

Annual Progress Report for 2007

Submitted by

the Government of

THE CENTRAL AFRICAN REPUBLIC

to



Date of submission: [5/15/2008](#)

Deadline for submission: May 15, 2008
(to be accompanied with an Excel spread sheet as instructed)

Please return a signed copy of the document to:

**GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland
Please direct all enquiries to Dr Raj Kumar, rajkumar@gavialliance.org or representatives of
a GAVI partner agency. All documents and attachments must be submitted in English or
French, preferably in electronic format. These may be brought to the attention of GAVI
partners, collaborators, and the public.**

This report provides an account of the activities performed in 2007 and also enumerates requests for the period of January – December 2009

Signatures Page for ISS, INS and NVS

For the account of the Government of: **the Central African Republic**

Ministry of Health:	Ministry for Finance:
Name: Mr. Faustin Nteloumbi	Name: Mr. Emmanuel Bizot
Signature:	Signature:
Title: Minister of Public Health for the Population and the Fight against HIV/AIDS	Title: Minister for Finance and Budget
Date:	Date:

We, the undersigned members of the Inter-Agency Coordinating Committee, endorse this report, including the attached Excel spreadsheet. 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 Alliance 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 from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organization	Signature	Date
Dr Zakaria Maiga, Représentant de l'OMS	WORLD HEALTH ORGANIZATION		
Mr. Mahimbo Mdoe, UNICEF Representative	UNICEF		
Dr. Jacques Ndemanga Kamoune, Rotary International Representative	ROTARY INTERNATIONAL		
Mr. Antoine Mbao Bogo, President	Central African Red Cross		
Dr. Armand Gadenga, Director	Village d'enfants SOS (Children's Village Assistance)		
Mr. Antoine Mbagha, Chief of Staff	Ministry of the Family, Social Affairs, and National Solidarity		
Mrs. Albertine Agoundoukoua, Chargé de Mission for Democratic Culture	Ministry of Communication, National Reconciliation, and Culture of Peace		
Dr. Louis Namboua, Director General for Public Health	Ministry of Public Health for the Population and the Fight		
Mr. Germain Wamoustoyo, Director General for the Budget	Ministry of Budget		
Mrs. Irène Pounbeingui, Department Head	Ministry of Economy, Planning, and International Cooperation		

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The text boxes in this report are provided only as guides. Please feel free to add text beyond the space provided.

1. Report on progress made in 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether you intend to get them on-budget in the near future?

NO, the funds received for the ISS do not appear in the National Plan for Healthcare Development II budget, nor do they appear in the Ministry of Finance budget. However, ever since the creation of the 2008-2012 cMYP, it appears clearly in the strategic action plan of the EPI; the budget for this strategic plan is comprised of Government and partner funds.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Coordinating 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 funds is described in the directives for the use of GAVI funds (**APPENDIX I**)
- The primary policies for the management of funds are the following:
- Existence of a GAVI account no. 371 603 164 01-87 at Eco Bank;
 - The checkbook is held by the manager of the EPI;
 - Ac account ledger is kept by the manager of the EPI within the Directorate in order to record entries and expenditures;
 - Expenditures are subject to handwritten request, pre-numbered and signed by the national director of the EPI;
 - A committee comprised of three persons has been implemented to receive purchases and sign-off on the corresponding acceptance documents.
 - The check is to bear two obligatory signatures (A, B)
 - A: Minister of Public Health for the Population and the Fight against HIV/AIDS
 - B: the WHO RepresentativeIn the event that one or two of these principal signatories is absent, plans have been established to use substitute signatories.
 - An internal audit comprised of the Ministry's Department of Inspection has been implemented by the ICC in order to monitor GAVI funds. Auditors must report to the ICC at the end of each fiscal year;
 - Major functions and responsibilities of the ICC: (Ministerial Order No. 0044 MSPP/CAB/SG/DGSP/SEV of February 7, 2002) **APPENDIX II**
 1. Coordinate the activities of the partners.
 2. Contribute to the inspection and approval of the plans for the routine EPI, National/Local Immunization Days, and integrated disease surveillance.
 3. Mobilize the internal and external resources necessary to carry out activities.
 4. Provide for transparent and accountable resource management by conducting regular audits with the EPI team on the use of program resources.
 5. Encourage and support the exchange of information just as much at the national

- operational level as at the international level.
6. Provide for good program execution.
 7. Seek out ways and means to resolve those constraints that are susceptible to impeding proper execution of the program.

