

Date: 15 Feb. 2014
Updated 22 Feb. 2014

Dear Sagar,

Warm greeting from Asmara,

1. Many thanks for the in-depth reading and informative feedback in the provided clarifications on sustainability plan of the EPI Program and Effective Vaccine Management (EVM) recommendations implementation status. Please find attached response for your comments and questions as an additional clarifications highlighted in blue color as continuation of the previous provided. Hoping that this will be the final clarification on the issues of the PCV introduction approval into routine immunization program in my country.
2. From our previous experiences, lurching for the introduction of new vaccines was done in July 1st (mid-year). This was because of the procurement and delivery of vaccines through UNICEF was always done in the 1st quarter of the year considering it as time for budget approval, procurement process and shipment of the vaccines. If GAVI could made UNICEF to procure the PCV in the 4th quarter of 2014, the country has no problem to introduce it in the January 1st 2015 which is more appropriate for us. This means that full purchase of the annual need of the vaccine will be made based on the targeted children for the year 2015. Introduction of the Inactivated Polio Vaccine (IPV) as 4th dose of polio vaccine in order to quit from OPV type 2, launching of the introduction of injectable vaccine will be done in July 2015 instead of both at a time. Because it will need more training and demonstration for the health workers before its introduction.
3. Eritrea has made a plan to introduce Rota Vaccine (RV) into routine immunization in July 2014. Procurement of the vaccine is on progress and delivery of the RV will be done in the 2nd month of the 2nd quarter of 2014. TOT will be provided for EPI focal points at national level in the first week of April 2014 and WHO country office is hiring a consultant for the plan. Could your please give us an information about the transfer of the GAVI approved grant fund (100,000 \$US) for the introductions of RV. We are going to use this budget for the introductions of RV in the second quarter of 2014. Your response and feedback is highly appreciated.

Regards,
Tedros
EPI Manager

Clarifications on submitted proposal for the introduction of PCV in 2015

A reference was made on IRC decision letter on Eritrea submitted proposal for the introduction of PCV into routine immunization program in 2015. Based on the requested clarifications on financial sustainability plan of the EPI program and the implementation status of Effective Vaccine Management (EVM) recommendations of Dec. 2012, we have tried to address the questions and make clarification on the points.

1. Sustainability plan for the EPI program

In 2011, The Ministry of Health of the State of Eritrea has developed a 5 years Health Sector Strategic Development Plan (HSSDP, 2012-2016) with specific long and medium term action plans and annual operational plans. Aligned with this, the EPI program has also developed a comprehensive Multi-year Plan (cMYP) of five years (2012-2016), which is part of the HSSDP of the ministry of health. Updating of the cMYP is also done annually with the assistance of IST/AFRO using the base line of HSSDP of the ministry of health.

The Ministry of Health is the leading agency for the provision of health services in the country. It has its own policy and health sector strategic development plan in which EPI is among the highest priority areas of service delivery. Such policy and strategic development plan are based on available evidence and on the macro-policy of the government with the intention of making the required resources available using the government budget.

Right from the beginning, costs for routine vaccination activities, vaccine storage and delivery, fuel and transport support for outreach vaccination services, cost for social mobilization activity, transport support maintenance, overhead cost for cold chain equipments and other field operational activities is covered by the government and this is estimated to be 120,000\$US per year. In addition to this, if fund is provided from partners for vaccination campaigns and Sustainable Outreach Services (SOS) in less accessible districts, the government makes 0.70 US\$ subsidy on fuel cost per liter from that of regular purchasing cost (1.75 UD\$) during NIDs, SNIDs of Measles and Polio, Vit. "A" and Child Health and Nutrition Week. In 2013 the total cost for Polio NIDs, SOS and Child Health and Vaccination Week was 1,329,107 \$US and 400,000 \$US of the total cost was covered by the government.

As in other national programs, donor funding is unsustainable and governments have to take over whenever such resources are unavailable. For such move, the government has tried to show his commitment and contribution on other programs based on the Eritrean motto of self-reliance which is a guarantee for the programs to be sustained. In a yearly base, the Ministry of Finance requests us capital development budget of the EPI program and the estimated budget for the procurement of vaccines, cold chain equipments and operational costs of the EPI program are always included in the recurrent budget of the government annually. If any shortfalls on procurement of EPI logistics occurred the government is on a position to cover the gaps occurred from partners funds which are always considered as unsecured budget. Most of the time budget for operational cost and procurement of vaccines is calculated based on the target population to be vaccinated or expenses per children to be fully immunized. We use also use previous consumption/expenses method and existed cost of logistics for operational activities within the specific year. Estimated annual budget for the program was 3.5 million \$UD annually for the last two years.

