement of partnership with the community.

In respect of support for immunization services, it is anticipated that annual GAVI support for the Expanded Programme on Immunization will amount to US$ 20 per additional infant immunized and US$ 5 per infant, given that GNP is US$ 512.

In order to render the health districts viable and maintain sustainable services, it is absolutely necessary to strengthen the health system. The support requested will serve chiefly to plan, supervise, monitor and coordinate activities at different levels within an integrated effort.

2. Signatures of the Government and National Coordinating Bodies

Government and the Health Sector Strategy Committee (for HSS only)

The Government of Cameroon commits itself to developing national immunization services on a sustainable basis in accordance with the multi-year plan presented with this document.

Districts' performance on immunization will be reviewed annually through a transparent monitoring system. The Government requests that the Alliance and its partners contribute financial and technical assistance to support immunization of children as outlined in this application.

Ministry of Health:
Urbain Olanguena Awono
Signature: ……

Title: Minister of Health

Date: ……

Ministry of Finance:
Polycarpe Abah Abah
Signature: ……

Title: Ministry of the Economy and Finance

Date: ……

National Coordinating Body: Health Sector Strategy Committee:
Steering Committee for the implementation of the Health Sector Strategy with a Technical Secretariat

We, the members of the above-mentioned National Co-ordinating Body, met on 27 October 2006 to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

- The endorsed minutes of this meeting are attached as DOCUMENT NUMBER 1.

Agency/Organisation	**Name/Title**
Ministry of Health	Urbain Olanguena Awono, Chairman (stamped and signed)
Prime Ministerial Services	**M. Mbella Essangué Emmanuel Member**
Ministry of Higher Education	**Dr. Alexandre Fouda Onana Member**
Ministry of Territorial Administration	**Mr. Enow Abrams Egbe Member**
Ministry of the Economy and Finance	**Mr. Essomba Ngoula Blaise Member**
Ministry of Energy and Water	**Mrs. Alobwede née Essamble Jane Mesang Member**
Ministry of Social Welfare	**Mr. Bayomock Luc André Member**
Ministry of Secondary Education	**Dr. Mbena Cathérine Member**
Ministry of Basic Education	**Mr. Djockoua André Marcel Member**
Ministry of Health	**Professor Angwafor Ill Fru Member**
Representative of traditional healers	**Mr. Modibo Halidou Ibrahima Member**
Representative of multilateral partners	**WHO Member**
Representative of bilateral partners	**GTZ Member**

NGO representatives	**Femmes, Santé, et Développement en Afrique Sub-Saharienne (FESADE): Mrs. Damaris Moulom Prestation éducative et sociale de soutien à la famille (PESSAF): Dr. Ndikeu Edmond Member**
Representatives of denominational and lay private sub sectors	**Private denominational sub sector Organisation Catholique pour la Santé au Cameroun (OCASC): Dr. Jean Robert Mbessi Member**

In case the GAVI Secretariat has queries on this submission, please contact:

Name:	Dr. Owona Essomba	Title:	Technical Secretary
Tel No.:	(237) 222 22 26	Address:	B.P. 12186 Yaoundé
Fax No.:	(237) 223 09 47		……
Email:	orevinc@yahoo.fr		……

The GAVI Secretariat is unable to return submitted documents and attachments to individual countries. Unless otherwise specified, documents may be shared with the GAVI partners and collaborators.

Government and the Inter-Agency Coordinating Committee for Immunization

The Government of Cameroon commits itself to developing national immunization services on a sustainable basis in accordance with the multi-year plan presented with this document.

Districts' performance on immunization will be reviewed annually through a transparent monitoring system. The Government requests that the Alliance and its partners contribute financial and technical assistance to support immunization of children as outlined in this application.

Ministry of Health: Urbain Olanguena Awono Signature: (signed and stamped)	**Ministry of Finance:** Polycarpe Abah Abah Signature: ……
Title: Minister of Health	Title: Minister of the Economy and Finance
Date: ……	Date: ……

National Coordinating Body: Inter-Agency Coordinating Committee for Immunization:

We, the members of the ICC met on 27 October 2006 to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

- The endorsed minutes of this meeting are attached as DOCUMENT NUMBER 2.

Agency/Organisation	**Name/Title**
• **Minister of Health**	• **Mr. Urbain OLANGUENA AWONO**
• **Ministry of Health**	• **Alim Hayatou (Health Secretary)**
• **Ministry of Health**	• **Prof. Fru Angwafor III (Secretary General for Health)**
• **Ministry of Health**	• **Dr. Djibrilla Kaou (ICC Vice-Chairman)**

• **Ministry of Health**	• **Dr Nomo Emmanuel (ICC Secretary)**
• **WHO**	• **Dr. Hélène Mambu MA-DISU, Representative**
• **UNICEF**	**Dr. Aïssata Bâ Sidibe, Head, Health & Nutrition Project**
• **French Cooperation**	**Dr. J.P. Louboutin – CROC**
• **French Development Agency (AFD)**	• **Mr. Collange Pascal, Representative**
• **Helen Keller International (HKI)**	• **Mr. Nankap Martin**
• **Plan Cameroon**	• **Dr, Tallah Esther**
• **OCEAC**	• **Dr. Brahim Issa**
• **Centre Pasteur of Cameroon (CPC)**	• **Jocelyn Rocourt, Director General**
• **Ministry of Planning, Development Programming and Regional Development**	• **Mrs. Bopda Florence**
• **Ministry of Finance**	• **Mr. Liman Oumar, Technical Adviser**
• **Council of Protestant Churches of Cameroon (CEPCA) (Health Service)**	• **John Essobe, Head, Health Service**

In case the GAVI Secretariat has queries on this submission, please contact:

Name: Dr. NOMO Emmanuel Title: Permanent Secretary, GTC-EPI

Tel No.: (237) 223 09 42 Address: BP 2084 Yaoundé - Messa

Fax No.: (237) 223 09 47 ……

Email: gtc_pev@yahoo.fr ……

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The Inter-Agency Coordinating Committee for Immunization

Agencies and partners (including development partners, NGOs and Research Institutions) that are supporting immunization services are co-ordinated and organised through an inter-agency coordinating mechanism (ICC). The ICC are responsible for coordinating and guiding the use of the GAVI ISS support. Please provide information about the ICC in your country in the spaces below.