On the basis of Order No. 113 MSPP/CAB/SG/DGSP/DMPM/SPEV of March 11, 2003, the ICC has established a Technical Subcommittee, which is a multi-sectoral and multidisciplinary structure (APPENDIX III), called the EPI Technical Support Committee (CTAPEV in French). CTAPEV's mission includes:

1. Examining and approving operational action plans for the EPI.
2. Approving the budgets to implement these plans.
3. Monitoring the execution of the activities contained in these action plans.
4. Preparing technical records for audits.
5. Creating periodic reports on the state of the program's implementation.

Proposing to the Interagency Coordinating Committee any step susceptible to improving program performance.

Problems encountered:

- *Collection of the 19% VAT on local purchases.*
- *The transit company is demanding payment of warehousing charges prior to the local delivery of syringes and other consumables for immunization.*

Proposed solutions

- *The Ministry of Finance continues its campaign to exempt local purchases made using GAVI funds from taxes.*
- *The Ministry of Health, in collaboration with the Ministry of Budget, continues to negotiate with the transit agent in favor of the immediate delivery of the supplies before payment.*

1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** resources.

Funds received during 2007: 0 USD

Remaining funds (carry over) from 2006: 94,813 USD

Balance to be carried over to 2008: 256.52 USD

Table 2: Use of funds during 2007*

Area of Immunization Services Support	Total amount in USD	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	-	-	-	-	-
Injection equipment	-	-	-	-	-
Personnel	20,232.63	13,423.27	-	6,809.36	-
Transport	6,254.60	6,254.60	-	-	-
Maintenance and overheads	51,982.00	21,363.42	6,809.36	23,809.22	-
Training	-	-	-	-	-
Social mobilization and IEC	-	-	-	-	-
Outreach activities for hard-to-reach groups	-	-	-	-	-
Supervision	-	-	-	-	-
Monitoring and evaluation	14,811.52	14,811.52	-	-	-
Epidemiological surveillance	1,788.77	-	-	1,788.77	-
Vehicles	-	-	-	-	-
Cold chain equipment	-	-	-	-	-
Other..... (to be specified)	-	-	-	-	-
Total:	95,069.52	55,852.81	6,809.36	32,407.35	-
Balance of funds for next year	-	-	-	-	-

**If no information is available due to the existence of block grants, please indicate these amounts in the cells reserved for "other" areas of support.*

Please attach the minutes of the ICC meeting(s) when the allocation and use of funds were discussed.

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

- Advocacy meetings were held by the Minister of Public Health and Population in poorly performing districts in the first half of 2007.
- Units of routine vaccines were supplied, including injection supplies (AD syringes, dilution syringes, and safety boxes) as well as other consumables.
- 66 trainers were trained in the management of EPI (members of the management teams from Health Regions and Health Districts).
- 1,300 health workers were trained during the immunization acceleration campaign in injection safety, waste management, data gathering and processing, and proper management of AEFI cases.
- Financial support was provided to communication and social mobilization activities during the routine EPI acceleration campaign.
- Micro-plans were drafted for each district in accordance with the "Reaching Each District" approach.
- Biannual and annual EPI activity reviews gathering district and regional management teams and EPI directors in a central location.
- The implementation of 2007-2011 cMYP activities was initiated.
- The Plan to Introduce New Vaccines was validated.
- Logistics during the month of August 2007 were evaluated.
- Immunization activities were supervised.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for 2009

**If no DQA has been passed, when will the DQA be conducted?*

**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA.*

**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

The program has benefited from an outside audit of data quality in 2004 and received a satisfactory verification factor (82.6%). In theory, the next audit* is planned for 2009.

On the basis of this audit, the following actions were recommended:

- Strengthening the EPI Directorate and providing it with more autonomy with regard to data processing, monitoring and evaluation, supervision, and information feedback at all levels.
- Standardizing scoring tools and regular upkeep of inventory management tools.
- Monitoring the speed and completeness of health centers and districts.
- Regular organizing data quality audits.

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?

YES

Following DQA training in 2007, the year 2008 was devoted to computerizing the Health Prefects' data management of

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

Not Applicable (NA)

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

Not Applicable (NA)

1.1.4. ICC Meetings

*How many times did the ICC meet in 2007? **Please attach all minutes.**
Are any Civil Society Organizations members of the ICC and if yes, which ones?*

The ICC met three (3) times in 2007.
Civil Society Organizations are not members of the ICC.

