GAVI
THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION
Partnering with The Vaccine Fund

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

COUNTRY : CENTRAL AFRICAN REPUBLIC

Date of submission: 12 August 2004

Reporting period: 2003 *(Information provided in this report MUST refer to the previous calendar year)*

(Tick only one) :

Inception report	ρ
First annual progress report	X
Second annual progress report	ρ
Third annual progress report	ρ
Fourth annual progress report	ρ
Fifth annual progress report	ρ

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

→ *Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).*
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

- The mechanism for the management of the funds is laid down in the directives on the use of GAVI FUNDS ***ANNEX I***
- Main functions and responsibilities of the ICC: (Ministerial Decree No. 0044 MSPP/CAB/SG/DGSPP/SPEV of 7 February 2002) ***ANNEX II***

1. Coordinating the activities of the partners
2. Contributing to the examination and approval of the routine EPI plans, the National / Local Immunisation Days and the integrated epidemiological surveillance of diseases;
3. Mobilising the internal and external resources necessary for the implementation of the activities;
4. Ensuring transparent and responsible management of resources by carrying out regular checks on the use of the resources of the programme, in cooperation with the EPI teams;
5. Encouraging and supporting the exchange of information, both at the national operational level and outside;
6. Ensuring the proper implementation of the programme;
7. Searching for ways and means to resolve the constraints which may hamper the smooth running of the programme.

Problems encountered

- *Socio-political problems during the first half of 2003 prevented us from using the funds in time;*
- *Late introduction of the procedure for the use of funds (directives and request form)*
- *The imposition of 18% VAT on local purchases.*
- *Delay in the drawing up of the financing micro-plans of the Districts*

In accordance with Decree No. 113 MSPP/CAB/SG/DGSPP/DMPM/SPEV of 11 March 2003, the ICC formed its EPI support Technical Sub-committee (EPISTSC) comprising members from various sectors and disciplines (ANNEX III). The committee is entrusted with the following tasks:

1. to examine and approve the EPI operational action plans;
2. to approve the budgets for the implementation of these plans;
3. to monitor the implementation of the activities of the action plans;
4. to prepare the technical files for the audits;
5. to produce regular reports on progress in the implementation of the programme;
6. to propose to the ICC any measures likely to improve the performance of the programme.

1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year **USD 111 400**
Remaining funds (carry over) from the previous year **USD 0**

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	815.70	815.70	0	0	
Injection supplies					
Personnel	17 020.77	4 691.48	0	12 329.28	
Transportation	5 596.85	1 741.07	0	3 855.78	
Maintenance and overheads	96 956.22	45 356.11	37 235.38	14 364.73	
Training	6 934.36	0	0	6 934.36	
IEC / social mobilization	12 238.96	3 668.87	0	8 570.08	
Outreach					
Supervision	7 116.00	287.22	0	6 828.77	
Monitoring and evaluation					
Epidemiological surveillance	12 775.00	0	0	12,775.08	
Vehicles					
Cold chain equipment	25 725.55	0	0	25 725.55	
Other ……. *(specify)*	5 709.87			5 709.87	
Total:	190 889.35	56 560.46	37 235.38	97 093.50	
Remaining funds for next year:	20 510.46				

In addition to the USD 111 400 US, we received USD 100 000 USD within the framework of support for the use of under-used vaccines (yellow fever)

If no information is available because of block grants, please indicate under 'other'.

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

The main activities carried out are contained in the routine EPI plan of action for 2003 (ANNEXE IV).
The problems encountered are as follows:

- *Political / military troubles;*
- *EPI infrastructures destroyed by war in 5 health prefectures ;*
- *Absence of supplies to 7 prefectures in the centre and the east during the armed conflict ;*
- *De-motivation of personnel(irregular payment of salaries) ;*
- *Withdrawal of several partners from the CAR (Japan, GTZ etc.)*
- *Demobilisation of the health personnel;*
- *Impossibility of access to certain zones during the rainy season (Vakaga)*
- *Lack of security due to the presence of highway robbers.*

1.1.3 Immunization Data Quality Audit (DQA) (*If it has been implemented in your country)*

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES ☐ NO ☑

If yes, please attach the plan and report on the degree of its implementation.

