

*GAVI Alliance*

**Application Form for Country Proposals**

*For Support to New and Under-Used Vaccines (NVS)*

Submitted by

The Government of

***Mauritania***

Date of submission: **31.05.2011 14:26:29**

**Deadline for submission: 1 Jun 2011**

Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)

|  |  |  |  |
| --- | --- | --- | --- |
| Start Year | 2008 | End Year | 2015 |

**Revised in January 2011**

**(To be used with Guidelines of December 2010)**

Please submit the Proposal using the online platform [https://AppsPortal.gavialliance.org/PDExtranet](https://appsportal.gavialliance.org/PDExtranet).

Enquiries to: proposals@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The Proposal and attachments must be submitted in English, French, Spanish, or Russian.

**Note:** Please ensure that the application is received by the GAVI Secretariat on or before the day of the deadline.

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

|  |
| --- |
| **GAVI ALLIANCE****GRANT TERMS AND CONDITIONS****FUNDING USED SOLELY FOR APPROVED PROGRAMS**The applicant country (“Country”) confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the program(s) described in the Country’s application. Any significant change from the approved program(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.**AMENDMENT TO THE APPLICATION**The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the program(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country’s application will be amended.**RETURN OF FUNDS**The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the program(s) described in its application. The country’s reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance’s request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.**SUSPENSION/ TERMINATION**The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programs described in the Country’s application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programs described in its application if a misuse of GAVI Alliance funds is confirmed.**ANTICORRUPTION**The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.**AUDITS AND RECORDS**The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.**CONFIRMATION OF LEGAL VALIDITY**The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country’s law, to perform the programs described in its application, as amended, if applicable, in the APR.**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.**USE OF COMMERCIAL BANK ACCOUNTS**The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.**ARBITRATION**Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.The GAVI Alliance will not be liable to the country for any claim or loss relating to the programs described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programs described in its application. |

|  |
| --- |
| **Application Specification** |
| Please specify for which type of GAVI support you would like to apply to. |

**Important note**: To enable proper functioning of the form, please first select the cMYP years on the previous page.

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Type of Support** | **Vaccine** | **Start Year** | **End Year** | **Preferred second presentation[1]** | **Action** |
| --- | --- | --- | --- | --- | --- |
| New Vaccines Support | Pneumococcal (PCV13), 1 doses/vial, Liquid | 2012 | 2015 | Pneumococcal (PCV10), 2 doses/vial, Liquid |  |

**[1]** This "***Preferred second presentation***" will be used in case there is no supply available for the preferred presentation of the selected vaccine ("**Vaccine**" column). If left blank, it will be assumed that the country will prefer waiting until the selected vaccine becomes available.

# **Table of Contents**

**Sections**

*Main*

*Cover Page*

*GAVI Alliance Grants Terms and Conditions*

*1. Application Specification*

*2. Table of Contents*

*3. Executive Summary*

*4. Signatures*

*4.1. Signatures of the Government and National Coordinating Bodies*

*4.1.1. Government and the Inter-Agency Coordinating Committee for Immunisation*

*4.1.2. National Coordinating Body - Inter-Agency Coordinating Committee for Immunisation*

*4.1.3. The Inter-Agency Coordinating Committee for Immunisation*

*4.2. National Immunization Technical Advisory Group for Immunisation*

*4.2.1. The NITAG Group for Immunisation*

*5. Immunisation* *Program Data*

*5.1. Basic facts*

*5.2. Current immunization schedule*

*5.3. Trends of immunisation coverage and disease burden*

*5.4. Baseline and Annual Targets*

***Table 1:*** *baseline figures*

*5.5. Summary of current and future immunisation budget*

*5.6. Summary of current and future financing and sources of funds*

*6. NVS*

*6.1. Capacity and cost (for positive storage)*

*6.2. Assessment of burden of relevant diseases (if available)*

*6.3.1. Requested vaccine ( Pneumococcal (PCV13), 1 doses/vial, Liquid )*

*6.3.2. Co-financing information*

*6.3.3. Wastage factor*

*6.3.4. Specifications of immunizations with new vaccine*

*6.3.5. Portion of supply to be procured by the country (and cost estimate, US$)*

*6.3.6. Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)*

*6.3.7. New and Under-Used Vaccine Introduction Grant*

*7. Procurement and Management of New and Under-Used Vaccines*

*7.1. Vaccine management (EVSM/EVM/VMA)*

*8. Additional Comments and Recommendations*

*9. Annexes*

*Annex 1*

***Annex 1.1*** *- Pneumococcal (PCV13), 1 doses/vial, Liquid*

***Table 1.1 A*** *- Rounded up portion of supply that is procured by the country and estimate of related cost in US$*

***Table 1.1 B*** *- Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.*

***Table 1.1 C*** *- Summary table for vaccine Pneumococcal (PCV13), 1 doses/vial, Liquid*

***Table 1.1 D*** *- Estimated number of doses for vaccine Pneumococcal (PCV13), 1 doses/vial, Liquid associated injection safety material and related co-financing budget*

*Annex 2*

*10. Attachments*

*10.1 Documents required for NVS support*

*10.2 Attachments*

*Banking Form*

# **Executive Summary**

As part of the revival of the Expanded Program of Immunization, (EPI), Mauritania has developed a Strategic Comprehensive Multi Year Plan, (cMYPA) 2008-2012 whose implementation has enabled the introduction of pentavalent vaccine in 2009 and to re-launch the routine EPI and strengthen immunization safety.

In accordance with the strategic framework to overcome poverty, the national health policy 2006-2015, the new Global Immunization Vision and Strategy (GIVS) and the EPI 2008-2012, the introduction of new vaccines in the routine immunization program, including Haemophilus Influenza type B in 2009 and the pneumococcal vaccine in 2012 was planned.

It is with this view, that this document was developed in collaboration with its partners for submission to GAVI for the introduction of the vaccine against pneumococcus in the standard EPI in 2012.

The strategies will be those described in the cMYP 2012-2015, namely improving the supply of services epidemiological monitoring, capacity building of stake-holders, logistics and communication of EPI.

 An evaluation of the cold chain was carried out in September 2010 followed by an evaluation of the management of vaccines in November 2010. These two evaluations have shown that the average age of the available equipment is actually is seven years.

Therefore, it is important to indicate that with regards to the durability of the immunization program and its financial viability, the government has placed immunization at the top of its priorities anticipating, not only to maintain and even expand the finances intended for the purchase of vaccines and consumables but also to organize additional immunization activities.

The introduction of the pneumococcus vaccine will necessitate several interventions particularly the revision of program management tools and the improvement in the storage capacity of the vaccines at different levels of the system. In order to avoid any adverse reactions in the target population and to dispel any rumors detrimental to the success of the program, a communication plan will be developed and implemented.

# **Signatures**

# **Signatures of the Government and National Coordinating Bodies**

# **Government and the Inter-Agency Coordinating Committee for Immunisation**

The Government of Mauritania would like to expand the existing partnership with the GAVI Alliance for the improvement of the infants routine immunisation program of the country, and specifically hereby requests for GAVI support for Pneumococcal (PCV13) 1 doses/vial Liquid introduction.

The Government of Mauritania commits itself to developing national immunisation services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan (cMYP) presented with this document. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

Tables 6.(n).5. (where (n) depends on the vaccine) in the NVS section of this application shows the amount of support in either supply or cash that is required from the GAVI Alliance. Tables 6.(n).4. of this application shows the Government financial commitment for the procurement of this new vaccine (NVS support only).

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of September .

Please note that this application will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister of Finance or their delegated authority.

Enter the family name in capital letters.

| **Minister of Health (or delegated authority)** | **Minister of Finance (or delegated authority)** |
| --- | --- |
| **Name** | BA HOUSSEYNOU HAMADY  | **Name** | THIAM DIOMBAR  |
| **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  |

*This report has been compiled by*

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Full name** | **Position** | **Telephone** | **Email** | **Action** |
| --- | --- | --- | --- | --- |
| Dr Mbakeck OULD HOUMEID  | Coordonateur National du PEV  | 0022246459787 | mbarekohoumeid@yahoo.fr |  |
| Dr André YAMEOGO  | MCH Manager /UNICEF-NOUAKCHOTT  | 0022222330574 | ayameogo@unicef.org |  |
| Dr Ishagh OULD KHALEF  | NPO/PEV/ OMS- NOUAKCHOTT  | 0022222305948 | khalefi@mr.afro.who.int |  |

# **National Coordinating Body - Inter-Agency Coordinating Committee for Immunisation**

We the members of the ICC, HSCC, or equivalent committee**[1]** met on the 14.04.2011 to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

**[1]** Inter-agency Coordinating Committee or Health Sector Coordinating Committee, or equivalent committee which has the authority to endorse this application in the country in question.

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER: 5.