2. EVM recommendations and implementation status

Eritrea

Date: 19 December 2012

Priority	Responsibility	Budget	Target start	Target end	Completion indicator	Date of implementation	Implementation status
High	MoH	NA	Jan-2013	Ongoing	National Vaccine Store has a file containing all lot release certificates from NRA of country of origin.	January 2014	Completed. The national vaccine store has files containing lots release certificates from NRA of country origin routinely.
Low	MoH	NA	Jan-2013	Annually	All customs officers and clearing agents involved in the handling of vaccines are trained in the basics of vaccine handling.	January 2013	Basic training and orientation were provided for our vaccine clearing agents and there is a plan to give orientation for Airport staffs who have direct contact and involvement in loading and unloading of vaccines in the terminal. They are estimated to be 80 people and one day orientation will be provided in April 2014.
High	MoH/WHO	NA	Jan-2013	Annually	Contingency plan is available at national level.	13 Sep. 2013	There is a written contingency plan that indicates alternative addresses for vaccine storage in case of short falls or unexpected incidence of cold chain equipments fail. Eg. PHARMICOR.
High	MoH/UNICEF	\$12,500	Jan-2013	Jul-2013	Every EPI refrigerator contains a 30 day continuous temperature monitoring device.	January 2014	The request for the procurement of the 30 days continuous temperature monitoring devices was for 2013. But instead, UNICEF has procured Freeze Tag which is not a continuous recording indicating device. Currently very EPI refrigerator at service level is using Dial Thermometers devices which had dual purpose indicating freezing and heat/temperature status monitoring of the refrigerators. We have communicated with UNICEF to have the requested once and hope we will have it in the third quarter of 2014.
High	MoH/UNICEF	\$6,000	Jan-2013	Jul-2013	The stabilizers system in installed and operational.	15 Nov. 2013	Electric supply stabilizer system is installed and operational at national vaccine store.
Medium	MoH/WHO	NA	Jan-2013	Dec-2013	An SOP for temperature monitoring has been developed and hard copies have been distributed to all vaccine stores and immunization facilities.	23 Dec. 2013	Not yet implemented. Locally developed temperature monitoring chart is available in each health facility. We have discussed WHO country offices to have their technical support to develop it and have hard copies of the standard SOP. They are on the progress and by the end of 2014 each health facility will have it.
Medium	MoH/WHO	NA	June-2013	Dec-2013	All cold rooms have been temperature mapped.	January 2014	All cold rooms have functional temperature mapped monitoring procedure and they are functional.
High	MoH/JICA/UNICEF	Secured.	May-2013	Jul-2013	New cold room installed in Maekel.	13 Nov. 2013	A new 30 meter cube net storage capacity walks in cold room installed and functional.
Medium	MoH/WHO	NA	Jan-2013	Dec-2013	Each vaccine store and immunization facility should have a written a location-specific contingency plan.	January, 2014	Partially implemented. All vaccine stores have a written location-specific contingency plan. Most immunization facility has also contingency plan. We will incorporate with the training schedule of IIP of 2014 and by June 2014 each health facility will have written contingency plan.
High	MoH	\$2,000	Jan-2013	Jul-2013	All national and Zoba stores are equipped with functional and tested fire extinguishers.	January 2014	Fire extinguishers at national vaccine store is functional, but at zoba level not yet completed. For zobas stores procurement of the fire extinguishers will be done in 2014 and will be equipped until Sep. 2014.