N/A

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

N/A

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

In 2003, 196 600 doses of the yellow fever vaccine were received as follows:

- ***11 February 200 : 357 800 Doses, Lot W 55 33-1, Expiry date: March 2005***
- ***15 April 2003 : 81 000 Doses, Lot W 61 18-1, Expiry date: June 2005***
- ***24 June 2003 : 57 800 Doses, Lot W 6270-1, Expiry date: July 2005.***

1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

Activities described in the strategic areas of the multiyear plan, namely:

- *Improving access to and quality of services ;*
- *Improving infrastructures, logistics and availability of supplies, including the AAV;*
- *Strengthening the management capacity of the health personnel in terms of the EPI ;*
- *Developing communication, social mobilisation and partnership in favour of the EPI ;*
- *Disseminating the injection safety policy in all the health centres;*
- *Developing a mechanism for ensuring the sustainable financing of the programme;*
- *Introducing new vaccines into the EPI;*
- *Strengthening programme monitoring and evaluation at all levels.*

These main activities are contained in the following documents:

- *The routine EPI strategic plan for 2003-2007 (**ANNEX V**);*
- *The routine EPI plan of action for 2003 (**ANNEX IV**);*
- *The plan of action for strengthening immunisation against yellow fever(ANNEX VI)*
- *National Policy in terms of injection safety (ANNEX VII)*
- *National Strategic Plan for Injection Safety for 2003-2007 (ANNEX VIII)*
- *Plan for the reduction of vaccine wastage rates in the CAR for 2003-2007 (ANNEX IV)*

The problems encountered were as follows:

- *The political / military problems;*
- *EPI infrastructures destroyed by war in 5 health prefectures ;*
- *Absence of supplies to 7 prefectures in the centre and the east during the armed conflict ;*
- *De-motivation of personnel (irregular payment of salaries) ;*
- *Withdrawal of several partners from the CAR (Japan, GTZ etc.)*
- *Demobilisation of the health personnel;*
- *Impossibility of access to certain zones during the rainy season (Vakaga)*
- *Lack of security due to the presence of highway robbers.*

1.2.3 Use of GAVI/The Vaccine Fund financial support (US$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

The yellow fever vaccine was introduced into the EPI as early as 1986. The anti-amaril vaccine is an under-used vaccine. The GAVI support for the introduction of new and under-used vaccines was used, with the approval of the ICC, as an additional fund for the activities to relaunch the programme (report of the ICC meeting of 8 January 2003), by way of support for the ISS fund (see Table 1, page 5).

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

- *AD syringes, BCG (0.05ml) : 121 400*
- *AD syringes, other (0.5ml) : 410 600*
- *Reconstitution syringes, BCG (2 ml) : 12 200*
- *Reconstitution syringes, Measles, AAV (5 ml) : 4 600*
- *Safety boxes (5 litres) : 6 122*

Problems encountered: Clearance costs at the freight Service/Department.

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
• 100% of EPI centres have the national policy document on injection safety. • 30% of the EPI centres have disseminated the national policy among their personnel • Incinerators not supplied to any health unit • 75% of the health units use AD syringes; • 2 senior staff of the EPI services trained in injection safety and the management of injection wastes	• to apply the national policy on injection safety in the whole of the country by the end of 2007; • to strengthen injection safety capacities at all levels of the health system by the end of 2007; • by 2007, 100% of immunisation injections will be administered using AD syringes;	• Production and distribution of the national policy document on injection safety; • 2 national level senior staff trained at Ouidah (Benin) in injection safety (MLM course) ; • allocation and delivery of injection safety supplies to the health prefectures; • 7 EPI regional supervisors identified and appointed by Decree within the framework of supervision for training purposes	• Absence of training document for health workers on injection safety • Absence of an integrated plan on communication • Destruction of the health infrastructures • Shortage of transport equipment (looting) • Demobilisation of the health personnel • Irregular payment of salaries • Lack of security • Difficulty of access to certain zones	• To apply the national policy on injection safety across the whole country by the end of 2007; • To strengthen injection safety capacities at all levels of the health system by the end of 2007; • By 2007, 100% of immunisation injections to be administered using AD syringes;