Profile of the ICC

Name of the ICC: Inter-Agency Coordinating Committee for Immunization

Date of constitution of the current ICC: 29 July 2002

Organisational structure (e.g., sub-committee, stand-alone): stand-alone

Frequency of meetings: Two (2) statutory meetings per year and extraordinary meetings

Composition:

Function	Title / Organization	Name
Chair	Minister of Health	Mr. Urbain OLANGUENA AWONO
Vice-chair	Director of Family Health	Dr. DJIBRILLA KAOU BAKARY
Secretary	Standing Secretary EPI Technical Control	Dr Emmanuel Nomo

	Group (GTC-EPI)	
Members	• Representative of the Ministry of Employment, Labour and Social Insurance	• The participant is designated in the light of the agenda
	• Representative of the Ministry of Communication	• The participant is designated in the light of the agenda
	• Representative of the Ministry of Social Welfare	• The participant is designated in the light of the agenda
	• Representative of the Ministry of Scientific and Technical Research	• The participant is designated in the light of the agenda
	• Representative of the Ministry of Higher Education	• The participant is designated in the light of the agenda
	• Representative of the Ministry of Territorial Administration	• The participant is designated in the light of the agenda
	• Representative of the Ministry of the Economy and Finance	• The participant is designated in the light of the agenda
	• Representative of the Ministry of Defence	• The participant is designated in the light of the agenda
	• Representative of the Ministry on the Status of Women	• The participant is designated in the light of the agenda
	• WHO representative	• Dr. Hélène Mambu MA-DISU
	• UNICEF representative	• Mrs. Mariam Ndiaye COULIBALY
	• AFD representative	• Mr. Coullange Pascal
	• Rotary representative	• Mr. Jean Richard BIELEU
	• GTZ representative	• Dr. Gerd EPPEL
	• HKI representative	• Dr. Xavier CRESPIN
	• Plan Cameroon	• Mr. Bocoum
	• CEPCA representative	• Mr. John ESSOBE
	• Catholic Health Service representative	• Dr. Jean Robert MBESSI
	• Cameroon Red Cross Society	• Mr. William ETEKI MBOUMOUA
	• French Cooperation	• Dr. Jean Pierre LAMARQUE
	• French Development Agency	
	• JICA	• Ambassador of Japan

Major functions and responsibilities of the ICC:
The ICC's mission is to define the main directions and general objectives of the Expanded Programme on Immunization (EPI). To that end, it:

- draws up and implements national EPI policy;
- coordinates, harmonises and ensures the coherence of all action by the various partners;
- adopts the annual EPI plans of action and related budgets;
- mobilises the resources needed for EPI;
- coordinates and implements activities among the various EPI components;
- monitors implementation of the plans of action;
- evaluates the implementation of EPI.

Three major strategies to enhance the ICC's role and functions in the next 12 months:

1. Enhance advocacy and mobilise more resources

2. Expand the ICC to other programmes and partners from the Ministry of Health

3. Heighten coordination at the provincial and district levels within the framework of activities to strengthen the health system

2. Immunization Programme Data

Please complete the immunization fact sheet below, using data from available sources.

Immunization Fact Sheet

Table 1: Basic facts for the year 2006 (most recent; specify dates of data provided)

Population	18,055,796[1]	GNI per capita	US$ 512
Surviving Infants*	722,232	Infant mortality rate	74 / 1000[2]
Percentage of GDP allocated to Health	3%	Percentage of Government expenditure on Health	4.52%

* Surviving infants = Infants surviving the first 12 months of life

Table 2: Trends of immunization coverage and disease burden
(as per last two annual WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases)

Trends of immunization coverage (in percentage)						**Vaccine preventable disease burden**		
Vaccine		**Reported**		**Survey**		**Disease**	**Number of reported cases**	
		2004	**2005**	**2005 Vaccination record alone**	**2005 Vaccination record and case history**		**2004**	**2005**
BCG		**74%**	**77%**	**50.8%**	**89.5%**	Tuberculosis*	**18,953**	**22,073**
DTP	DTP1	**79.1%**	**85.3%**	**50.1%**	**84.4%**	Diphtheria	NA	NA
	DTP3	**72.56%**	**79.7%**	**44.6%**	**74.5%**	Pertussis	NA	NA
Polio 3		**72.1%**	**79.7%**	**47.6%**	**72.8%**	Polio	**13**	**01**
Measles (first dose)		**63.8%**	**68.6%**	**40.4%**	**70.7%**	Measles	**1,038**	**1,328**
TT2+ (Pregnant women)		**56.4%**	**60.5%**	**25.3%**	**64.6%**	NN Tetanus	**138**	**129**
Hib3						Hib **	**14**	**10**
Yellow Fever		**58.7%**	**68.7%**	**38.5%**	**67.5%**	Yellow fever	**434**	**831**
HepB3			**79.7%**	**44.6%**	**74.5%**	hepB sero-prevalence*	NA	NA
Vit A supplement	Mothers (<6 weeks post-delivery)	**40.46%**	**42.63%**	**37.8%*** **				
	Infants (>6 months): **6-11 months**	**113.6%**	**109%**	**83.7%*** **				

* If available ** Note: JRF asks for Hin meningitis
*** The 2005 IC survey indicates the figure of 83.7% without specifying the difference between “Vaccination record alone” and “Vaccination record with patient history”.

[1] General Census of Population and Habitat 1987
[2] EDSC III 2004

If survey data is included in the table above, please indicate the years the surveys were conducted, the full title and if available, the age groups the data refers to:

National Survey of Immunization Coverage of children aged 12 to 23 months in Cameroon, 2005, Final Report (National Statistics Institute)

Comprehensive Multi-Year Immunization Plan

- A complete copy (with an executive summary) of the Comprehensive Multi-Year Plan for Immunization is attached, as DOCUMENT NUMBER 4.

The following tables record the relevant data contained in the cMYP, indicating the relevant pages.