Priority	Responsibility	Budget	Target start	Target end	Completion indicator	Sign off date	Implementation status
High	MoH/UNICEF	\$10,000	Jan-2013	Jul-2013	Install heavy duty voltage regulators for all refrigeration equipment in the national vaccine store.	Dec. 2013	Heavy duty voltage regulator for all cold rooms and deep freezers have installed and functional at national level.
High	MoH/UNICEF	\$10,000	Jan-2013	Jul-2013	Install suitable voltage regulators for all refrigeration equipment in all Zoba vaccine stores.	15 Nov. 2013	Suitable voltage regulators for all sub national vaccine stores have installed and functional. Voltage regulators for vaccination facilities are procured and distribution underway. They are already procured distribution will completed by the end of the 1st quarter of 2014.
High	MoH/UNICEF	\$15,000	Jan-2013	Dec-2014	Attach all mains supply vaccine refrigerators and freezers to voltage regulators.	Dec. 2013	All main supplies of vaccines refrigerators and freezers have attached to voltage regulators at national and sub national levels.
High	MoH	?	Jan-2013	Dec. 2013	Both non-functional devices have been either repaired or replaced.	Jan. 2014	1 st phase replacement plan has completed for non-functional and obsolete cold chain equipments at service levels. 2nd phase procurement is underway and delivery will complete by June 2014 and distribution and installation will be done until Sep. 2014.
Medium	MoH/UNICEF	?	Jan-2013	Jul-2013	Automatic transfer switches installed in all Zoba vaccine stores.	Nov. 2013	Installed and functional in all zoba.
High	MoH	?	Jan-2013	May-2013	The NRS standby generator battery charger is functional.	Dec. 2013	New battery procured and installed and currently it is functional.
Medium	MoH/WHO	n/a	Aug-2013	Dec-2013	A preventive maintenance plan for buildings and cold chain equipment is in operation.	February 2014	Not yet fully implemented in a scheduled way. But staffs from the Biological engineering division are frequently sent to vaccination facilities upon the request of the health heads and EPI focal points and we will keep on this way until the transport support problems resolve to a carry out a regular preventive maintenance activity.
Medium	MoH/WHO/UNICEF	Secured.	Jan-2013	Jun-2013	The updated form is in use in all vaccine stores and immunization centers.	Dec. 2013	Completed
Medium	MoH/WHO/UNICEF	Secured.	Jan-2013	Jun-2013	Updated forms are in use.	Jan. 2014	Updating EPI forms completed and they are in use at service level nationally.
Medium	MoH/WHO	\$36,000	Ongoing.	Jun-2013	Vaccine wastage reviewed at national level on a quarterly basis.	January, 2014	Recounting of all vaccines has done in Dec. 2014 to know the amount of vaccines carried forward for 2014 and at the same time wastage reviewed. Yes, we did, and we will keep on recounting in a quarterly base.
Medium	MoH/WHO	\$7,000	Mar-2013	Dec-2013	All Zoba stores and the national store have functional printers.	15-January2014	National and subnational SMT with functional software and printers.
Medium	MoH	NA	Jan-2013	Ongoing	Updated anti-viral software installed on all computers.	15 January,2014	Updating anti-viral software is done regularly on monthly base in all computers.

Priority	Responsibility	Budget	Target start	Target end	Completion indicator	Sign off date	Implementation status
Medium	MoH/WHO	\$4,000	Jul-2012	Dec-2012	2 members of staff in each Zoba vaccine store in the proper use of the WHO Stock Management Tool (SMT) are trained.	January 2014	Two staffs from each zoba stores were trained on stock management tool (SMT) and refreshment training has also provided in Jan. 2014.
High	MoH/WHO	NA	Jan-2013	Ongoing	Each health facility has calculated and consistently records the maximum and minimum stock levels.	Dec. 2013	Consistent calculation and record of maximum and minimum stock of vaccines at all levels is on place.
Medium	MoH/WHO	NA	Jan-2013	Ongoing	Each health facility carries out and records the results of physical inventories according to level.	Dec. 2013	Physical count of vaccines is done on monthly base before requesting for the next month to know the stock on hand.
Medium	MoH	NA	Jan-2013	Ongoing	All vaccine storage facilities report regularly on vaccine distribution.	January. 2014	SMT functional at national & sub national levels and reporting of vaccine distribution is regular.
High	MoH	NA	Aug-2013	Ongoing	Freeze indicator policy in place and being monitored.	Dec. 2013	Freeze Tag devices procured and distributed to each facility and they are functional and on use.
High	UNICEF	\$10,000	Jan-2013	Jul-2013	1000 freeze indicators procured.	January 2014	Procurement done through UNICEF, distributed and they are on use at facility level.
High	MoH/WHO	NA	Jan-2013	Mar-2013	Every vaccine storage facility has developed its own transport contingency plan.	January 2014	They have transport arrangement at district level for vaccine delivery and outreach vaccination services.
Medium	MoH	NA	Jan-2013	Ongoing	Every vaccine distribution facility has a vaccine collection plan and has communicated the plan to all receiving stores.	January, 2014	Vaccine collection plan is on place, from national level in quarterly base and from subnational level in monthly base.
Medium	MoH/WHO/ UNICEF	\$30,000	Oct-2013	Dec-2013	Assessment has been conducted and recommendations made.	January 2014	completed
High	MoH/WHO	NA	Jan-2013	Ongoing	A complete set of national vaccine management SOPs, based on the WHO model EVM SOPs is in place	Dec. 2013	Not yet completed, we are discussing with WHO country office to adapt the generic SOPs model. By the end of 2014