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Name/Title** | **Agency/Organisation** | **Signature** | **Action** |
| --- | --- | --- | --- |
| Sidi Aly Ould SIDI BOUBACAR | SG/Ministry of Health |  |  |
| Dr Abderrahmane OULD JIDDOU | Director of basic health services at the Ministry of Health |  |  |
| Dr Niang Saidou DORO | Director of the fight against the disease at the Ministry of Health |  |  |
| Abdallahi OULD MOHAMED LEHBIB | Advisor to the Minister of Health responsible for the prevention  |  |  |
| Dr M'barek Ould HOUMEID | National Coordinator of EPI/at the Ministry of Health |  |  |
| Dr Jean Pierre BAPTISTE | Representative of WHO |  |  |
| Mme Cathérine MBENGUE | Representative of UNICEF |  |  |
| Mme Marie AUGHENBAUGH  | Reoresentative of COUNTERPART INTERNATIONAL |  |  |
| Isselmou OULD HANEFI | ONG ABBERE |  |  |
| Mme Kadiata SECK SARR | ONG ADFFE |  |  |
|  |  |  |  |

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

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Dr Mbareck OULD HOUMEID  | **Title** | National Co-ordinator of EPI  |
| **Tel no** | 0022246459787 |
| **Fax no** | 00 222 4 5293007 | **Address** | Expanded Program of Immunization/ministry of Health BP 177; BP 169 NOuakchott Mauritanie. Tel 00222 45253996 |
| **Email** | mbarekohoumeid@yahoo.fr |

# **The Inter-Agency Coordinating Committee for Immunisation**

Agencies and partners (including development partners and NGOs) supporting immunisation services are co-ordinated and organised through an inter-agency coordinating mechanism (ICC, HSCC, or equivalent committee). The ICC, HSCC, or equivalent committee is responsible for coordinating and guiding the use of the GAVI NVS support. Please provide information about the ICC, HSCC, or equivalent committee in your country in the table below.

**Profile of the ICC, HSCC, or equivalent committee**

|  |  |
| --- | --- |
| **Name of the committee** | National Interagencies coordination committee of Expanded Program of Immunization |
| **Year of constitution of the current committee** | Created by order of MSAS N°R 08 of 16 january 2002 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | 4 sub-committees: logistics, surveillance, social mobilisation and NID |
| **Frequency of meetings** | Quarterly  |

**Composition**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Function** | **Title / Organisation** | **Name** |
| --- | --- | --- |
| **Chair** | Health Minister | BA HOUSSEYNOU HAMADY  |
| **Secretary** | National coordinator of EPI | Dr Mbareck OULD HOUMEID  |
| **Members** | Director of basic health services | Dr Abderrahmane Ould Jiddou | **Action** |
|  | Director of Pharmacy and Laboratories | Dr Hamoud Ould Fadel |  |
|  | Representative of the Ministry of Defence |  |  |
|  | Representative of the Ministry of Home Affairs |  |  |
|  | Representative of the Ministry of Finance |  |  |
|  | Representative of the Ministry of National Education |  |  |
|  | Representative of the Ministry of Culture |  |  |
|  | Representative of the Ministry of Communication |  |  |
|  | Representative of the Ministry of Social Affairs of Women and Children |  |  |
|  | Representative of the European Union |  |  |
|  | Representative of the French Cooperation |  |  |
|  | Representative of GTZ |  |  |
|  | Representative of World Bank |  |  |
|  | Representative of UNICEF |  |  |
|  | Representative of WHO |  |  |
|  | Representative of Rotary International |  |  |

Major functions and responsibilities of the committee

|  |
| --- |
| 1. **Develop a national policy of immunization against infectious diseases of epidemic potential or eradicable**
2. **Establish the target diseases of the program**
3. **Follow-up the implementation of the immunization program**
4. **Establish guidelines, strategies and appropriate measures to the program**
5. **Ensure the smooth running of the program activities**
6. **Approve the action plans and execution of multi-year sectoral plans for the immunization along with activity reports**
7. **Awareness among all national and international partners could provide support for the expanded program on immunization.**
8. **Support and encourage the exchange of information and feedback at national level, operating with external partners**
9. **Coordinate activities and committments of partners**
10. **Ensure that the partnership created by the national committee appears to support a positive force for both routine immunization and for national immunization days.**
 |

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

|  |  |
| --- | --- |
| **1.** | **Strengthen the appeal for the mobilisation of additional resources for routine immunization program.** |
| **2.** | **Coordinate the action of different intervenors in the immunization domain**  |
| **3.** | **Follow the guidelines and strategies of immunization program.** |

# **National Immunization Technical Advisory Group for Immunisation**

(If it has been established in the country)

We the members of the NITAG met on the 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: .

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

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Title** |  |
| **Tel no** |  |
| **Fax no** |  | **Address** |  |
| **Email** |  |

# **The NITAG Group for Immunisation**

**Profile of the NITAG**

|  |  |
| --- | --- |
| **Name of the NITAG** |  |
| **Year of constitution of the current NITAG** |  |
| **Organisational structure (e.g., sub-committee, stand-alone)** |  |
| **Frequency of meetings** |  |

**Composition**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Function** | **Title / Organisation** | **Name** |
| --- | --- | --- |
| **Chair** |  |  |
| **Secretary** |  |  |
| **Members** |  |  | **Action** |
|  |  |  |  |

Major functions and responsibilities of the NITAG

|  |
| --- |
|  |

Three major strategies to enhance the NITAG’s role and functions in the next 12 months

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |

# **Immunisation Program Data**

Please complete the tables below, using data from available sources. Please identify the source of the data, and the date. Where possible use the most recent data and attach the source document.

* Please refer to the Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan) and attach a complete copy (with an Executive Summary) as DOCUMENT NUMBER
* Please refer to the two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases.
* Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.

# **Basic facts**

For the year 2010 (most recent; specify dates of data provided)

|  | **Figure** | **Year** | **Source** |
| --- | --- | --- | --- |
| Total population | 3,179,469 |  | 2010 | National Statistical Office (Extrapolation of the population issue of RGPH 2001)  |
| Infant mortality rate (per 1000) | 77 |  | 2007 | MICS (Enquiry by groups to multiple indicators)  |
| Surviving Infants**[1]** | 139,396 |  | 2010 | Expanded Program of Immunization (EPI)  |
| GNI per capita (US$) | 686 |  | 2006 | Analysis of NPHD 2011 situation |
| Total Health Expenditure (THE) as a percentage of GDP | 1.40 | % | 2008 | Analysis of NPHD 2011 situation |
| General government expenditure on health (GGHE) as % of General government expenditure | 3.88 | % | 2008 | Analysis of NPHD 2011 situation |

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

Please provide some additional information on the planning and budgeting context in your country; also indicate the name and date of the relevant planning document for health

|  |
| --- |
| **A National Plan of Health Developement is in the process of development based on the National Policy of Health 2006-2015 and in the scope of national strategy for fight against poverty 2011-2015.** |

Is the cMYP (or updated Multi-Year Plan) aligned with this document (timing, content, etc.)?

|  |
| --- |
| **The cMYP is aligned to the national and health sector planning documents**  |

Please indicate the national planning budgeting cycle for health

|  |
| --- |
| **The health sector budget is prepared as per the participative process from the Moughataa level till the level of directives and programs of the Ministry on the basis of CDMT to be defended in August and to Ministry of Economy and Finances for the validation in September. Once validated, the budget is discussed in consultation with the Ministers before defending it at the Parliament at the budget session of October. This budget covers an annual period from January to December.** |

Please indicate the national planning cycle for immunisation

|  |
| --- |
| **The multi-year plan of EPI (MYP) covers the period from 2013-2015; It is in comparison with the national health policy of 2006-2015.The annual action plan of EPI coming from MYP, microplans of Moughataa are then complied at Wilaya level with the participation of all the partners of EPI** |

Please indicate if sex disaggregated data (SDD) is used in immunisation routine reporting systems

|  |
| --- |
|  |

Please indicate if gender aspects relating to introduction of a new vaccine have been addressed in the introduction plan

|  |
| --- |
|  |

# **Current immunization schedule**

Traditional, New Vaccines and Vitamin A supplement (refer to cMYP pages)

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Vaccine****(do not use trade name)** | **Ages of administration****(by routine immunisation services)** | **Given in****entire country** | **Comments** | **Action** |
| --- | --- | --- | --- | --- |
| BCG | Birth  | Yes |  |  |
| Penta | 6 , 10 , 14 weeks  | Yes | At the same time the anti-polio vaccine 1, 2, 3. is given |  |
| Poliomylitis | Birth, 6 , 10 , 14 weeks  | Yes | At the same time, PENTA 1, 2 and 3 are given |  |
| Anti-Measles | 9 months | Yes |  |  |
| TT | 14 à 45 years  | Yes | ATV1 at first contact ATV2: 4 weeks laterATV1; TT3: 6 months later ATV2; TT4: 12 months later ATV3; TT5:12 months later ATV4..  |  |
|  |  |  |  |  |
| **Vitamin A** |  |  |  |