Table 3: Current Vaccination Schedule: Traditional, New Vaccines and Vitamin A Supplement *(Document No. 12)*

Vaccine *(do not use trade name)*	**Ages of administration** *(by routine immunization services)*	**Indicate by an "x" if given in:**		**Comments**
		Entire country	**Only part of the country**	
BCG/Polio 0	**From birth**	**X**		
DTP-HepB1/ Polio 1	**6 weeks**	**X**		
DTP-HepB2/ polio 2	**10 weeks**	**X**		
DTP-HepB3/ Polio 3	**14 weeks**	**X**		Hib, which will become a part of EPI in 2008, will have the same schedule as DTP-HepB
Measles	**9 months**	**X**		
Yellow fever	**9 months**	**X**		
Vitamin A	**Between 6 and 11 months**	**X**		
	12 to 59 months	**X**		
	Mothers (<6 weeks after delivery)	**X**		

Summary of major action points and timeframe for improving immunization coverage identified in the cMYP

Major Action Points *(cMYP pages……)*	**Timeframe**
Stepped-up implementation of the Reach Every District (RED) strategy Page 66	**2007-2011**
2. Ensure broad implementation of the Accelerated Child Survival and Development Programme (ACSD) Page 78	**2007-2011**
3. Build staff capacity at all levels Page 76	**2007-2011**
4. Introduce new vaccines Page 67	**2008 (Hib) and 2011 (Rotavirus)**
5. Strengthen the cold chain and the supply of good quality vaccines Page 72	**2007-2011**
6. Enhance communication on EPI Page 68	**2007-2011**

7. Strengthen surveillance of target diseases and AEFIs Page 69	**2007-2011**
8. Strengthen immunization-related operational research Page 76	**2007-2011**
9. Improve safe injection practice Page 74	**2007-2011**

Table 4: Baseline and annual targets *(cMYP page 48)*

Number		**Baseline and targets**							
		Base-year	Year of GAVI application	Year 1 of Program	Year 2 of Program	Year 3 of Program	Year 4 of Program	Year 5 of Program	Year 6 of Program
		2005	2006	2007	2008	2009	2010	2011	2012
Births		**789,612**	**812,511**	**836,074**	**860,320**	**885,269**	**910,942**	**937,959**	
Infants' deaths		**87,735**	**90,279**	**92,897**	**95,591**	**98,363**	**101,216**	**104,151**	
Surviving infants		**701,877**	**722,232**	**743,177**	**764,729**	**786,906**	**809,726**	**833,208**	
Pregnant women		**877,345**	**902,790**	**928,971**	**955,911**	**983,632**	**1,012,158**	**1,041,510**	
Infants vaccinated with BCG		**611,156**	**650,009**	**702,302**	**739,875**	**779,037**	**810,738**	**743,623**	
BCG coverage*		**77%**	**80%**	**84%**	**86%**	**88%**	**89%**	**90%**	
Infants vaccinated with OPV3		**559,114**	**577,786**	**609,405**	**650,020**	**684,608**	**720,656**	**749,887**	
OPV3 coverage**		**79,7%**	**80%**	**82%**	**85%**	**87%**	**89%**	**90%**	
Infants vaccinated with DTP-HepB3***		**559,439**	**577,786**	**609,405**	**650,020**	**684,608**	**720,656**	**749,887**	
DTP3-HepB3 coverage**		**79,71%**	**80%**	**82%**	**85%**	**87%**	**89%**	**90%**	
Infants vaccinated with DTP-HepB1***		**598,645**	**621,120**	**646,564**	**680,609**	**716,084**	**753,045**	**783,216**	
Wastage[3] rate in base-year and planned thereafter		**22%*****	**20%**	**18%**	**NA*****	**NA*****	**NA*****	**NA*****	
Infants vaccinated with **3rd dose** of HibB		**NA**	**NA**	**NA**	**650,020**	**684,608**	**720,656**	**749,887**	
…….. Coverage**					**85%**	**87%**	**89%**	**90%**	
Infants vaccinated with **1st dose** of HibB		**NA**	**NA**	**NA**	**680,609**	**716,084**	**753,045**	**783,216**	
Wastage[1] rate in base-year and planned thereafter HibB		**NA**	**NA**	**NA**	**5%**	**5%**	**5%**	**5%**	
Infants vaccinated with Measles		**481,567**	**548,896**	**579,678**	**627,078**	**668,870**	**712,559**	**749,887**	
Measles coverage**		**68.6%**	**76%**	**78%**	**82%**	**85%**	**88%**	**90%**	
Pregnant women vaccinated with TT+		**530,710**	**577,786**	**631,700**	**669,138**	**708,215**	**748,997**	**781,133**	
TT+ coverage****		**60,5%**	**64%**	**68%**	**70%**	**72%**	**74%**	**75%**	
Vit A supplement	**42.63% (12-59 months)**	**53%**	**60%**	**65%**	**70%**	**75%**	**80%**	**80%**	
	109% (< 6 months)	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

[3] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check **table α** after Table 7.1.

*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women
***** The wastage rate considered is that indicated in the FSP, because the 12% indicated in the summary concerned only 76 of 159 districts.
***** pentavalent Hib will be introduced in 2008.

Please indicate the method used for calculating TT and coverage:

% TT 2+ = the sum of the 2nd, 3rd, 4th and 5th doses of TT administered to pregnant women divided by the target population of pregnant women for the period.

Table 5: Estimate of annual DTP drop out rates

Number	Actual rates and targets							
	2005	2006	2007	2008	2009	2010	2011	2012
Drop out rate [(DTP1 - DTP3) / DTP1] x 100	6.55%	6%	5%	4%	4%	4%	4%	

Table 6: Summary of current and future immunization programme budget *(cMYP page 86)*

	Estimated costs per annum in US$ (,000)					
Budget chapter	**Current Year (2005)**	**2007**	**2008**	**2009**	**2010**	**2011**
Recurrent costs	**8,857**	**11,328**	**21,087**	**18,399**	**18,600**	**19,722**
Title 1: Traditional, new and underused vaccines	**4,300**	**5,327**	**13,088**	**11,425**	**11,982**	**12,427**
Title 2: Injection material	**445**	**629**	**675**	**706**	**740**	**768**
Title 3: Personnel	**880**	**989**	**1,034**	**1,081**	**1,129**	**1,179**
Title 4: Transportation	**404**	**516**	**543**	**582**	**604**	**735**
Title 5: Maintenance and overhead	**578**	**1,408**	**3,131**	**1,776**	**1,187**	**1,230**
Title 6: Short-term training	**461**	**474**	**498**	**523**	**550**	**578**
Title 7: Social mobilisation and IEC	**447**	**483**	**508**	**533**	**560**	**589**
Title 8: Disease control and surveillance	**513**	**720**	**778**	**842**	**910**	**984**
Title 9: Programme management	**483**	**522**	**549**	**576**	**606**	**636**
Title 10: Other recurring costs	**345**	**259**	**282**	**355**	**332**	**596**
Capital costs	**1,139**	**6,338**	**4,912**	**2,289**	**1,231**	**2,334**
Title 11: Vehicles	**90**	**1,305**	**131**	**257**	**315**	**1,339**