Priority	Responsibility	Budget	Target start	Target end	Completion indicator	Sign off date	Implementation status
Medium	MoH	NA	Jan-2013	Ongoing	Annually update was made on national work plan to manage the physical, human and financial resources of the programme	Dec. 2013	cMYP (2012-2016) updated and annual Work Plan for 2014 developed and implementation on progress.
High	MoH	\$32,000	Jan-2013	Ongoing	Procurement and distribution of basic stationary for all vaccine stores and immunization facilities was done.	January 2014	Procurement and distribution of the stationary for health facilities done using the transferred budget from national
High	MoH/WHO/ UNICEF	\$30,000	Jan-2013	Ongoing	Annually updated cold chain inventory is available.	Jan-14	Updated cold chain inventory is done at national and sub national level.
Medium	MoH/partners	NA	Jan-2013	Dec-2016	All recommendations are implemented.	Jan-17	93% has of the recommendations has already implemented
High	MoH/partners	NA	Dec-2012	Ongoing	A list of all spare parts is available and is maintained.	January 2014	Ongoing activity. A number of spare parts of cold chain equipments were procured through the Gov., UNICEF & JICA and available at national store.
High	MoH/partners	\$50,000	Jan-2013	Jul-2013	All listed spare parts have been procured.	January 2014	procurement completed
Medium	MoH/partners	\$90,000	Jan-2013	Ongoing	All vaccine store keepers and immunization service providers have received initial vaccine management training.	January 2013	Training was provided for about 543 health workers at national and sub national level on vaccine and cold chain managements in 2013. Each sub region conducts two rounds of training (average 45 HWs per sessions) per year for newly assigned health workers or refreshment training for EPI focal persons.
Medium	MoH/partners	\$10,000	Jan-2013	Ongoing	All cold chain technicians have received initial cold chain equipment maintenance training.	January 2014	Two cold chain technicians from each zoba trained on cold chain maintenance at national level in 2013. Refresher training is provided annually by the biomedical engineering division for all the technicians in sub national levels.
High	MoH	\$10,000	Jan-2013	Mar-2013	Check-list and supervision program are available.	Dec. 2013	EPI supervision checklist was updated in 2013 and supervision activity has carried out in 4 of the 6 zoba. Supervision activities are done in a quarterly base at sub national level by Zonal Management Team (ZMT) but at national level once or twice per year. We will cover remained two Zobas in the 2nd and 3rd quarter of 2014. During supervision feedback is provided on the spot and there is also visitors register where feedback is provided in each health facility to use it as references for the next visit.
Medium	MoH	NA	Jul-2013	Ongoing	Preventive maintenance program is available and is being implemented.	January 2014	Preventive maintenance is ongoing and on place at different levels.
High	MoH	n/a	Jan-2013	Ongoing	The opening times (hour) and dates are recorded on the multi-dose vials.	February 2014	Training was provided and information was disseminated to write the opening hours of reconstituted vaccines and label them. (partially completed in most health facilities) Each sub region conducts two rounds of training (average 45 HWs per sessions) per year for newly assigned health workers or refreshment training for EPI focal persons.
Medium	MoH/partners	\$12,000	Jul-2013	Dec-2014	Two engineers trained.	February 2014	Not yet implemented. The training is planned in other countries (in abroad) with the support of partners that he have already requested them. It will depend upon the support of the partners t. We cannot fix the date.