# **Trends of immunisation coverage and disease burden**

(as per last two annual WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases)

| **Trends of immunisation coverage (percentage)** | **Vaccine preventable disease burden** |
| --- | --- |
| **Vaccine** | **Reported** | **Survey** | **Disease** | **Number of reported cases** |
|  | 2009 | 2010 | 2007 |  |  | **2009** | **2010** |
| **BCG** | 81 | 85 |  |  | **Tuberculosis** | 1,223 | 2,980 |
| **DTP** | **DTP1** | 79 | 82 |  |  | **Diphtheria** | 0 | 0 |
| **DTP3** | 64 | 64 | 57 |  | **Pertussis** |  |  |
| **Polio 3** | 63 | 52 | 46 |  | **Polio** | 0 | 5 |
| **Measles (first dose)** | 59 | 67 | 76 |  | **Measles** | 322 | 1,292 |
| **TT2+ (Pregnant women)** | 29 | 30 |  |  | **NN Tetanus** | 2 | 1 |
| **Hib3** | 64 | 64 |  |  | **Hib[2]** | 0 | 0 |
| **Yellow Fever** | 0 | 0 |  |  | **Yellow fever** | 0 | 0 |
| **HepB3** | 64 | 64 |  |  | **HepBsero-prevalence[1]** | 4 | 0 |
| **Vitamin A supplement** **Mothers (< 6 weeks post-delivery)** |  |  |  |  |  |
| **Vitamin A supplement** **Infants (>6 months)** |  |  |  |  |

**[1]** If available

**[2]** **Note**: JRF asks for Hib meningitis

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

|  |
| --- |
| **The survey data shown below are those of the MICS 2007 inquiry. The surveyed age groups are children from 12 to 23 months**  |

# **Baseline and Annual Targets**

(refer to cMYP pages)

**Table 1:** baseline figures

| **Number** | **Base Year** | **Baseline and Targets** |
| --- | --- | --- |
| **2010** | **2012** | **2013** | **2014** | **2015** |  |  |
| **Total births** | 139,397 | 146,169 | 149,677 | 153,269 | 156,948 |  |  |
| **Total infants' deaths** | 6,178 | 6,478 | 6,633 | 6,792 | 6,955 |  |  |
| **Total surviving infants** | 133,219 | 139,691 | 143,044 | 146,477 | 149,993 |  |  |
| **Total pregnant women** | 151,025 | 158,361 | 162,162 | 166,054 | 170,039 |  |  |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 118,042 | 135,938 | 145,187 | 150,204 | 155,378 |  |  |
| **BCG coverage (%)[1]** | 85% | 93% | 97% | 98% | 99% |  |  |
| **Number of infants vaccinated (to be vaccinated) with OPV3**  | 68,832 | 104,768 | 114,435 | 123,040 | 133,493 |  |  |
| **OPV3 coverage (%)[2]** | 52% | 75% | 80% | 84% | 89% |  |  |
| **Number of infants vaccinated (or to be vaccinated) with DTP1[3]** | 108,752 | 118,737 | 128,739 | 134,759 | 142,493 |  |  |
| **Number of infants vaccinated (to be vaccinated) with DTP3[3]** | 85,687 | 104,768 | 114,435 | 123,040 | 133,493 |  |  |
| **DTP3 coverage (%)[2]** | 64% | 75% | 80% | 84% | 89% |  |  |
| **Wastage[1] rate in base-year and planned thereafter for DTP (%)** | 15% | 5% | 5% | 5% | 5% |  |  |
| **Wastage[1] factor in base-year and planned thereafter for DTP** | 1.18 | 1.05 | 1.05 | 1.05 | 1.05 |  |  |
| **Target population vaccinated with 1st dose of Pneumococcal** |  | 41,907 | 128,739 | 134,759 | 142,493 |  |  |
| **Target population vaccinated with 3rd dose of Pneumococcal** |  | 27,938 | 114,435 | 123,040 | 133,493 |  |  |
| **Pneumococcal coverage (%)[2]** | 0% | 20% | 80% | 84% | 89% |  |  |
| **Infants vaccinated (to be vaccinated) with 1st dose of Measles** | 89,421 | 104,768 | 114,435 | 123,040 | 133,493 |  |  |
| **Measles coverage (%)[2]** | 67% | 75% | 80% | 84% | 89% |  |  |
| **Pregnant women vaccinated with TT+** | 45,786 | 58,594 | 64,865 | 69,743 | 76,518 |  |  |
| **TT+ coverage (%)[4]** | 30% | 37% | 40% | 42% | 45% |  |  |
| **Vit A supplement to mothers within 6 weeks from delivery** |  |  |  |  |  |  |  |
| **Vit A supplement to infants after 6 months** |  |  |  |  |  |  |  |
| **Annual DTP Drop-out rate[ ( DTP1 - DTP3 ) / DTP1 ] x 100[5]** | 21% | 12% | 11% | 9% | 6% |  |  |

**[1]** Number of infants vaccinated out of total births

**[2]** Number of infants vaccinated out of total surviving infants

**[3]** Indicate total number of children vaccinated with either DTP alone or combined

**[4]** Number of pregnant women vaccinated with TT+ out of total pregnant women

**[5]** 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 immunizations with the same vaccine in the same period.

# **Summary of current and future immunisation budget**

(or refer to cMYP pages)

|  | **Estimated costs per annum in US$ (in thousand US$)** |
| --- | --- |
| **Cost category** | **Base Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| 2010 | 2012 | 2013 | 2014 | 2015 |  |  |  |  |
| **Routine Recurrent Cost** |
| **Vaccines (routine vaccines only)** | **146,220** | **977,745** | **3,797,477** | **5,267,607** | **5,393,226** |  |  |  |  |
| **Traditional vaccines** | 146,220 | 192,975 | 210,088 | 223,565 | 241,449 |  |  |  |  |
| **New and underused vaccines** |  | 784,770 | 3,587,389 | 5,044,042 | 5,151,777 |  |  |  |  |
| **Injection supplies** | 313,352 | 390,025 | 446,221 | 479,744 | 519,969 |  |  |  |  |
| **Personnel** | **712,557** | **792,981** | **816,161** | **835,970** | **855,735** |  |  |  |  |
| **Salaries of full-time NIP health workers (immunisation specific)** | 78,355 | 85,828 | 94,865 | 100,248 | 105,299 |  |  |  |  |
| **Per-diems for outreach vaccinators / mobile teams** | 634,202 | 707,153 | 721,296 | 735,722 | 750,436 |  |  |  |  |
| **Transportation** | 47,038 | 28,353 | 73,846 | 75,323 | 76,829 |  |  |  |  |
| **Maintenance and overheads** | 219 | 258 | 263 | 269 | 41 |  |  |  |  |
| **Training** | 13,937 | 22,657 | 28,887 | 36,831 | 46,960 |  |  |  |  |
| **Social mobilisation and IEC** | 6,969 | 11,328 | 14,444 | 18,416 | 23,480 |  |  |  |  |
| **Disease surveillance** | 15,679 | 25,490 | 32,498 | 41,435 | 52,829 |  |  |  |  |
| **Program management** | 5,488 | 8,918 | 11,377 | 14,502 | 15,721 |  |  |  |  |
| **Other** | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
| ***Subtotal Recurrent Costs*** | ***1,261,459*** | ***2,257,755*** | ***5,221,174*** | ***6,770,097*** | ***6,984,790*** |  |  |  |  |
|  |
| **Routine Capital Costs** |
| **Vehicle** | 0 | 25,738 | 26,253 | 26,778 | 27,313 |  |  |  |  |
| **Cold chain equipment** | 62,763 | 86,985 | 90,383 | 108,427 | 41,385 |  |  |  |  |
| **Other capital equipment** | 4,146 | 4,229 | 4,229 | 4,229 | 4,229 |  |  |  |  |
| ***Subtotal Capital Costs*** | ***66,909*** | ***116,952*** | ***120,865*** | ***139,434*** | ***72,927*** |  |  |  |  |
|  |
| **Campaigns** |
| **Polio** | 1,237,167 | 1,597,078 | 1,654,625 | 1,714,641 | 1,777,066 |  |  |  |  |
| **Measles** | 0 | 0 | 0 | 0 | 1,568,958 |  |  |  |  |
| **Yellow Fever** | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
| **MNT campaigns** | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
| **Other campaigns** | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
| ***Subtotal Campaign Costs*** | ***1,237,167*** | ***1,597,078*** | ***1,654,625*** | ***1,714,641*** | ***3,346,024*** |  |  |  |  |
| **GRAND TOTAL** | **2,565,535** | **3,971,785** | **6,996,664** | **8,624,172** | **10,403,741** |  |  |  |  |

# **Summary of current and future financing and sources of funds**

Please list in the tables below the funding sources for each type of cost category (if known). Please try and indicate which immunisation program costs are covered from the Government budget, and which costs are covered by development partners (or the GAVI Alliance), and name the partners (or refer to cMYP).

