Table 2: IRC conclusions on country response to conditions and latest response to these conclusions

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| IRC Condition (still unmet or partially met) | IRC conclusion on country’s response | Latest country response | TA assistance from Development Partners |
| *Condition 1: Submit results of the 2013 EVM and the 2012 cold chain inventory* | *Condition 1 not met.* Ethiopia is requested to reschedule the EVM for Jan/Feb 2013 and to revisit the methodology proposed including reducing both the number of sites to assess and the number of assessor teams and drawing upon the expertise of WHO/UNICEF experienced lead assessors. | The FMOH has included EVMA as one of the major tasks to be initiated during the end of the fiscal year EFY 2005. The Ministry will ensure that proper planning and preparatory works for the EVMA are conducted ahead of the actual assessment and with technical assistance from Development Partners the Ministry will work towards completion of the EVMA by August 2013 as per the plan put forward. The FMOH will also ensure that results and recommendations from the EVMA are properly implemented to strengthen vaccine management system at all levels of the Immunization program and build capacity for the subsequent routine immunization as well as SIA activities. Global Standard methodologies will be strictly followed as per WHO standard tools. The EPI technical team from FMOH and Partners will jointly review the EVMA plan and restructure it as per the global standard to ensure that results are representative of reality. Therefore, the Ministry would like to kindly request GAVI to consider the above mentioned plan and commitment set out by the Government to conduct the EVMA as scheduled.  | The required (TA) Technical Assistance will be mobilized from Development Partners supporting the immunization program including WHO, UNICEF and CHAI. WHO has already expressed the willingness to provide local and international TA for the preparation as well as during the actual process of EVMA. In addition UNICEF, WHO/AFRO, and CHAI are currently supporting the preparatory activities of Cold Chain Inventory which will be conducted according to the agreed plan. The FMOH will lead the process of the inventory and will ensure that remedial measures are taken as per the findings of the inventory. |
| *Condition 3: Provide a waste management plan for the 2013 measles SIA that is incorporated into the Measles SIA POA and includes costs, funding sources and obligations.*  | *Condition 3 partially met.* Ethiopia should provide a waste management plan, specific to the measles SIA, along with the timeline for implementation. The plan should demonstrate that waste equipment construction, inventory, maintenance, and training are completed with sufficient capacity to dispose of the over 100 tons of waste generated by the SIA. | The 30% is considering the whole facility, the majority of the facilities are HPs, in the country the HPs are under the supervision of the HCS, where 3 – 5 HPs are monitored and activities like waste disposal is carried out at the HCs. In the previous catch up SIA the experience is using the HCs and the HPs are bringing the wastes to the HCs and disposal is undertaken by the HCs and it was well managed. The plan for the waste disposal with the time line is attached in the document | Development Partners including WHO and UNICEF will support the Ministry in the coordination and implementation of the plan. Support for the training, supervision and mentoring of the disposals will also be provided by WHO & UNICEF through the involvement of field officers in various regions of the country.  |
| *Condition 4: Submit central and regional monthly vaccine stock projections (routine and campaign) for 2013.* | Condition 4 not met. The country should submit central and regional monthly vaccine stock projections (routine and campaign) correlated with available vaccine storage capacity for 2013 | The country has been submitting SMT till July 2012. Recently training is conducted in all regional level and the FMOH is taking the lead with PFSA in securing the report.  | Development Partners including WHO are supporting the training of the regional and central logisticians. Regular mentoring will be provided by WHO and UNICEF at all levels since medical field officers are available at the national and regional level that could deliver this activity |
| *Condition 5: Clarify the discrepancy between the reported vaccine wastage rate of 10% for previous measles SIAs in the application form and the estimated 25% vaccine wastage for the 2013 measles SIA.* | *Condition 5 not met.* The IRC has concerns with the country artificially increasing the estimated wastage rate to create a buffer stock for the campaign. The IRC concurs with the CRO recommendation that the country submit to the IRC an improved quantification of the target population in order to avoid stock-outs as opposed to requesting an artificial increase in the wastage rate (see Nov 2012 trip report). Buffer stocks are not required for campaigns if the target population has been quantified correctly. The country should also ensure there are no inconsistencies in the final wastage rate submitted in all documents (i.e. projected vaccine distribution spreadsheet, Measles SIA POA, Measles SIA AF) and that the ICC has approved this wastage rate. | The country has worked on this comment and we have revised the wastage rate to 10% in line with the experience in the previous SIA’s as described in the submitted application. Yet, to avoid stock out of the vaccine the country has also revised the target population for the SIA in consultation with the Policy and Planning Directorate for improved quantifications. Therefore the vaccine requirement for the target population using the 10 % wastage rate will be  41,130,917 doses |  |
| *Condition 7: Submit an updated cMYP and cMYP costing tool that includes the pertinent details of the planned 2013 measles SIA.*  | *Condition 7 partially met.* The country should clarify the discrepancies in the AF and the updated cMYP document regarding the cost of vaccine and supplies and the plans for deferring the measles SIA in 4 regions until 2014. Table 25 in the cMYP should be updated to include the costs for the 2013 measles SIA and the cMYP costing tool should include the government funding commitment for the 2013 Measles SIA in the “Government Funding & Co-Financing Indicators” spreadsheet | The cMYP is updated in such a way that it reflects the application document. The total cost for the vaccine injection and operational cost is updated in both documents. The SIA is nationwide, and planned to be on 2013.The government contribution is updated in the cMYP costing tool |  |