Title 12: Cold chain equipment	**957**	**3,562**	**3,403**	**412**	**239**	**265**
Title 13: Other capital costs	**92**	**1,471**	**1,378**	**1 620**	**677**	**730**
Immunization campaigns	**6,816**	**4,120**	**3,079**	**7,340**	**3,111**	**4,897**
Title 14: Polio	**4,072**	**2,100**	**2,193**	**2,291**	**2,154**	**2,499**
Title 15: Measles	**2,355**			**2,849**		
Title 16: Yellow fever		**114**	**115**	**116**	**117**	**118**
Title 17: Tetanus		**1,168**		**1,279**		**1,402**
Title 18: Vitamin A	**390**	**738**	**771**	**804**	**840**	**877**
Shared costs	**6,380**	**7,246**	**7,087**	**7,360**	**7,564**	**7,836**
Title 19: Shared personnel costs	**4,701**	**4,932**	**5,145**	**5,364**	**5,590**	**5,823**
Title 20: Shared transportation costs	**1,678**	**1,711**	**1,746**	**1,781**	**1,816**	**1,852**
GRAND TOTAL	**23,191**	**29,032**	**36,165**	**35,388**	**30,505**	**34,788**

Table 7: Summary of current and future financing and sources of funds *(cMYP page 87)*

		Estimated financing per annum in US$ (,000)					
Budget chapter	**Funding source**	**Current Year (2005)**	**2007**	**2008**	**2009**	**2010**	**2011**
1. Recurrent costs	National government	**1,829**	**1,116**	**1,233**	**822**	**563**	**1,453**
2	Local government	**1,057**	**333**	**447**	**355**	**350**	**655**
3	HIPC	**1,078**	**2,540**	**3,014**	**3,975**	**5,185**	**6,774**
4	WHO	**714**	**385**	**385**	**385**	**385**	**385**
5	UNICEF	**265**	**325**	**337**	**321**	**339**	**647**
6	GAVI	**4,267**	**4,906**	**11,956**	**9,347**	**8,771**	**8,049**
…	France		**735**	**1 196**	**965**	**910**	**911**
…	HKI	**10**	**62**	**62**	**57**	**52**	**37**
	GTZ	**20**					
	Plan Cameroon	**10**					
	Rotary			**15**			

	EU						
	World Bank						
	OCEAC	**18**					
2. Capital costs	National government	**46**	**150**	**30**	**30**	**100**	**250**
	Local government		**150**		**20**	**50**	**50**
	HIPC	**1,002**	**1,383**	**450**	**700**	**539**	**550**
	WHO						
	UNICEF						
	GAVI	**90**	**100**		**100**	**100**	**300**
	France		**4,480**	**4,364**	**858**		
	HKI						
	GTZ						
	Plan Cameroon						
	Rotary						
	EU						
	World Bank						
	OCEAC						
3. Immunization campaigns	National government	**227**	**117**	**483**	**943**	**79**	**144**
	Local government	**100**	**90**	**85**	**631**	**600**	**650**
	HIPC	**80**					
	WHO	**3,859**	**467**	**467**	**1,398**	**467**	**467**
	UNICEF	**3,577**	**2,160**	**651**	**3,034**	**725**	**2,127**
	GAVI	**80**	**22**	**25**	**22**	**26**	**27**
	France						
	HKI	**400**	**212**	**191**	**202**	**202**	**212**
	GTZ	**10**	**12**	**12**	**12**	**12**	**12**
	Plan Cameroon	**10**	**10**	**10**	**10**	**10**	**10**
	Rotary	**100**	**100**	**100**	**100**	**100**	**100**

	EU						
	World Bank						
	OCEAC						
4. Shared costs	National government	**5,746**	**5,305**	**5,397**	**5,892**	**5,572**	**5,760**
	Local government	**0**	**1,331**	**489**	**288**	**775**	**824**
	HIPC		**386**	**727**			
	WHO	**0**					
	UNICEF	**20**					
	GAVI	**13**	**200**	**200**	**200**	**200**	
	France		**23**				
	HKI						
	GTZ						
	Plan Cameroon						
	Rotary						
	EU						
	World Bank						
	OCEAC						
GRAND TOTAL		**22,849**	**32,326**	**30,667**	**26,112**	**26,112**	**30,394**

3. Immunization Services Support (ISS)

Please indicate below the total amount of funds you expect to receive through ISS:

Table 8: Estimate of fund expected from ISS

	Baseline Year (2005)	**Current Year * (2006)**	**Year 1** (2007)**	**Year 2** (2008)**	**Year 3** (2009)**	**Year 4** (2010)**	**Year 5** (2011)**
DTP-HepB3 Coverage rate	**79.71%**	**80%**	**82%**	**85%**	**87%**	**89%**	**90%**
Number of infants reported / planned to be vaccinated with DTP3 (as per table 4)	**559,565**	**577,786**	**609,405**	**650,020**	**684,608**	**720,656**	**749,887**
Number of *additional* infants that annually are reported / planned to be vaccinated with DTP-HepB3	**64,614**	**18,347**	**31,619**	**40,615**	**34,586**	**36,048**	**29,231**
Funds expected ($20 per additional infant)	**1,286, 920**	**366,940**	**632,380**	**812,300**	**691,760**	**720,960**	**584,620**

* Projected figures
** As per duration of the cMYP

If you have received ISS support from GAVI in the past, please describe below any major lessons learned, and how these will affect the use of ISS funds in future.

Please state what the funds were used for, at what level, and if this was the best use of the flexible funds; mention the management and monitoring arrangements; who had responsibility for authorising payments and approving plans for expenditure; and if you will continue this in future.

Major Lessons Learned from Phase 1	**Implications for Phase 2**
1. Management of the programme funds has not yet been effectively decentralized via the provincial health delegations and health districts to all health areas. The contracts between the programme and the districts have been signed but not scrupulously followed up.	A system must be established whereby all funds arrive at all levels in all the health districts. Regular follow-up of contracts.
2. Strengthening of management capacity at all levels (central, provincial and health districts). In 2005 the RED strategy was extended to all the health districts, with the support of GAVI and other development partners.	This opportunity will be used to prompt the health districts to start drawing up integrated action plans and to sign contracts with the health areas.
3. The increase in programme funds obtained through GAVI financing helped make the programme more effective.	Strengthen the district health system with a viewing to ensuring the programme's long-term effectiveness.
4. The GAVI funds also helped strengthen management capacities at the central and provincial levels.	Strengthen management capacity at the provincial level in order to enhance provincial support for the district and implement mechanisms to motivate immunization personnel.
5. In order to reach the national immunization coverage target (90%), the programme needs ever more means.	Augment the capacity to mobilise resources for EPI in order to increase implementation of innovative strategies such as RED and ACSD.