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

|  | **Estimated costs per annum in US$ (in thousand US$)** |
| --- | --- |
| **Cost category** | **Funding source** | **Base Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| **2010** | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| **Routine Recurrent Cost** |
|  | 1. Government | 2,913,213 | 3,464,753 | 3,211,159 | 1,990,013 | 4,018,560 |  |  |  |  |  |
|  | 2. UNICEF  | 895,108 | 242,614 | 612,940 | 227,604 | 382,480 |  |  |  |  |  |
|  | 3. OMS  | 94,294 | 207,705 | 372,724 | 103,994 | 281,101 |  |  |  |  |  |
|  | 4. GAVI  | 500,000 | 1,330,108 | 5,202,216 | 6,349,276 | 6,465,299 |  |  |  |  |  |
|  |  |
| **Routine Capital Costs** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |
| **Campaigns** |  |
|  | 1. Government | 200,000 | 855,778 | 609,757 | 2,160,136 | 547,312 |  |  |  |  |  |
|  | 2. UNICEF  | 757,917 | 486,503 | 486,568 |  | 729,754 |  |  |  |  |  |
|  | 3. OMS  | 279,250 | 254,797 | 558,300 | 1,123,463 | 500,000 |  |  |  |  |  |
| **GRAND TOTAL** | **5,639,782** | **6,842,258** | **11,053,664** | **11,954,486** | **12,924,506** |  |  |  |  |  |

# **New and Under-Used Vaccines (NVS)**

Please summarise the cold chain capacity and readiness to accommodate new vaccines, stating how the cold chain expansion (if required) will be financed, and when it will be in place. Please indicate the additional cost, if capacity is not available and the source of funding to close the gap.

|  |
| --- |
| According to an evaluation of the management of the vaccines in November 2010, the total storage capacity at central level is 6.550m3 (for the positive cold room, it is 6.350m3 and for the refrigerators this capacity is 216 liters). However, this evaluation found this capacity to be insufficient in preserving vaccines in the EPI as standard and hence the capacity with the required reserves was estimated at 7.3m3 in the conditions of two annual supplies adhering to the program to give an actual net capacity, including cold rooms and refrigerator that is equivalent to 5.621 liters.To overcome this insufficient capacity, the current action plan intends in 2011 that the storage capacity should be increased at national level by way of a positive cold room of 30m3 already under the proposed budget of UNICEF.Furthermore, as result of the evaluation of the management of the vaccine, the depots of Wilaya (DRAS) and Moughataa (health centers) have insufficient storage capacities for vaccines and diluents. In order to rectify this, the EPI with the aid of UNICEF has now started to make available 55 units (1320) for 2011. An order for a cold room of 10m3 for the Wilaya of Nouakchott, government building, and 113 units (RCW50, MK304, HBC-340 and HBD 286) has already been placed with expected delivery in July 2011 with the aid of UNICEF. In addition, 100 other systems ordered by the Health Minister for the aid project in the National Nutrition and Health Plan (NNHP) have been financed by the World Bank. Increasingly, other partners such as the Islamic Development Bank (IsDB) have shown an interest in giving their support to the cold chain in 2011 and 2012. The storage capacity at the Willaya health center will then be increased from now until the third quarter of 2011 to allow not only for the current needs to be supplied but also for the introduction of a new vaccine. |

Please give a summary of the cMYP sections that refer to the introduction of new and under-used vaccines. Outline the key points that informed the decision-making process (data considered etc)

|  |
| --- |
| By meeting objective four of the Millennium Development Goals, within the national guidelines of the fight against poverty and the National Health Policy 2006—2015, Mauritania has committed itself to reducing maternal and infant juvenile mortality, in addition to other strategies, the gradual introduction of new vaccines in the standard EPI.From this, Mauritania has introduced in 2005, a vaccine against hepatitis B in the standard EPI and Haemophilus Influenzae type B in the form of pentavalent in 2009 and intends to apply for the introduction of the anti pneumococcal vaccine in 2011 into the EPI 2008-2012.In reality, pneumococcal infections pose a major public health problem and according to the WHO in 2006, 1.6 million children of less than five months old suffer from serious pneumococcal infections, 800,00 of them resulting in death each year and 90% occurring in developing countries.With regard to what has happened previously, the country is committed to making new vaccines more readily available in the fight against infantile and juvenile mortality by introducing in 2012 the anti-pneumococcal vaccine into the standard program. Moreover, the country intends to purchase these new vaccines with a share of 0.20 US per dose greater than the pentavalent vaccine already in use since 2009. This anti-pneumococcal vaccine will be introduced along the same lines as pentavalent. It will be preceded by a series of training courses of health personnel, of a revision of EPI support systems and awareness campaigns with regards to the population.  |

# **Capacity and cost (for positive storage)**

|  |  | **Formula** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| **A** | **Annual positive volume requirement, including new vaccine (liters or m3)****Liters** | **Sum-product of total vaccine doses multiplied by unit packed volume of the vaccine** | 9,743 | 15,393 | 20,305 | 22,006 |  |  |  |  |
| **B** | **Existing net positive cold chain capacity (liters or m3)****Liters** | **#** | 12,764 | 12,764 | 12,764 | 12,764 |  |  |  |  |
| **C** | **Estimated minimum number of shipments per year required for the actual cold chain capacity** | **A / B** | **1** | **2** | **2** | **2** |  |  |  |  |
| **D** | **Number of consignments /****shipments per year** | **Based on national vaccine shipment plan** | 2 | 2 | 2 | 2 |  |  |  |  |
| **E** | **Gap (if any)** | **((A / D) - B)** | -7,893 | -5,068 | -2,612 | -1,761 |  |  |  |  |
| **F** | **Estimated additional cost of cold chain** | **US$** | **54,286** | **0** | **0** | **0** |  |  |  |  |

Please briefly describe how your country plans to move towards attaining financial sustainability for the new vaccines you intend to introduce, how the country will meet the co-financing payments, and any other issues regarding financial sustainability you have considered (refer to the cMYP)

|  |
| --- |
| The Government ‘s contribution stems from the function of EPI and a proportion equating to 95% of this budget is put into UNICEF’s account to purchase traditional vaccines and vaccine related products in the Vaccine Independence Initiative (VII).In the introduction of the pneumococcal vaccine, the Government from 2011 onwards will contribute with the help of co finance, more than 0.20 USD per dose. This is in line with the compulsory principle of co financing from countries with new vaccines. |

# **Assessment of burden of relevant diseases (if available)**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Disease** | **Title of the assessment** | **Date** | **Results** |
| --- | --- | --- | --- |
| Pneumonia (available figures do not only include Mauritania) | WHO documents  |  | Pneumococcal infections pose a major health risk in developing countries especially Africa This infection is the cause of almost 19% of deaths in children less than 5 years old, 1 million approx each year and 94% of which are in developing countries  |  |

If new or under-used vaccines have already been introduced in your country, please give details of the lessons learned from storage capacity, protection from accidental freezing, staff training, cold chain, logistics, drop-out rate, wastage rate etc., and suggest action points to address them

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Lessons Learned** | **Action Points** |
| --- | --- |
| 1. Storage capacity result of an evaluation in 2007, storage capacity during the introduction of pentavalent was largely insufficient for this vaccine and even allowed for the introduction of the pneumococcal vaccine with a slight strengthening of the cold chain. | A new evaluation of the vaccine management was carried out in November 2010 and allowed information to be gathered on ways to increase the storage capacity to allow for new vaccines like pneumococcus. |  |
| 2. The training of personnel is not adequately carried out during the introduction of pentavalent, which has produced the operation of the EPI, stock management and the EPI’s development plan during monthly meetings. | The training of immunization staff will be made in stages starting with the central team who would have difficulties in eventually become trainers for other intermediary and peripheral levels. |  |
| 3. The cold chain. The cold chain has been the focus of many breakdowns, sometimes avoidable, throughout the last few years which have caused frequent interruptions of immunization activity in certain areas resulting in higher numbers of non vaccinated children. These breakdowns are essentially due to insufficiencies in the cold chain (increased temperatures) to an almost total absence of preventative maintenance and especially instability of cold technicians) | The first measure taken was a comprehensive study of the whole system in the cold chain with all the technical specifications followed by an update of the systems in the cold chain in certain areas. A contract will be signed with the technicians in areas where this expertise is available for the maintenance of the cold chain and staff training on repairs and minor breakdowns |  |
| 4. Logistics. Apart from the cold chain, the logistics particularly pose problems in terms of the transport of resources to areas at longer distance and areas on the peripheries. This problem is recurrent and linked to a notable lack of transport. The EPI does not own its own vehicles and has to use other means to administer immunizations in outlying regions, producing delays in delivery. On the other hand, regional depots do not have generators in the event of electrical failure (frequent occurrence in the interior of the country) vaccines can sometimes deteriorate.  | The action plan of the EPI has been classed as a major priority and the strengthening of transport logistics particularly in the use of transport center for the whole country and central level together with the purchase of a cold storage vehicle to transport vaccines from Nouakchott to outer areas under acceptable preservation conditions.  |  |
| 5 The dropout rate: As mentioned above, the provision of immunization services was an issue which is causing a high rate of abandonment. This in a way can be linked to the lack of staff training and inadequate logistics / Cold Chain. | As mentioned above, the improvement in the services is made by regular immunization tasks, a well trained staff and an effective logistic will contribute to reducing the rate of abandonments. |  |
| The rate of loss of vaccine: Approximate and incomplete filling of the management tools of the program do not help assess the rate of vaccine loss and no reliable data is available to date. The only available evidence comes from a 1999 study on the vaccine loss rate funded by ARIVABCG 40.78%DTP 28.23%VPO 17.18%RVV 39.71%ATV 47.38% | Efforts have been made in improving the management of antigens Training programs have been organized at the location of the for health workers, supports with emphasis on rate of vaccine loss have been developed, standardized and made available in all areas of immunization. These courses will be reinforced and more regular supervisory training will be conducted.The loss rate in 2010 was 15% for the DPT Vaccine HepB- Hib according to administration figures. This rate will be reduced by 5% in the coming years. |  |

