

**Date: 01 January, 2014**

**Clarifications on submitted proposal for the introduction of PCV in 2015**

References has made on IRC decision letter on Eritrea proposal of the introduction of PCV into routine immunization program in 2015. Based on the requested clarifications, we have tried to address the questions and further documents are attached to use it as references.

**1. Effective Vaccine Management Assessment (EVM)**

Effective Vaccine Management (EVM) Assessment was carried out in the country, in December 2012, at all levels (national, subnational, district, and health facility) for systematic analysis of strengths and weaknesses across the supply chain; which was designed to embed good vaccine storage and distribution practices.

The assessment outcome indicated that:

- The cold and dry storage capacities are sufficient at all levels for introduction of new vaccines up to 2016.
- The buildings and cold chain equipment are adequate and standard,
- The majority health workers (vaccinators) have good knowledge and skill on the basic vaccine management.

It had also revealed some shortfalls on:

- Temperature monitoring practices, stock management of vaccine, diluents and consumables, and scheduled delivery of vaccine at different levels which needs further improvements.
- Preventive maintenance of cold chain equipment is not yet on place.

Based on the EVM assessment findings and identified gaps, an improvement plan was developed jointly with WHO and UNICEF Country Offices and above 95% of the plan was implemented including the cold chain replacement plan of obsolete cold chain equipments based on the identified gaps through JICA support. Implementation status of the improvement plan is attached with for reference.

## **2. Addressing areas with poor access to immunization services**

In order to ensure universal immunization coverage and addressing areas with poor access to immunization services in hard to reach areas and nomadic population segments, three consecutive rounds of Sustainable Outreach Service (SOS) were/are planned annually as part of Reach Every District or Reach Every Child (RED/REC) implementation strategy to address these populations in these areas. This strategy will help to improve the routine immunization coverage and decrease immunization dropout rates in these nomadic population and population residing in hard to reach areas.

## **3. Improve transportation and fuel shortage for vaccination services.**

In addition to the routine immunization service at health facility level, every health facility in the country has an outreach visit in its catchments area on monthly bases. The government is committed to make transport support for these activities and making fuel subsidy with 0.9 USD per liter to carry out the planned routine immunization activities especially the National Immunization Days (NIDs) for Polio, Measles and supplementation for Vit. "A". We will advocate for government officials and Community Based Organization (CBO) to keep on their commitment for vaccination support. But still there is transport gaps, the number and type of vehicles available in the facilities are long being in service and under continuous maintenance and needs replacement. The EPI unit has a plan to work on these gaps to advocate for procurement new of vehicles/Ambulances for maternal and child health services in the country.

## **4. Government Co-financing**

Eritrea is grouped with the low income countries and eligible for GAVI support. The country is on a position to co-finance the allocated amount of budge for the procurement of new and underused vaccines starting from 2006. The allocated amount 46,000 USD government co-financing portion for 2013 for the procurement of DPT-HepB-Hib vaccine was also co-financed and transferred to the UNICEF country office account No. in the first week of Dec. 2013, for the procurement DPT-HepB-Hib of one dose vial liquid formulation. The government of Eritrea is in a potion to continue his commitment to co-finance for vaccine procurement and other operation activities of the EPI program.

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