If you have not received ISS support before, please indicate:

a) when you would like the support to begin:

b) when you would like the first DQA to occur:

c) how you propose to channel the funds from GAVI into the country:

d) how you propose to manage the funds in-country

e) who will be responsible for authorising and approving expenditures:

- Please complete the banking form (annex 1) if required

4. Health Systems Strengthening Support (HSS)

Please provide details of the most recent assessments of the health system in your country (or significant parts of the system) that have been undertaken and attach the documents that have a relevance to immunization (completed within three years prior to the submission of this proposal).

- Please also attach a complete copy (with an executive summary) of the Comprehensive Multi-Year Plan for Immunization, as DOCUMENT NUMBER 4.

Recent assessments, reviews and studies of the health system (or part of the system):

Title of the assessment	Participating agencies	Areas / themes covered	Dates	DOCUMENT NUMBER
EDSC-III	UNFPA, USAID, UNICEF, World Bank, National Statistics Institute of Cameroon, National AIDS Control Committee Cameroon	- Health: mother and child health, HIV/AIDS, nutrition and poverty - Population: demographics	June 2005	11
Mid-term review of the implementation of the 1001-2010 Health Sector Strategy	Ministry of Health	Monitoring of implementation in 39 health sub-programmes	March 2006	13
2005 EPI Global Review	Ministry of Health, WHO, UNICEF, HKI, Plan Cameroon, OCEAC	1. Three support components 2. Five operational components 3. Integration of services	October 2005, June 2006	16
Study mission on the preparation of standards, tools and procedures for drawing up annual operational plans for the implementation of the 2001-2009 SSS in Cameroon	Ministry of Health, WHO	- Outline of annual action plans - Instructions for the preparation of annual action plans	2004	15

The major strengths identified in the assessments:

	Strengths
1.	Existence of a Heath Sector Strategy
2.	Adoption of the conceptual framework for the development of health districts as a health priority for the Government Existence of a document on the conceptual framework for health district development in Cameroon
3.	Existence of a specific budget item for the purchase of vaccines to meet the objectives

	set by the Government
4.	Possibility to incorporate other health activities into immunization
5.	Existence of a 2004-2013 financial sustainability plan with which to raise additional funds
6.	Existence of an Inter-Agency Coordinating Committee on Immunization
7.	Existence of an EPI (TNA) analysing training needs and of a training plan
8.	Implementation of the MLM course in four (04) of ten (10) provinces and of the training course for immunization service providers in one (01) province
9.	Implementation of the RED strategy in all health districts as of 2005 and of the ACSD in ten (10) health districts in three provinces (Adamaoua, Centre and East)
10.	Introduction of the EPI activity planning process at all levels
11.	Introduction of new vaccines (yellow fever and hepatitis B)
12.	Involvement of structures for dialogue, NGOs/associations and operations/related sectors
13.	Decentralization of EPI with the establishment of EPI provincial units in April 2004
14.	Increase from 36% to 62% in the number of fully immunized children aged 12 to 23 months (2005 National Survey of Immunization Coverage)
15.	Central financial support for provincial and district activities
16.	Existence of surveillance focal points at all levels

The major problems with relevance to immunization services identified in the assessments:

	Problems (obstacles / barriers)
1.	Underfunding of the health sector by the State budget (4.52%)
2.	Insufficient integrated planning at provincial and district levels, resulting in wasteful use of available resources
3.	Health district development process remains limited
4.	Insufficient partnership and multisectoriality
5.	Medical and paramedical staff in health units too few in number and undertrained
6.	Frequent staff turnover
7.	Poor coordination of health activities in provincial health delegations and health districts
8.	Long and inflexible budget procedures that hamper mobilisation of State funds
9.	Balkanization of the country through the partners' activities
10.	Poor performance of the health information system

The major recommendations in the assessments:

	Recommendations
1.	Increase the amount of State funds allocated to the sector, specifically the programme
3.	Pursue health sector reform (development of health districts, restructuring of priority programmes, hospital reform, development of disease burden sharing through health insurance and mutual insurance companies)
4.	Encourage partners to aim their activities at strengthening the health system, in particular in the districts
5.	Reorient health sector strategies in order to achieve the Millennium Development Goals relating to health in general and reduced infant and maternal mortality in particular
6.	Develop new mechanisms for financing the health sector
7.	Provide health facilities with a sufficient number of well-trained medical and paramedical staff
8.	Coordinate the activities of all programmes at all levels
9.	Simplify the procedures for releasing the State funds allocated to the sector
10.	Set up a system for motivating health personnel, in particular those working in difficult areas, so as to ensure they stay in their jobs longer
11.	Integrate EPI data into the existing health metrology network

Progress with implementation of the recommendations of the assessment reports:

Recommendations	**Progress**

1.	FSP endorsed by the Health, Finance and Planning Ministries
2.	Integrated planning outline validated and already disseminated in the field
3.	Technical Secretariat of the Health Sector Strategy Steering Committee established and staffed
4.	Implementation started by the government of the sector-wide approach (SWAp) to heighten the effectiveness and efficiency of health sector spending
5.	Expansion of ACSD (from 8 to 54 health district) and IMCI
6.	HIPC personnel being recruited
7.	Existence of a central coordination framework via the Secretary General (decree 2002/209 of 19 August 2002)

Components or areas of health systems that are yet to be reviewed (with dates if planned):

	Component or area to be reviewed (with review month / year if planned)	**Period of evaluation**
Conditions for successful implementation of the sector strategy (level of HSS implementation)		
1.	Short-term priorities (2001-2003) contained in the Health Sector Strategy (2001-2010)	2006
2.	Development of partnership (creation of platforms for dialogue, contracting)	2007
3.	Level of implementation of second-generation reform (hospital reform, socialisation of risk of illness)	2008
4.	Improved accessibility to high-calibre health care and services	2008
5.	Improved health coverage for vulnerable groups (women, children, adolescents)	2009
6.	Improved availability of essential drugs, reagents and medical devices	2008
7.	Preparation of the legal framework required to implement all reform under the Health Sector Strategy	2008
8.	Redeployment/recruitment of health staff	2007
9.	Level of mobilisation of State funds allocated to the health sector	2007
10.	Level of implementation of SWAp	2008

Proposed GAVI Health Systems Strengthening Support

In the two boxes below, please give:

(i) a description of the HSS proposal for your country including the objective, the main areas that GAVI HSS will support, how your proposal links to the core themes identified by GAVI, the major action points and activities, and the expected timeframe for success; and

(ii) a justification for why these areas and activities are a priority for strengthening capacity, and how the proposed activities will achieve sustained or increased immunization coverage.