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

→ *The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:*

***USD 38 500** for injection supplies and safety boxes in 2003*

2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Report :	Report progress on steps taken and update timetable for improving financial sustainability Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
Second Annual Progress Report :	Append financial sustainability action plan and describe any progress to date. Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
Subsequent reports:	Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible. Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gaviftf.org under FSP guidelines and annexes).

Highlight assistance needed from partners at local, regional and/or global level

Since its introduction in the Central African Republic, the Expanded Programme of Immunisation has constituted an ongoing concern of the government. Despite the difficult economic conditions facing the country, the funds allocated to the programme by the government from its own budget for the purchase of vaccines and consumables within the framework of the vaccine independence initiative has been increasing steadily over the past few years. A retrospective study on EPI financing from the state budget since the 1998 financial year showed a year-on year increase from FCFA 15 000 000 in 1998, 35 000 000 in 1999, FCFA 51 000 000 in 2000, FCFA 121 000 000 in 2001 and FCFA 200 000 000 in 2003.

From 1998 to 2003, total health financing represented an average of 10% of the national budget. The funds allocated to the EPI by the government represent 5% on average of the national health budget.

However, cash flow difficulties, exacerbated by the military / political crises of the last few years did not permit the effective release of the allocated funds. Commitment-based expenditure stands at around 80% per annum while cash expenditure represents approximately 25% of effective expenditure in favour of the EPI.

The cost recovery system recently introduced into the health units, together with the management commitments within these units provide confirmation as to the willingness of the public authorities to support immunisation. However, more efforts are need to support the actions in favour of the EPI (purchase of fuel, motivation of the personnel). To this end, awareness-raising and supervision activities are envisaged to ensure the availability of resources for community financing.

In the event that the negotiations with international financial institutions succeed, the government undertakes to allocate part of the debt relief to the purchase of vaccines and consumables.

The government intends to continue its cooperation efforts with all the partners active in the field of health and immunisation in particular.

The EPI financial sustainability plan of the Central African Republic will be drawn up in 2004.

3. Request for new and under-used vaccines for year 2004 *(indicate forthcoming year)*

Section 3 is related to the request for new and under used vaccines and injection safety for the ***forthcoming year****.*

3.1. Up-dated immunization targets

→ Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10) . Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of		Baseline	targets						
		2000	2001	2002	2003	2004	2005	2006	2007
Births		147690	151382	155167	159046	163022	167098	171275	175557
Infants' deaths		19288	19771	20265	20771	21291	21823	22369	22928
Surviving infants		128402	131612	134902	138275	141731	145275	148907	152629
Infants vaccinated with BCG *		68676	58434	(45%) 69825	(55%) 87475	(65%) 105964	(75%) 125323	(80%) 137020	(85%) 149223
Infants vaccinated with OPV3**		40190	28691	(28%) 37773	(38%) 52544	(50%) 70866	(64%) 92976	(75%) 111680	(80%) 122103
Infants having received 3 doses of DTP3**		37236	30271	(28%) 37773	(38%) 52544	(50%) 70866	(64%) 92976	(75%) 111680	(80%) 122103
Infants vaccined with AAV		24653	31587	(30%) 40471	(40%) 55310	(55%) 77952	(65%) 94429	(75%) 111680	(80%) 122103
Infants vaccinated with MEASLES**		43015	38036	(30%) 40471	(40%) 55310	(55%) 77952	(65%) 94429	(75%) 111680	(80%) 122103
Pregnant women vaccinated with TT+		25680	22374	(20%) 26980	(30%) 41482	(40%) 56693	(50%) 72637	(60%) 89344	(70%) 106840
Vitamin A supplement A	Mothers (< 6 weeks after delivery)	NA	NA	NA	NA	NA	NA	NA	NA
	Infants (> 6 months)	NA	NA	NA	52388	71596	85617	94027	102802