Please list the vaccines to be introduced with support from the GAVI Alliance (and presentation)

|  |
| --- |
| The vaccine that we hope to introduce with the support of GAVI is the anti pneumococcal vaccine type PCV13, 1 dose, liquid. |

# **6.****3.1. Requested vaccine ( Pneumococcal (PCV13), 1 doses/vial, Liquid )**

As reported in the cMYP, the country plans to introduce Pneumococcal (PCV13), 1 doses/vial, Liquid vaccine.

# **6.****3.2. Co-financing information**

If you would like to co-finance higher amount than minimum, please overwrite information in the “*Your co-financing*” row.

**Note:** Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

|  |  |
| --- | --- |
| **Country group** | Low |

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2012 | 2013 | 2014 | 2015 |  |  |  |  |
| **Minimum co-financing** | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |  |
| **Your co-financing (please change if higher)** | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |  |

# **6.****3.3. Wastage factor**

Please indicate wastage rate:

Countries are expected to plan for a maximal wastage rate of:

* 50% - for a lyophilised vaccine in 10 or 20-dose vial,
* 25% - for a liquid vaccine in 10 or 20-dose vial or a lyophilised vaccine in 5-dose vial,
* 10% - for a lyophilised/liquid vaccine in 2-dose vial, and
* 5% - for a liquid vaccine in 1-dose vial

**Note:** Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2012 | 2013 | 2014 | 2015 |  |  |  |  |
| **Vaccine wastage rate in %** | 5% | 5% | 5% | 5% |  |  |  |  |
| **Equivalent wastage factor** | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |  |

# **6.3.4. Specifications of immunizations with new vaccine**

|  | **Data from** |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | Table 1 | # | 41,907 | 128,739 | 134,759 | 142,493 |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 27,938 | 114,435 | 123,040 | 133,493 |  |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 20.00% | 80.00% | 84.00% | 89.00% |  |  |  |  |
| **Estimated vaccine wastage factor** | Table 6.(n).3**[3]** | # | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |  |
| **Country co-financing per dose[2]** | Table 6.(n).2**[3]** | $ | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Total price per-dose includes vaccine cost, plus freight, supplies, insurance, visa costs etc.

**[3]** Where (n) depends on the vaccine

# **6.3.5. Portion of supply to be procured by the country (and cost estimate, US$)**

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| **Number of vaccine doses** | # | 8,900 | 25,400 | 23,000 | 24,300 |  |  |  |  |
| **Number of AD syringes** | # | 9,500 | 27,000 | 24,300 | 25,800 |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 125 | 300 | 275 | 300 |  |  |  |  |
| **Total value to be co-financed by country** | $ | **33,500** | **95,000** | **86,000** | **91,000** |  |  |  |  |

# **6.3.6. Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)**

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| **Number of vaccine doses** | # | 156,200 | 448,700 | 406,400 | 430,700 |  |  |  |  |
| **Number of AD syringes** | # | 166,800 | 477,700 | 429,800 | 455,600 |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 1,875 | 5,325 | 4,775 | 5,075 |  |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **585,500** | **1,680,500** | **1,522,000** | **1,613,000** |  |  |  |  |

# **6.3.7. New and Under-Used Vaccine Introduction Grant**

Please indicate in the tables below how the one-time Introduction Grant**[1]** will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP).

**Calculation of lump-sum for the Pneumococcal (PCV13), 1 doses/vial, Liquid**

If the total is lower than US$100,000, it is automatically rounded up to US$100,000

| **Year of New Vaccine Introduction**  | **Births (from Table 1)** | **Share per Birth in US$** | **Total in US$** |
| --- | --- | --- | --- |
| 2012 | 146,169 | 0.30 | 100,000 |

**[1]** The Grant will be based on a maximum award of $0.30 per infant in the birth cohort with a minimum starting grant award of $100,000

**Cost (and finance) to introduce the Pneumococcal (PCV13), 1 doses/vial, Liquid (US$)**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Cost Category** | **Full needs for new vaccine introduction in US$** | **Funded with new vaccine introduction grant in US$** |
| --- | --- | --- |
| **Training** | 17,422 | 17,422 |
| **Social Mobilization, IEC and Advocacy** | 13,937 | 13,937 |
| **Cold Chain Equipment & Maintenance** | 13,937 | 13,937 |
| **Vehicles and Transportation** | 24,390 | 10,453 |
| **Program Management** | 3,484 | 13,937 |
| **Surveillance and Monitoring** | 13,937 | 8,711 |
| **Human Resources** | 3,484 | 3,000 |
| **Waste Management** | 1,742 | 1,045 |
| **Technical assistance** | 0 | 0 |
| **Addition and multiplication of data collection tools** | 17422 | 17422 |  |
| **Totals** | 109,755 | 99,864 |

# **Procurement and Management of New and Under-Used Vaccines**

**Note:** The PCV vaccine must be procured through UNICEF

1. Please show how the support will operate and be managed including procurement of vaccines (GAVI expects that most countries will procure vaccine and injection supplies through UNICEF)

|  |
| --- |
| Mauritania has joined the vaccine Independence Initiative (VII) in 1996, and since then a budget has been allocated for the purchase of vaccines and consumables.The vaccines are checked on delivery and stored at central level cold chain to ensure distribution.The country has decided that the purchase of vaccines should be made through UNICEF and funds are allocated regularly by the government into UNICEF’s account for GAVI as for traditional vaccines in the frame work of Independent Vicinal Initiative (IVI). |

1. If an alternative mechanism for procurement and delivery of supply (financed by the country or the GAVI Alliance) is requested, please document
* Other vaccines or immunisation commodities procured by the country and descriptions of the mechanism used.
* The functions of the National Regulatory Authority (as evaluated by WHO) to show they comply with WHO requirements for procurement of vaccines and supply of assured quality.

|  |
| --- |
|  |

1. Please describe the introduction of the vaccines (refer to cMYP)

|  |
| --- |
| In 2005, Mauritania introduced the Hepatitis B vaccine in the form of Tetravalent DTP-HepB nationally.In 2009, the vaccine against Haemophilus Influenzae type b in the form of Pentavalent DTP-HepB-Hib single dose was introduced nationally.From 2012, the anti pneumococcal vaccine will also be introduced throughout the country.To achieve this, preparatory measures have been taken to help in the introduction, notably:* To promote the case at top level countrywide,
* Strengthen the capacity of the cold chain at various levels,
* Revise program management tools,
* Strengthen personnel capabilities,
* Raise awareness of public health, clinics and the community,
* Set-up a supervisory system,
* Assure the continuation and evaluation of introduction processes,

This vaccine will follow the same schedule as pentavalent. Only one dose is needed to provide protection for children older than 12 months and immunization is not necessary either at birth or as adults. |

1. Please indicate how funds should be transferred by the GAVI Alliance (if applicable)

|  |
| --- |
| The GAVI funds will be provided by the account of the Ministry of Health and the figures are included in the appendix of this document. |

1. Please indicate how the co-financing amounts will be paid (and who is responsible for this)

|  |
| --- |
| The Ministry of Health will allocate shares to UNICEF Mauritania for GAVI from the public treasury. |

1. Please outline how coverage of the new vaccine will be monitored and reported (refer to cMYP)

|  |
| --- |
| The immunization data from the anti pneumococcal vaccine will be collected in health posts and health centers following the same standards outlined in the EPI which are already in use for other vaccines. These methods will be revised prior to using them in the anti pneumococcal vaccine program. This data will be checked at local level before being released to higher level as per normal.Monitoring will be done each month in the Moughataa center and reviews will be organized quarterly at Wilaya and central to measure the progress made and to identify any problems. At national level, the immunization data will be regularly checked by the ICC before being released internationally.The DQS will be one of the benchmarks for monitoring the data quality. |