- Please give a summary below, and attach the full document outlining the proposed programme of activities and justification for support (stand-alone document or the relevant parts of existing documents or strategies, e.g. Health Sector Strategic Plan) as DOCUMENT NUMBER 4.

Description

i. The objective is to ensure the programme remains effective in the long run so as to reach the target of 90% immunization coverage nationwide and at least 80% in each health district.
ii. The HSS is aimed at the district health system, which comprises: the District Health Service, the health areas with all immunizing health units and the platforms for dialogue (health committees in the health areas) in charge of mobilising communities in favour of health.
iii. EPI activities to strengthen the health system emphasize coordination, integrated planning, supervision-cum-training, integrated monitoring of health districts by the provincial health delegations and of the health areas by the district health service, and the reinforcement of ties with the community. The GAVI HSS funds will be used as a priority to carry out activities arising from all of the above, in complementarity with State funds, which are hard to mobilise in their entirety, and those of other health sector partners.

Our programme's main HSS activities aim to integrate essential immunization-related health activities, at health district level, notably via integrated and budgetised planning, integrated monitoring and supervision, and coordination of all participants, including the community, which ensures social accountability.

See document on the conceptual framework for a viable health district in Cameroon.

Justification

Increasingly, the Government's priority for the health sector is the integration of activities. The 2001-2010 Health Sector Strategy recommends the involvement of all participants so that they share a common vision of health sector revitalisation. The programme approach nevertheless prevails, each programme acting as though it were totally independent of both the development partners and of the players at all levels. In early 2006 the Government decided to implement the Sector-Wide Approach (SWAp) to enhance health sector spending efficiency and effectiveness.

In this context, EPI proposes to remedy the shortcomings brought to light by the 2005 Global EPI Review, namely:

- **insufficient regulatory provisions for the establishment of ICC-type structures in the provinces and districts;**
- **poor integration of programmes at the operational level (health district);**
- **non-systematic preparation of integrated action plans involving the community**

and the other players, with a budget and funding sources in provincial health delegations and health districts;
- **insufficient mobilisation of the financial resources allocated by the State to the health districts;**
- **absence of a formal organizational framework for greater readability of tasks;**
- **insufficient integrated supervision-cum-training and follow-up in provincial health delegations and the health districts;**
- **no systematic integrated monthly monitoring in the health districts.**

One of the factors in favour of the HSS is the availability of an outline for the preparation of an integrated action plan in all the health districts and among the provincial health delegations.

Please outline the indicators selected to show progress at every stage of the GAVI HSS support.

Table 9: How progress will be monitored *(from pages 65-78 of the 2007-2011 cMYP)*

	Indicator(s)	**Data source(s)**
HSS Inputs **Funds enabling the health districts to:** • **sustain activities relating to improved immunization coverage** • **make better use of resources allocated to health** • **strengthen management capacity**	• percentage of health districts having received funds • percentage of health areas per district having received funds for their integrated action plan • spending as per existing plans and procedures	• health district financial reports • health district accounting documents
HSS Activities (3 main) **1. Develop annual integrated and budgetised planning**	1. Proportion of health districts with annual integrated and budgetised action plans	Supervision reports EPI Global Review
2. Reinforce the integrated supervision of health districts and areas	2. Proportion of health districts using tools of integrated supervision	Supervision reports Monitoring reports EPI Global Review
3. Enhance health activity coordination in each health district	3. Proportion of health districts in which there is an ICC	Supervision reports Monitoring reports
4. Develop integrated monitoring in the health districts	4. Proportion of health districts using tools for integrated monitoring	Supervision reports Monitoring reports EPI Global Review
5. Conduct ACSD/EPI activities +(prenatal consultation+ and ICMI + IMN, desinfestation and	5. proportion of health districts conducting ACSD activities	Supervision reports Monitoring reports EPI Global Review

Vit A) in every health district		
Outputs (Impact on the capacity of the system) **1. The health district managers systematically draw up annual integrated and budgetised action plans**	Proportion of ECD that have drawn up an annual integrated and budgetised action plan every year	State budget (credit vouchers)
2. The health districts master management procedures	Proportion of ECD mastering existing management procedures	Financial control reports
3. Integrated supervisory activities are reinforced in the health districts	Proportion of health districts carrying out integrated supervisory activities	Supervision reports
4. Health activities in the health districts are efficiently coordinated	Proportion of health districts having achieved at least 80% coordination	Meeting reports
Impact on immunization **1. Improved immunization coverage rate**	DPT3: IC > 90% Percentage of health districts with IC ≥ 80%	- Monthly activity reports - Mid-term and 2011 reviews of national immunization coverage
2. Reduced wastage rate	Proportion of health districts with a wastage rate ≤ 10%	- Monthly activity reports - Mid-term and 2011 reviews of national immunization coverage
Impact on child mortality **Reduced measles mortality/morbidity**	• Percentage reduction in measles mortality (95%) • Percentage reduction in measles morbidity (90%)	- EDSC IV - NHIS

Table 10: Expected progress in indicators over time *(from pages 47-55 of the 2007-2011 cMYP)*

Indicator(s)	**Indicators: baseline and targets**						
	Base-year	Year of GAVI application	Year 1 of implementation	Year 2 of implementation	Year 3 of implementation	Year 4 of implementation	Year 5 of implementation
	2005	2006	2007	2008	2009	2010	2011
HSS Inputs							
HSS Activities (3 main) **Activity 1** **Develop annual integrated and budgetised planning**	**33% Health district**	**35% Health district**	**50% Health district**	**70% Health district**	**80% Health district**	**90% Health district**	**100% Health district**