* Target out of total number of births ** Target out of number of surviving infants

→ *Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.*

N/A

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for the year 2004** *(indicate forthcoming year)*

→ *Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.*

N/A

Table 3: Estimated number of doses of *yellow fever* vaccine *(specify for one presentation only)* : *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For year 2004
A	**Number of children to receive new vaccine**		**77 952**
B	**Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan**	*%*	**100%**
C	**Number of doses per child**		**1**
D	**Number of doses**	*A x B/100 x C*	**77 952**
E	**Estimated wastage factor**	*(see list in table 3)*	**1.33**
F	**Number of doses (incl. wastage)**	*A x C x E x B/100*	**103 676**
G	**Vaccines buffer stock**	*F x 0.25*	**25 920**
H	**Anticipated vaccines in stock at start of year ….**		**47 590**
I	**Total vaccine doses requested**	*F + G - H*	**82 006**
J	**Number of doses per vial**		**10**
K	**Number of AD syringes (+ 10% wastage)**	*(D + G – H) x 1.11*	**62 473**
L	**Reconstitution syringes (+ 10% wastage)**	*I / J x 1.11*	**9 103**
M	**Total of safety boxes (+ 10% of extra need)**	*(K + L) / 100 x 1.11*	**795**

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year… ….:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3 : Wastage rates and factors

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	2.00	2.22	2.50

**Please report the same figure as in table 1.*

3.3 Confirmed/revised request for injection safety support for the year 2004 *(indicate forthcoming year)*

Table 4: Estimated supplies for safety of vaccination for the next two years with BCG *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	2004	2005
A	**Target of children for vaccination**	*Match with targets in Table 4*	105 964	125 323
B	**Number of doses per child**	#	1	1
C	**Number of BCG doses**	A x B	105 964	125 323
D	**AD syringes (+10% wastage)**	C x 1.11	117 620	139 109
E	**AD syringes buffer stock** [1]	D x 0.25	0	0
F	**Total AD syringes**	D + E	117 620	139 109
G	**Number of doses per vial**	#	20	20
H	**Number of reconstitution** [2] **syringes (+10% wastage)**	*C x H x 1.11 / G*	5881	6 955
I	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	1371	1 621

[1] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[2] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 5: Estimated supplies for safety of vaccination for the next two years with DTP *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	2004	2005
A	**Target of children for vaccination**	*Match with targets in Table 4*	70866	92 976
B	**Number of doses per child**	#	3	3
C	**Number of DTP doses**	A x B	212598	278 928
D	**AD syringes (+10% wastage)**	C x 1.11	235984	309 610
E	**AD syringes buffer stock** [3]	D x 0.25	0	0
F	**Total AD syringes**	D + E	235984	309 610
G	**Number of doses per vial**	#	10	10
H	**Number of reconstitution** [4] **syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0
I	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	2619	3 437

[3] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[4] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 6: Estimated supplies for safety of vaccination for the next two years with MEASLES *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	2004	2005
A	**Target of children for vaccination with MEASLES**	*Match with targets in Table 4*	77952	94 429
B	**Number of doses per child**	#	1	1
C	**Number of MEASLES doses**	A x B	77 952	94 429
D	**AD syringes (+10% wastage)**	C x 1.11	86 527	104 816
E	**AD syringes buffer stock** [5]	D x 0.25	0	0
F	**Total AD syringes**	D + E	86 527	104 816
G	**Number of doses per vial**	#	10	10
H	**Number of reconstitution** [6] **syringes (+10% wastage)**	*C x H x 1.11 / G*	**8653**	**10 482**
I	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	**1056**	**1 280**