# **Vaccine Management (EVSM/EVM/VMA)**

When was the last Effective Vaccine Store Management (EVSM) conducted?November - 2010

When was the last Effective Vaccine Management (EVM) or Vaccine Management Assessment (VMA) conducted?November - 2010

If your country conducted either EVSM, EVM, or VMA in the past three years, please attach relevant reports. (Document N°)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and VMA tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at <http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html>

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

|  |
| --- |
| Moving on from the analysis of results of the various criteria of EVM 2010, the following recommendations were made:1. **.To the EPI and Health Ministry.**

 a.Training* To ensure training in EPI management for personnel in charge of the management of vaccines and consumables at all levels (storage temperature, critical stock, monitoring of loss levels, condition of batteries, function tests etc.)
* To provide training for personnel in charge of vaccine management and consumables about information management systems and monitoring of vaccines and consumables (SMT and DVD-MT) and standardize their use in regional and district depots.
* To ensure regular supervised quality training at all levels.

b. Equipment* Acquire and use constant CC temperature controls at regional and area levels (Q-Tag, Freeze Tag, etc)
* To fit positive and negative cold rooms with constant temperature controls
* Equip regional and local depots with information materials to standardize the regular use of management tools and monitoring of vaccines and consumables.
* Strengthen the storage capacities at central, intermediary and peripheral levels, particularly with regards to the introduction of new vaccines.
* Create an inventory of equipment at least twice a month

c. Development of technical documents* Revision of the manual stock register to take into account the batch numbers, condition of the PCV, manufacturer, storage place, diluents, safety boxes
* Expand and or make available standard operating procedures ( waste management, out -dated vaccines)
* Develop a national reinforcement plan, rehabilitation and renewing of equipment in the cold chain from the inventory carried out in September 2010 (corrected)

2) At regional and district depots* Implement a package of emergency measures (written) and place contacts in the case of an emergency in easily accessible areas
* Develop and implement a plan for maintenance of transport equipment and provide log books
* Create a maintenance plan of the building
* Develop and post visual aid on the management of vaccines (PCV, storage of vaccines, temperature indicators etc)
* Organize the warehouse, place stock sheets and ensure a regular inventory is carried out

3. To Partners (WHO, UNICEF etc) * Provide technical help and financial support to the Health Ministry in the practice of these recommendations
 |

When is the next Effective Vaccine Management (EVM) Assessment planned? November - 2012

*Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.*

# **Additional Comments and Recommendations**

Comments and Recommendations from the National Coordinating Body (ICC/HSCC)

|  |
| --- |
|  |

# **Annexes**

# **Annex 1**

# **Annex 1.1 – Pneumococcal (PCV13), 1 doses/vial, Liquid**

**Table 1.1 A** - Rounded up portion of supply that is procured by the country and estimate of related cost in US$

| **Required supply item** |  | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 8,900 | 25,400 | 23,000 | 24,300 |  |  |  |  |
| **Number of AD syringes** | *#* | 9,500 | 27,000 | 24,300 | 25,800 |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 125 | 300 | 275 | 300 |  |  |  |  |
| **Total value to be co-financed by the country** | *$* | 33,500 | 95,000 | 86,000 | 91,000 |  |  |  |  |

**Table 1.1 B** - Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.

| **Required supply item** |  | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 156,200 | 448,700 | 406,400 | 430,700 |  |  |  |  |
| **Number of AD syringes** | *#* | 166,800 | 477,700 | 429,800 | 455,600 |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 1,875 | 5,325 | 4,775 | 5,075 |  |  |  |  |
| **Total value to be co-financed by the country** | ***$*** | **585,500** | **1,680,500** | **1,522,000** | **1,613,000** |  |  |  |  |

**Table 1.1 C** - Summary table for Pneumococcal (PCV13), 1 doses/vial, Liquid

|  | **Data from** |  | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # | 139,691 | 143,044 | 146,477 | 149,993 |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # | 27,938 | 114,435 | 123,040 | 133,493 |  |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # | 20.00% | 80.00% | 84.00% | 89.00% |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # | 41,907 | 128,739 | 134,759 | 142,493 |  |  |  |  |
| **Number of doses per child** |  | # | 3 | 3 | 3 | 3 |  |  |  |  |
| **Estimated vaccine wastage factor** | *Table 6.(n).3***[2]** | # | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |  |
| **Number of doses per vial** |  | # | 1 | 1 | 1 | 1 |  |  |  |  |
| **AD syringes required**  |  | # | Yes  | Yes  | Yes  | Yes  |   |   |   |   |
| **Reconstitution syringes required**  |  | # | No  | No  | No  | No  |   |   |   |   |
| **Safety boxes required**  |  | # | Yes  | Yes  | Yes  | Yes  |   |   |   |   |
| **Vaccine price per dose** |  | $ | 3.500  | 3.500  | 3.500  | 3.500  |   |   |   |   |
| **Country co-financing per dose** | *Table 6.(n).2***[2]** | $ | 0.20  | 0.20  | 0.20  | 0.20  |   |   |   |   |
| **AD syringe price per unit** |  | $ | 0.053  | 0.053  | 0.053  | 0.053  |   |   |   |   |
| **Reconstitution syringe price per unit** |  | $ |   |   |   |   |   |   |   |   |
| **Safety box price per unit** |  | $ | 0.640  | 0.640  | 0.640  | 0.640  |   |   |   |   |
| **Freight cost as % of vaccines value** |  | % | 5.00  | 5.00  | 5.00  | 5.00  |   |   |   |   |
| **Freight cost as % of devices value** |  | % | 10.00  | 10.00  | 10.00  | 10.00  |   |   |   |   |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Table 1.1 D** - Estimated number of doses for Pneumococcal (PCV13), 1 doses/vial, Liquid associated injection safety material and related co-financing budget (page 1)

|  |  | **Formula** | **2012** | **2013** |
| --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 5.34% |  |  | 5.34% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 41,907 | 2,238 | 39,669 | 128,739 | 6,875 | 121,864 |
| C | **Number of doses per child** | Vaccine parameter | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 125,721 | 6,714 | 119,007 | 386,217 | 20,624 | 365,593 |
| E | **Estimated vaccine wastage factor** | Table 6.(n).3. in NVS section**[2]** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| F | **Number of doses needed including wastage** | D \* E | 132,008 | 7,049 | 124,959 | 405,528 | 21,655 | 383,873 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 33,002 | 1,763 | 31,239 | 68,380 | 3,652 | 64,728 |
| I | **Total vaccine doses needed** | F + G | 165,010 | 8,811 | 156,199 | 473,908 | 25,307 | 448,601 |
| J | **Number of doses per vial** | Vaccine parameter | 1 | 1 | 1 | 1 | 1 | 1 |
| K | **Number of AD syringes (+ 10% wastage) needed** | (D + G) \* 1.11 | 176,183 | 9,408 | 166,775 | 504,603 | 26,946 | 477,657 |
| L | **Reconstitution syringes (+ 10% wastage) needed** | I / J \* 1.11 |  |  |  |  |  |  |
| M | **Total of safety boxes (+ 10% of extra need) needed** | (K + L) / 100 x 1.11 | 1,956 | 105 | 1,851 | 5,602 | 300 | 5,302 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 577,535 | 30,839 | 546,696 | 1,658,678 | 88,572 | 1,570,106 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 9,338 | 499 | 8,839 | 26,744 | 1,429 | 25,315 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 1,252 | 67 | 1,185 | 3,586 | 192 | 3,394 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 28,877 | 1,542 | 27,335 | 82,934 | 4,429 | 78,505 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 1,059 | 57 | 1,002 | 3,033 | 162 | 2,871 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 618,061 | 33,002 | 585,059 | 1,774,975 | 94,782 | 1,680,193 |
| U | **Total country co-financing** | I \* country co-financing per dose | 33,002 |  |  | 94,782 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 5.34% |  |  | 5.34% |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Table 1.1 D -** Estimated number of doses for Pneumococcal (PCV13), 1 doses/vial, Liquid associated injection safety material and related co-financing budget (page 2)

|  |  | **Formula** | **2014** | **2015** |
| --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 5.34% |  |  | 5.34% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 134,759 | 7,197 | 127,562 | 142,493 | 7,610 | 134,883 |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 404,277 | 21,591 | 382,686 | 427,479 | 22,830 | 404,649 |
| E | **Estimated vaccine wastage factor** | Table 6.(n).3. in NVS section**[2]** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| F | **Number of doses needed including wastage** | D \* E | 424,491 | 22,671 | 401,820 | 448,853 | 23,972 | 424,881 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 4,741 | 254 | 4,487 | 6,091 | 326 | 5,765 |
| I | **Total vaccine doses needed** | F + G | 429,232 | 22,924 | 406,308 | 454,944 | 24,297 | 430,647 |
| J | **Number of doses per vial** | Vaccine parameter | 1 | 1 | 1 | 1 | 1 | 1 |
| K | **Number of AD syringes (+ 10% wastage) needed** | (D + G) \* 1.11 | 454,010 | 24,247 | 429,763 | 481,263 | 25,703 | 455,560 |
| L | **Reconstitution syringes (+ 10% wastage) needed** | I / J \* 1.11 |  |  |  |  |  |  |
| M | **Total of safety boxes (+ 10% of extra need) needed** | (K + L) / 100 x 1.11 | 5,040 | 270 | 4,770 | 5,343 | 286 | 5,057 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 1,502,312 | 80,233 | 1,422,079 | 1,592,304 | 85,038 | 1,507,266 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 24,063 | 1,286 | 22,777 | 25,507 | 1,363 | 24,144 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 3,226 | 173 | 3,053 | 3,420 | 183 | 3,237 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 75,116 | 4,012 | 71,104 | 79,616 | 4,252 | 75,364 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 2,729 | 146 | 2,583 | 2,893 | 155 | 2,738 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 1,607,446 | 85,847 | 1,521,599 | 1,703,740 | 90,989 | 1,612,751 |
| U | **Total country co-financing** | I \* country co-financing per dose | 85,847 |  |  | 90,989 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 5.34% |  |  | 5.34% |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Annex 2**