Activity 2 **Strengthen supervision of health districts and areas**	**5% Health district**	**7.8% Health district**	**50% Health district**	**70% Health district**	**80% Health district**	**90% Health district**	**100% Health district**
Activity 3 **Enhance coordination of health activities in each health district**	**33% Health district**	**33% Health district**	**40% Health district**	**50% Health district**	**65% Health district**	**75% Health district**	**80% Health district**
Activity 4 **Develop integrated monitoring in each health district**	**4.7% Health district**	**4.7% Health district**	**40% Health district**	**50% Health district**	**65% Health district**	**75% Health district**	**80% Health district**
Outputs (Impact on capacity of the system) **Health district managers systematically draw up annual integrated and budgetised action plans**	**33% Health district**	**35% Health district**	**50% Health district**	**70% Health district**	**80% Health district**	**90% Health district**	**100% Health district**
2. The districts master management procedures	**33% Health district**	**35% Health district**	**50% Health district**	**70% Health district**	**80% Health district**	**90% Health district**	**100% Health district**
3. Integrated supervision activities are reinforced in the health districts	**33% Health district**	**35% Health district**	**50% Health district**	**70% Health district**	**80% Health district**	**90% Health district**	**100% Health district**
4. Health activities in the health districts are efficiently coordinated	**33% Health district**	**33% Health district**	**70% Health district**	**100% Health district**	**100% Health district**	**100% Health district**	**100% Health district**
Targets met thanks to integrated health system action							
Impact on Immunization **1. Improved immunization coverage rate**	**79.71%**	**80%**	**82%**	**85%**	**87%**	**89%**	**90%**

	23.27%	**35%**	**47% Health district**	**66% Health district**	**79% Health district**	**90% Health district**	**100%Health district**
2. Reduced wastage rate	**16.35%**	**40%**	**64% Health district**	**74% Health district**	**84% Health district**	**94% Health district**	**100%Health district**
Impact on Child Mortality Reduced measles mortality	**88.89%**	**90%**	**90%**	**90%**	**90%**	**90%**	**90%**
Reduced measles morbidity	**94%**	**94.6%**	**94.8%**	**95%**	**95%**	**95%**	**96%**

Please continue on a separate sheet if required.

HSS Financial Analysis and Planning

Please indicate the total funding required from government, GAVI and other partners to support the identified activities and areas for support.

- Please refer to existing plans and estimates where relevant (please attach). Document No. 5.

Table 11: Cost of implementing HSS activities:

Activity / Area for Support	Cost per year (US$)						
	Year of GAVI application	Year 1 of implement ation	Year 2 of implement ation	Year 3 of implement ation	Year 4 of implement ation	Year 5 of implement ation	TOTAL COSTS
	2005	2007	2008	2009	2010	2011	
HSS Activities (3 main)	**377,895**	**408,580**	**429,254**	**450,974**	**473,793**	**497,767**	**2,638,263**
Activity 1. Develop annual integrated and budgetised planning							
Activity 2. Reinforce the integrated supervision of health districts and areas	**197,972**	**231,919**	**239,748**	**247,969**	**256,248**	**264,938**	**1,438,794**
Activity 3. Enhance health activity coordination in each health district	**482,995**	**522,214**	**548,638**	**576,399**	**605,565**	**636,206**	**3,372,017**
Activity 4. Develop integrated monitoring in the health districts	**188,947**	**204,290**	**220,878**	**238,813**	**258,205**	**279,171**	**1,390,304**
Activity 5. Help strengthen maintenance and repair work (vehicles, motorcycles, generators and cold chain)	**578,342**	**1,408,006**	**3,130,790**	**1,775,638**	**1,186,573**	**1,230,152**	**9,309,501**
Activity 6. Help provide shared transportation	**1,677,831**	**1,711,387**	**1,745,615**	**1,780,527**	**1,816,138**	**1,852,461**	**10,583,959**
Activity. Oversee and conduct integrated disease surveillance	**513,126**	**719,876**	**778,330**	**841,530**	**909,862**	**983,743**	**4,746,467**
TOTAL COSTS	**4,017,108**	**5,206,272**	**7,093,253**	**5,911,850**	**5,506,384**	**5,744,438**	**33,479,305**

We considered amounts relating to directorate programmes as coordination.

Table 12: Sources of funding (including Government, GAVI & 3 main named contributors):

Funding Sources	Cost per year (US$)						
	Year of GAVI application	Year 1 of implement ation	Year 2 of implement ation	Year 3 of implement ation	Year 4 of implement ation	Year 5 of implement ation	TOTAL FUNDS
	2005	2007	2008	2009	2010	2011	
Government							
1. National	**2,615,489**	**529,803**	**655,776**	**896,088**	**640,000**	**160,000**	**5,497,156**
2. Local	**252,193**	**110,146**	**140,000**	**70,000**	**55,000**	**105,000**	**732,339**
3. HIPC		**100,000**	**827,273**			**50,000**	**977,273**
GAVI (HSS proposal)		**2,532,472**	**2,728,402**	**2,895,208**	**3,066,311**	**3,213,930**	**14,436,323**
WHO	**516,322**	**355,000**	**355,000**	**355,000**	**355,000**	**355,000**	**2,291,322**
UNICEF	**220,529**	**208,000**	**225,000**	**231,000**	**250,000**	**253,000**	**1,387,529**
AFD		**230,330**	**715,387**	**801,571**	**838,549**	**841,485**	**3,427,322**
HKI							
Other sources							
TOTAL FUNDING	**3,604,533**	**4,065,751**	**5,646,838**	**5,248,867**	**5,204,860**	**4,978,415**	**28,749,264**
Total unfunded	**412,575**	**1,140,521**	**1,446,415**	**662,983**	**301,524**	**766,023**	**4,730,041**

Please continue on a separate sheet if required.

Management and Accountability of GAVI HSS Funds

Please describe the management and accountability arrangements for the GAVI HSS Funds

a) Who is responsible for approving annual plans and budgets for use of GAVI HSS?
The Inter-Agency Coordinating Committee (ICC) and the Health Sector Strategy Steering Committee

b) Which financial year is proposed for budgeting and reporting?
Annual financial year (January to December); annual report

c) How will HSS funds be channelled into the country?[4]

EPI GAVI/RSS bank account

d) How will HSS funds be channelled within the country?

The funds will be transferred to the Standard Chartered Bank of Cameroon in Yaoundé and paid into an account called EPI/GAVI/RSS, the references and management conditions of which will be determined at a later date

d) How will reporting on use of funds take place (financial and activity/progress reports)?

Financial, activity and progress reports approved by the ICC.

e) If procurement is required, what procurement mechanism will be used?

1) Public market with payment of State duties
2) Via UNICEF and WHO, depending on needs

f) How will use of funds be audited?

Internal and external audit

g) What is the mechanism for coordinating support to the health sector (particularly maternal, neonatal and child health programs)? How will GAVI HSS be related to this?