[5] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[6] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 7: Estimated supplies for safety of vaccination for the next two years with TT *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	2004	2005
A	**Target of pregnant women to receive TT vaccine**	*Match with targets in Table 4*	56693	72 637
B	**Number of doses per woman**	#	2	2
C	**Number of TT doses**	A x B	113386	145 274
D	**AD syringes (+10% wastage)**	C x 1.11	125858	161 254
E	**AD syringes buffer stock** [7]	D x 0.25	0	0
F	**Total AD syringes**	D + E	125858	161 254
G	**Number of doses per vial**	#	10	10
H	**Number of reconstitution** [8] **syringes (+10% wastage)**	*C x H x 1.11 / G*	**0**	**16 125**
I	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	**1397**	**1 969**

→ *If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.*

N/A

[7] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.
[8] Only for lyophilized vaccines. Write zero for other vaccines

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
Quality immunisation services are accessible and available both at the level of the routine programme and of the supplementary activities. The injection safety policy is applied in at least 25% of the fixed health units. Data on immunisation and epidemiological surveillance are available and used at all levels. The management of the EPI logistics has improved. Information on immunisation is available and accessible to the population. ▪ The activities of the EPI are better monitored, evaluated and financed at all levels.	1) To improve immunisation coverage rates: ▪ 55% for BCG; 38% for DTP3 and OPV3; 40 % for MEAS and yellow fever among children aged less than 1 year; ▪ 30% and over for TT2 among pregnant women 2) To reduce the drop-out rate between DTP1 and DTP3 from 48% to 40% in 2003	See report on the implementation of routine EPI activities in 2003 **1)** BCG – 55.77% DTP3 - 28% OPV – 26.35% Measles - 35,89% AAV - 33,37% TT2 – 17.05% **2)** Drop out rate : 46.23%	➢ *Political / military troubles ;* ➢ *Destruction of EPI infrastructures by war in 5 health prefectures ;* ➢ *Absence of supplies to 7 prefectures in the centre and east of the country during the armed conflict ;* ➢ *De-motivation of the health personnel (irregular payment of salaries) ;* ➢ *Withdrawal of several partners from the CAR (Japan, GTZ, etc)* ➢ *Demobilisation of the health personnel;* ➢ *No access to certain zones during the rainy season (Vakaga)* ➢ *Insecurity due to the presence of highway robbers.*	The targets set out in the request for support are maintained

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	
Reporting Period (consistent with previous calendar year)	X	
Table 1 filled-in	X	
DQA reported on	X	
Reported on use of 100,000 US$	X	
Injection Safety Reported on	X	
FSP Reported on (progress against country FSP indicators)	X	
Table 2 filled-in	X	
New Vaccine Request completed	X	
Revised request for injection safety completed (where applicable)	X	
ICC minutes attached to the report	X	
Government signatures	X	
ICC endorsed	X	

6. Comments

ICC comments:

The ICC:

- ***Endorses and supports the government request to GAVI and the Fund for immunisation services support, new vaccines and injection safety.***

- ***Notes with satisfaction that, in the past few years, the Government of the CAR has included in its budget a budget line for EPI expenditure certain items of which relate to the "purchase of vaccines and fuel" and is pleased with the efforts exerted by the country's authorities in favour of child survival.***

- ***Considers that, despite the political will manifested by the authorities, the country, which is in a post conflict situation, needs the resources necessary for the re-launch of the EPI, which is one of its priority health programmes. Thus, the GAVI funds represent an opportunity for this country to improve immunisation coverage, to implement the injection safety policy and to introduce new vaccines. To this end, the payment of the 2nd tranche scheduled for the month of January 2004 will permit the EPI of the Central African Republic to honour its commitments in terms of the results expected.***

- ***Encourages the Government to meet its commitments concerning the introduction of the mechanisms laid down for ensuring the financial sustainability of the EPI.***

- ***Undertakes to ensure the monitoring of :***

  - ***the implementation of the activities in accordance with the multi-year plan,***
  - ***the management of the GAVI funds and to contribute to the drafting of the management reports, the mobilisation of the partners and the community for the strengthening of the EPI.***

7. Signatures

For the Government of **Central African Republic**

Signature: ……...……...