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

**Table A -** Commodities Cost

| **Vaccine** | **Presentation** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AD syringe | 0 | 0.053 | 0.053 | 0.053 | 0.053 | 0.053 | 0.053 | 0.053 |
| DTP-HepB | 2 | 1.600 |  |  |  |  |  |  |
| DTP-HepB | 10 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 |
| DTP-HepB-Hib | WAP | 2.580 | 2.470 | 2.320 | 2.030 | 1.850 | 1.850 | 1.850 |
| DTP-HepB-Hib | WAP | 2.580 | 2.470 | 2.320 | 2.030 | 1.850 | 1.850 | 1.850 |
| DTP-HepB-Hib | WAP | 2.580 | 2.470 | 2.320 | 2.030 | 1.850 | 1.850 | 1.850 |
| DTP-Hib | 10 | 3.400 | 3.400 | 3.400 | 3.400 | 3.400 | 3.200 | 3.200 |
| HepB monoval | 1 |  |  |  |  |  |  |  |
| HepB monoval | 2 |  |  |  |  |  |  |  |
| Hib monoval | 1 | 3.400 |  |  |  |  |  |  |
| Measles | 10 | 0.240 | 0.240 | 0.240 | 0.240 | 0.240 | 0.240 | 0.240 |
| Pneumococcal(PCV10) | 2 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 |
| Pneumococcal(PCV13) | 1 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 |
| Reconstit syringe for Pentaval (2ml) | 0 | 0.032 | 0.032 | 0.032 | 0.032 | 0.032 | 0.032 | 0.032 |
| Reconstit syringe for YF | 0 | 0.038 | 0.038 | 0.038 | 0.038 | 0.038 | 0.038 | 0.038 |
| Rotavirus 2-dose schedule | 1 | 7.500 | 6.000 | 5.000 | 4.000 | 3.600 | 3.600 | 3.600 |
| Rotavirus 3-dose schedule | 1 | 5.500 | 4.000 | 3.333 | 2.667 | 2.400 | 2.400 | 2.400 |
| Safety box | 0 | 0.640 | 0.640 | 0.640 | 0.640 | 0.640 | 0.640 | 0.640 |
| Yellow Fever | WAP | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 |
| Yellow Fever | WAP | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 |

**Note:** WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

**Table B -** Commodities Freight Cost

| **Vaccines** | **Group** | **No Threshold** | **200’000 $** | **250’000 $** | **2’000’000 $** |
| --- | --- | --- | --- | --- | --- |
| **<=** | **>** | **<=** | **>** | **<=** | **>** |
| Yellow Fever | Yellow Fever |  | 20% |  |  |  | 10% | 5% |
| DTP+HepB | HepB and or Hib | 2% |  |  |  |  |  |  |
| DTP-HepB-Hib | HepB and or Hib |  |  |  | 15% | 3,50% |  |  |
| Pneumococcal vaccine (PCV10) | Pneumococcal | 5% |  |  |  |  |  |  |
| Pneumococcal vaccine (PCV13) | Pneumococcal | 5% |  |  |  |  |  |  |
| Rotavirus | Rotavirus | 5% |  |  |  |  |  |  |
| Measles | Measles | 10% |  |  |  |  |  |  |

**Table C -** **Low** - Minimum country's co-payment per dose of co-financed vaccine.

| **vaccine** | **2012** | **2013** | **2014** | **2015** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pneumococcal(PCV13), 1 doses/vial, Liquid** | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |

**Table D -** Wastage rates and factors

Countries are expected to plan for a maximal wastage rate of:

* 50% - for a lyophilised vaccine in 10 or 20-dose vial,
* 25% - for a liquid vaccine in 10 or 20-dose vial or a lyophilised vaccine in 5-dose vial,
* 10% - for a lyophilised/liquid vaccine in 2-dose vial, and
* 5% - for a liquid vaccine in 1-dose vial

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vaccine wastage rate | 5% | 10% | 15% | 20% | 25% | 30% | 35% | 40% | 45% | 50% | 55% | 60% |
| Equivalent wastage factor | 1.05 | 1.11 | 1.18 | 1.25 | 1.33 | 1.43 | 1.54 | 1.67 | 1.82 | 2 | 2.22 | 2.5 |