ICC expanded to include child survival

Please continue on a separate sheet if necessary. Please attach all relevant documentation.

[4]Countries are encouraged to use existing health sector accounts for Health System Strengthening System funds

Involvement of Partners in GAVI HSS Implementation

The active involvement of many partners and stakeholders is necessary for HSS to be successful.

Please describe the key actors in your country and their responsibilities below. Please include key representatives from the Ministry of Health, Ministry of Finance, the Immunization Programme Manager, the key Bilateral and Multilateral partners, relevant co-ordinating committees and NGOs.

Title / Post	**Organisation**	**Roles and Responsibilities related to GAVI HSS**
Minister of Health	MH	ICC chair
Minister of Planning, Development Programming and Regional Development	MINPLAPDAT	Member
Minister of the Economy, Finance and the Budget	MINEFIB	Member
Standing Secretary GTC-EPI	MH	Secretary
Director, Family Health	MH	Member
Other central directors	MH	Member
WHO representative	WHO	Member
UNICEF representative	UNICEF	Member
AFD representative	French Development Agency	Member
Rotary representative	Rotary	Member
GTZ representative	GTZ	Member
HKI representative	HKI	Member
Plan Cameroon	Plan Cameroon	Member
Cameroon Red Cross Society	Cameroon Red Cross Society	Member
Catholic Health Service Representative	Catholic Health Service	Member
CEPCA representative	Health Service, Protestant Churches of Cameroon	Member
Islamic representative	- Islamic Cultural Association of Cameroon (ACIC) - ASSOVIC	Member
Chairman, National Certification Committee	Faculty of Medicine and Biomedical Sciences	Member
Chairman, National Expert Committee Polio	Faculty of Medicine and Biomedical Sciences	Member
Chairman, EPI Technical Committee	Faculty of Medicine and Biomedical Sciences	Member

5. Injection Safety Support – NOT APPLICABLE

- Please attach the National Policy on Injection Safety including safe medical waste disposal (or reference the appropriate section of the Comprehensive Multi-Year Plan for Immunization), and confirm the status of the document: DOCUMENT NUMBER……

- Please attach a copy of any action plans for improving injection safety and safe management of sharps waste in the immunization system (and reference the Comprehensive Multi-Year Plan for Immunization). DOCUMENT NUMBER…….

Table 13: Current cost of injection safety supplies for routine immunization

Please indicate the current cost of the injection safety supplies for routine immunization. **Not applicable**.

	Annual requirements		***Cost per item (US$)***		***Total Cost (US$)***
Year	***Syringes***	***Safety Boxes***	***Syringes***	***Safety Boxes***	
20…					

Table 14: Estimated supply for safety of vaccination with …….. vaccine NOT APPLICABLE

(Please use one table for each vaccine BCG(1 dose), DTP(3 doses), TT(2 doses) [1], Measles(1 dose) and Yellow Fever(1 dose), and number them from 6.1 to 6.5)

		Formula	**20…**	**20…**	**20…**	**20…**	**20…**
A	Number of children to be vaccinated [2]	#					
B	Percentage of vaccines requested from GAVI [3]	%					
C	Number of doses per child	#					
D	Number of doses	*A x B/100 x C*					
E	Standard vaccine wastage factor [4]	*Either 2.0 or 1.6*					
F	Number of doses (including wastage)	*A x B/100 x C x E*					
G	Vaccines buffer stock [5]	*F x 0.25*					
H	Number of doses per vial	#					
I	Total vaccine doses	*F + G*					
J	Number of AD syringes (+ 10% wastage) requested	*(D + G) x 1.11*					
K	Reconstitution syringes (+ 10% wastage) requested [6]	*I / H x 1.11*					
L	Total of safety boxes (+ 10% of extra need) requested	*(J + K) / 100 x 1.11*					

[1] GAVI supports the procurement of AD syringes to deliver two doses of TT to pregnant women. If the immunization policy of the country includes all Women in Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of two doses for Pregnant Women (estimated as total births)
[2] To insert the number of infants that will complete vaccinations with all scheduled doses of a specific vaccine.
[3] Estimates of 100% of target number of children is adjusted if a phased-out of GAVI/VF support is intended.
[4] A standard wastage factor of 2.0 for BCG and of 1.6 for DTP, Measles, TT, and YF vaccines is used for calculation of INS support
[5] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
[6] It applies only for lyophilized vaccines; write zero for other vaccines.

- If you do not intend to procure your supplies through UNICEF, please provide evidence that the alternative supplier complies with WHO requirements by attaching supporting documents as available

6. Additional comments and recommendations from the National Coordinating Body (Health Sector Strategic Committee / ICC)

7. DOCUMENTS REQUIRED FOR EACH TYPE OF SUPPORT

Type of Support	Document	DOCUMENT NUMBER	Duration *
ALL	WHO / UNICEF Joint Reporting Form	06	2005
ALL	Comprehensive Multi-Year Plan (cMYP)	04	2007-2011
ALL	Endorsed minutes of the National Coordinating Body meeting where the GAVI proposal was endorsed	01	October 2006
If relevant	Endorsed minutes of the ICC meeting discussing the requested GAVI support	02	October 2006
HSS	2001-2010 Health Sector Strategy	09	2001-2010
HSS	Medium Term Expenditure Framework **	07	
HSS	Recent Health Sector Assessment documents	08	2006
HSS	Outline of HSS Programme with budget and Justification for support or HSS Relevant parts of National Planning Document	14	
HSS	Other Health Systems Strengthening Plans / estimates	05	2004-2011
Injection Safety	National Policy on Injection Safety including safe medical waste disposal (if separate from cMYP)	SO	
Injection Safety	Action plans for improving injection safety and safe management of sharps waste (if separate from cMYP)	SO	
Injection Safety	Evidence that alternative supplier complies with WHO requirements (if not procuring supplies from UNICEF)	SO	
	Demographic and Health Survey of Cameroon – III (EDSC-III)	11	5 years
Viability of districts	Conceptual framework for a viable health district in Cameroon	10	
Immunization schedule	EPI Cameroon rules and standards	12	January 2005
	Mid-term review of the implementation of the 2001-2010 Health Sector Strategy	13	

	Study mission on the preparation of standards, tools and procedures for drawing up annual operational plans for implementation of the 2001-2010 Health Sector Strategy in Cameroon	15	2004
	2005 EPI Global Review	03	October 2005

** Please indicate the duration of the plan / assessment / document where appropriate*
*** Where available*