Title: **MINISTER OF PUBLIC HEALTH AND THE POPULATION** .

Date: ……..…….

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date Signature	Agency/Organisation
Ministry of Public Health and the Population	**Pr. Nestor Mamadou NALI, Minister of Public Health and the Population**		
Ministry of the Economy, Finance and the Budget	**Maurice KHORTAS OUAMBETI Budget Director**		
WHO	**Pr. Léodégal BAZIRA, Representative**		
UNICEF	**Dr Joseph FOUMBI, Representative**		
Ministry of Communication, National Reconciliation and theof Peace	**Mr Lucien YALIKI, chargé de mission, Democratic Culture**		

Agency/Organisation	Name/Title	Date Signature	Agency/Organisation
Ministry of the Interior in charge of the Administration of the Territory	**Mr KPONGABA Bernard, Director General, Central Services**		
Ministry of Planning and International Cooperation	**Mr MODAI Jonas, Director General, Programmes and Projects Division**		
Ministry of the Family, Social Affairs and National Solidarity	**Mr Antoine MBAGA General Secretary**		
General Secretariat for Public Health and the Population	**Mathieu TIKANGO, General secretary**		
General Directorate for Public Health and the Population	**Dr Emmanuel NGUEMBI, Director General**		
Research and Planning Department (MPHP)	**Dr Philémon MBESSAN, Director**		
Rotary Club International/Bangui	**Mr TAGBIA Thomas, Chairman**		
Polio Plus /Rotary Club	**Dr Prosper THIMOSSAT, Chairman**		
Central African Red Cross	**Mr Antoine MBAO BOGO Chairman**		

Agency/Organisation	Name/Title	Date Signature	Agency/Organisation
Department of Preventive Medicine and the Fight against Disease (MPHP)	**Dr Abel NAMSSENMO, Director**		
UNICEF	**Dr Eli RAMAMONJISOA, in charge of the Survival Programme**		
Resources Department (MPHP)	**Mr Faustin VOUMON Director**		
Community Health Department (MPHP)	**Dr Etienne DOLIDO Director**		
EPI Department	**Dr Régis MBARY-DABA, Head of the EPI Department**		
National IEC Department (MPHP)	**Mr BONDHA ROZONO, Head of the IEC Department**		
Department of finance and cost recovery	**Mr YACKOTA Roger, Head of Department**		
SOS children's village	**Dr Armand GADENGA, Director**		
UNICEF	**Dr Emmanuel KITEZE , EPI Consultant**		
Japanese NGO, Friends of Africa	**Dr Joachim KABA, Coordinator**		
German Cooperation, CISJEU	**Mr GANZE Activity Coordinator**		
WHO EPI	**Dr Jean Moke KIPELA**		

Ministry of Health	**Dr Louis NAMBOUA, General Department for Regional Services**		
UNICEF Health Programme	**Dr Eugène KPIZINGUI**		
Ministry of Health	**Mme Jeannette MAMADOU, Administrative Assistant, Manager of GAVI funds**		
Ministry of Health	**Dr Bernard BOUA, Director, Health Region No. 1**		
Ministry of Health	**Dr Dominique SENEKIAN, Director, Health Region No. 7**		
EPI logistics / CAR	**Mr. Jérôme KEIRO**		
EPI Procurement	**Mr Joseph KOSSALA**		

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