WHO International shipping guidelines: maximum packed volumes of vaccines

**Table E -** Vaccine maximum packed volumes

| **Vaccine product** | **Designation** | **Vaccine formulation** | **Admin route** | **No. Of doses in the schedule** | **Presentation (doses/vial, prefilled)** | **Packed volume vaccine (cm3/dose)** | **Packed volume diluents (cm3/dose)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| BCG | BCG | lyophilized | ID | 1 | 20 | 1.2 | 0.7 |
| Diphtheria-Tetanus-Pertussis | DTP | liquid | IM | 3 | 20 | 2.5 |  |
| Diphtheria-Tetanus-Pertussis | DTP | liquid | IM | 3 | 10 | 3.0 |  |
| Diphtheria-Tetanus | DT | liquid | IM | 3 | 10 | 3.0 |  |
| Tetanus-Diphtheria | Td | liquid | IM | 2 | 10 | 3.0 |  |
| Tetanus Toxoid | TT | liquid | IM | 2 | 10 | 3.0 |  |
| Tetanus Toxoid | TT | liquid | IM | 2 | 20 | 2.5 |  |
| Tetanus Toxoid UniJect | TT | liquid | IM | 2 | Uniject | 12.0 |  |
| Measles | Measles | lyophilized | SC | 1 | 1 | 26.1 | 20.0 |
| Measles | Measles | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles | Measles | lyophilized | SC | 1 | 5 | 5.2 | 7.0 |
| Measles | Measles | lyophilized | SC | 1 | 10 | 3.5 | 4.0 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 1 | 26.1 | 26.1 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 5 | 5.2 | 7.0 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 1 | 26.1 | 26.1 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 5 | 5.2 | 7.0 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 10 | 3.0 | 4.0 |
| Polio | OPV | liquid | Oral | 4 | 10 | 2.0 |  |
| Polio | OPV | liquid | Oral | 4 | 20 | 1.0 |  |
| Yellow fever | YF | lyophilized | SC | 1 | 5 | 6.5 | 7.0 |
| Yellow fever | YF | lyophilized | SC | 1 | 10 | 2.5 | 3.0 |
| Yellow fever | YF | lyophilized | SC | 1 | 20 | 1.5 | 2.0 |
| Yellow fever | YF | lyophilized | SC | 1 | 50 | 0.7 | 1.0 |
| DTP-HepB combined | DTP-HepB | liquid | IM | 3 | 1 | 9.7 |  |
| DTP-HepB combined | DTP-HepB | liquid | IM | 3 | 2 | 6.0 |  |
| DTP-HepB combined | DTP-HepB | liquid | IM | 3 | 10 | 3.0 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 1 | 18.0 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 2 | 13.0 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 6 | 4.5 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 10 | 4.0 |  |
| Hepatitis B UniJect | HepB | liquid | IM | 3 | Uniject | 12.0 |  |
| Hib liquid | Hib\_liq | liquid | IM | 3 | 1 | 15.0 |  |
| Hib liquid | Hib\_liq | liquid | IM | 3 | 10 | 2.5 |  |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 1 | 13.0 | 35.0 |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 2 | 6.0 |  |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 10 | 2.5 | 3.0 |
| DTP liquid + Hib freeze-dried | DTP+Hib | liquid+lyop. | IM | 3 | 1 | 45.0 |  |
| DTP-Hib combined liquid | DTP+Hib | liquid+lyop. | IM | 3 | 10 | 12.0 |  |
| DTP-Hib combined liquid | DTP-Hib | liquid | IM | 3 | 1 | 32.3 |  |
| DTP-HepB liquid + Hib freeze-dried | DTP-Hib | liquid | IM | 3 | 10 | 2.5 |  |
| DTP-HepB liquid + Hib freeze-dried | DTP-HepB+Hib | liquid+lyop. | IM | 3 | 1 | 22.0 |  |
| DTP-HepB-Hib liquid | DTP-HepB+Hib | liquid+lyop. | IM | 3 | 2 | 11.0 |  |
| DTP-HepB-Hib liquid | DTP-HepB-Hib | liquid | IM | 3 | 10 | 4.4 |  |
| DTP-HepB-Hib liquid | DTP-HepB-Hib | liquid | IM | 3 | 2 | 13.1 |  |
| DTP-HepB-Hib liquid | DTP-HepB-Hib | liquid | IM | 3 | 1 | 19.2 |  |
| Meningitis A/C | MV\_A/C | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Meningitis A/C | MV\_A/C | lyophilized | SC | 1 | 50 | 1.5 | 3.0 |
| Meningococcal A/C/W/ | MV\_A/C/W | lyophilized | SC | 1 | 50 | 1.5 | 3.0 |
| Meningococcal A/C/W/Y | MV\_A/C/W/Y | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Meningitis W135 | MV\_W135 | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Meningitis A conjugate | Men\_A | lyophilized | SC | 2 | 10 | 2.6 | 4.0 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 10 | 15.0 |  |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 10 | 8.1 | 8.1 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 5 | 2.5 | 2.9 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 1 | 12.6 | 11.5 |
| Japanese Encephalitis | JE\_liq | liquid | SC | 3 | 10 | 3.4 |  |
| Rota vaccine | Rota\_lyo | lyophilized | Oral | 2 | 1 | 156.0 |  |
| Rota vaccine | Rota\_liq | liquid | Oral | 2 | 1 | 17.1 |  |
| Rota vaccine | Rota\_liq | liquid | Oral | 3 | 1 | 45.9 |  |
| Pneumo. conjugate vaccine 7-valent  | PCV-7 | liquid | IM | 3 | PFS | 55.9 |  |
| Pneumo. conjugate vaccine 7-valent  | PCV-7 | liquid | IM | 3 | 1 | 21.0 |  |
| Pneumo. conjugate vaccine 10-valent  | PCV-10 | liquid | IM | 3 | 1 | 11.5 |  |
| Pneumo. conjugate vaccine 10-valent  | PCV-10 | liquid | IM | 3 | 2 | 4.8 |  |
| Pneumo. conjugate vaccine 13-valent  | PCV-13 | liquid | IM | 3 | 1 | 12.0 |  |
| Polio inactivated | IPV | liquid | IM | 3 | PFS | 107.4 |  |
| Polio inactivated | IPV | liquid | IM | 3 | 10 | 2.5 |  |
| Polio inactivated | IPV | liquid | IM | 3 | 1 | 15.7 |  |
| Human Papilomavirus vaccine | HPV | liquid | IM | 3 | 1 | 15.0 |  |
| Human Papilomavirus vaccine | HPV | liquid | IM | 3 | 2 | 5.7 |  |
| Monovalent OPV-1 | mOPV1 | liquid | Oral |  | 20 | 1.5 |  |
| Monovalent OPV-3 | mOPV3 | liquid | Oral |  | 20 | 1.5 |  |

# **Attachments**

# **List of Supporting Documents Attached to this Proposal**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **Section** | **Document Number** | **Mandatory[1]** |
| **MoH Signature (or delegated authority) of Proposal** |  | **1** | **Yes** |
| **MoF Signature (or delegated authority) of Proposal** |  | **6** | **Yes** |
| **Signatures of ICC or HSCC or equivalent in Proposal** |  | **3** | **Yes** |
| **Minutes of ICC/HSCC meeting endorsing Proposal** |  | **5** | **Yes** |
| **comprehensive Multi Year Plan - cMYP** |  | **9** | **Yes** |
| **cMYP Costing tool for financial analysis** |  | **7** | **Yes** |
| **Minutes of last three ICC/HSCC meetings** |  | **4** | **Yes** |
| **Improvement plan based on EVM** |  | **8** | **Yes** |
| **WHO/UNICEF Joint Reporting Form (JRF)** |  |  |  |
| **ICC/HSCC workplan for forthcoming 12 months** |  |  |  |
| **National policy on injection safety** |  |  |  |
| **Action plans for improving injection safety** |  |  |  |
| **Plan for NVS introduction (if not part of cMYP)** |  |  |  |
| **Banking details** |  | **2** |  |

**[1]** Please indicate the duration of the plan / assessment / document where appropriate

# **Attachments**

List of all the mandatory and optional documents attached to this form

**Note:** Use the ***Upload file*** arrow icon to upload the document. Use the ***Delete item*** icon to delete a line. To add new lines click on the ***New item*** icon in the ***Action*** column.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ID** | **File type** | **File name** | **New file** | **Actions** |
| **Description** | **Date and Time** | **Size** |
| 1 | **File Type:**MoH Signature (or delegated authority) of Proposal \***File Desc:**File with Signatures in PDF: Minister of Health and Minister of Finance  | **File name:**[C:\Documents and Settings\khalefi\Bureau\Dakar 2011\Soumission au Pneumocoque\Soumission Pneumocoque\Signature ministres santé et finances.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=52854174&propertyName=FormAttachments%5b0%5d.FileData)**Date/Time:**11.05.2011 07:56:04**Size:**761 KB |  |  |
| 2 | **File Type:**Banking details**File Desc:**Two pages of bank details in PDF | **File name:**[C:\Documents and Settings\khalefi\Bureau\Dakar 2011\Soumission au Pneumocoque\Soumission Pneumocoque\Formulaire bancaire.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=52854174&propertyName=FormAttachments%5b1%5d.FileData)**Date/Time:**11.05.2011 07:58:08**Size:**1 MB |  |  |
| 3 | **File Type:**Signatures of ICC or HSCC or equivalent in Proposal \***File Desc:**ICC Members | **File name:**[C:\Documents and Settings\khalefi\Bureau\Dakar 2011\Sgnatures CCIA soumission.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=52854174&propertyName=FormAttachments%5b2%5d.FileData)**Date/Time:**11.05.2011 11:14:53**Size:**884 KB |  |  |
| 4 | **File Type:**Minutes of last three ICC/HSCC meetings \***File Desc:**Two ICC meetings in 2010 | **File name:**[C:\Documents and Settings\khalefi\Bureau\Dakar 2011\PV de réunion\PV réunions CCIA 2010.zip](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=52854174&propertyName=FormAttachments%5b3%5d.FileData)**Date/Time:**31.05.2011 12:35:17**Size:**26 KB |  |  |
| 5 | **File Type:**Minutes of ICC/HSCC meeting endorsing Proposal \***File Desc:**Meeting endorsing Proposal made in 2011 | **File name:**[C:\Documents and Settings\khalefi\Bureau\Dakar 2011\PV de réunion\PV réunion CCIA 14 04 2011.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=52854174&propertyName=FormAttachments%5b4%5d.FileData)**Date/Time:**31.05.2011 12:34:46**Size:**69 KB |  |  |
| 6 | **File Type:**MoF Signature (or delegated authority) of Proposal \***File Desc:**The document contains the signatues of Minister of Health and Minister of Finance as well. | **File name:**[C:\Documents and Settings\khalefi\Bureau\Dakar 2011\Signature ministres santé et finances soumission.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=52854174&propertyName=FormAttachments%5b5%5d.FileData)**Date/Time:**31.05.2011 12:40:50**Size:**761 KB |  |  |
| 7 | **File Type:**cMYP Costing tool for financial analysis \***File Desc:** Excel File | **File name:**[C:\Documents and Settings\khalefi\Bureau\Dakar 2011\cMYP\_Costing\_Tool\_Vs 2 5\_EN\_Mauritanie 31 mai 2011.xls](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=52854174&propertyName=FormAttachments%5b6%5d.FileData)**Date/Time:**31.05.2011 13:03:12**Size:**3 MB |  |  |
| 8 | **File Type:**Improvement plan based on EVM \***File Desc:** PDFFile | **File name:**[C:\Documents and Settings\khalefi\Bureau\Dakar 2011\EGV\EVM report Mauritanie\_110.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=52854174&propertyName=FormAttachments%5b7%5d.FileData)**Date/Time:**31.05.2011 14:09:30**Size:**3 MB |  |  |
| 9 | **File Type:**comprehensive Multi Year Plan - cMYP \***File Desc:** | **File name:**[C:\Documents and Settings\khalefi\Bureau\Dakar 2011\PPaC\_Mauritanie\_draft-31 Mai 2011.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=52854174&propertyName=FormAttachments%5b8%5d.FileData)**Date/Time:**31.05.2011 14:16:59**Size:**2 MB |  |  |