1.2. GAVI Alliance New and Under-used Vaccines (NVS)

1.2.1. Receipt of new and under-used vaccines in 2007

When was the new and under-used vaccine introduced? Please include changes in doses per vial and changes in presentation, (e.g.: DTP + Hep B monovalent to DTP-HepB) and dates vaccines were received in 2007.

Vaccine	Vial size	Doses	Date introduced	Date received (2006)
Yellow fever vaccine	10 doses	40,200	1979	April 25, 2007
Yellow fever vaccine	10 doses	40,000	1979	June 21, 2007
Yellow fever vaccine	10 doses	100,000	1979	October 17, 2007

If applicable, please state any problems encountered.

The yellow fever vaccine has been a part of the routine EPI of the Central African Republic since 1979. This vaccine is supplied by UNICEF. As of yet, no major problems have been encountered.

1.2.2. Principal activities

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

Activities that have already been undertaken

- Compilation of the 2007-2011 cMYP.
- Compilation of the plan to introduce new vaccines (Pentavalent).
- Evaluating the capacity of the entire cold chain in order to introduce new vaccines.
- Providing the Immunization Services with a regular and uninterrupted supply of the YF vaccine.

Activities to be undertaken

- Preparing for the introduction of new vaccines at the national level, particularly those vaccines for the prevention of the haemophilus influenza virus [sic –translator] and Hepatitis B starting in 2008.
- Continuing to supply the Immunization Services with the YF vaccine and other antigens.
- Implementing a bacterial meningitis surveillance system in the sentinel sites.
- Implementing a computerized vaccine management system to monitor the wastage rate at the prefecture level.
- Extending EPI centers to certain health prefectures.

Problems encountered

- Insufficient geographic coverage of EPI centers (only 47.95% of the 734 health facilities have integrated the EPI activities).
- Insufficient and obsolete mobile logistics.
- Lack of motivation among personnel (irregular payment of salaries).
- Collection of the 19% VAT on local purchases is a burden on the GAVI Alliance budget allocated to the EPI department.
- Job instability among those health workers trained in EPI.
- Geographic inaccessibility of certain remote areas during the rainy season (Vakaga).
- Lack of security due to military and political problems (armed bands) and to the banditry present in several parts of the country.

1.2.3. Use of GAVI Alliance financial support to introduce the new vaccine

These funds were received on: [December 31, 2003](#)

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

[Not applicable. Funds accounted for in the first annual progress report.](#)

1.2.4. Vaccine Management Assessment / Effective Vaccine Store Management

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted on [August 11-26, 2007](#)

Please summarize the principal EVSM/VMA recommendations.

- [Initiate the establishment of a national pilot committee on the management of biomedical waste and injection security from now until the end of August 2007.](#)
- [Organize a workshop to establish standards and national policy on the management of biomedical waste.](#)
- [Train all warehouse managers in cold chain management principles, vaccine management; institutionalize the monitoring of vaccine wastage.](#)
- [Compile technical documentation on injection safety and biomedical waste management. Ensure that this documentation is widely distributed.](#)
- [Strengthen freezer capacity throughout districts through the allocation of 45 stocked freezers in central storage facilities.](#)
- [Reallocate the supplies that were distributed during the measles Supplementary Immunization Activities \(SIA\)](#)

Was an action plan prepared following the EVSM/VMA: Yes/[No](#)

If yes, please summarize the principal activities within the framework of the EVSM plan and the activities targeting the implementation of the recommendations.

The next EVSM/VMA* will be conducted in [2010](#).

**During GAVI Phrase 2, all countries are to conduct an EVSM/VMA in the second year of new vaccine support.*

1.3 Injection Safety (INS)

1.3.1 Receipt of support for injection safety

Received in cash/kind: [NA](#)

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows if necessary).

Supplies for injection Safety	Quantity	Date received

If applicable, please state any problems encountered.

[NA: support ended in 2005.](#)

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

If support has ended, please report how injection safety supplies are funded.

[Within the framework of the CAR/UNICEF bilateral cooperation, UNICEF - in conformance with its action plan – ensures the supply of vaccines and consumables to the Central African Republic.](#)

Please report how sharps waste is being disposed of.

[Since 2003, AD syringes and safety boxes have been used in 100% of the health facilities that provide immunizations.](#)

[Vaccine-related waste is burned in the open air within a health center and then buried.](#)

[Health prefectures do not yet have incinerators.](#)

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

- [• There is no local expertise or funding for the construction of incinerators.](#)
- [• The Government has difficulties in ensuring the availability of these supplies in a post-crisis setting.](#)
- [• Health personnel turnover.](#)

1.3.3. Statement on the use of GAVI Alliance support in 2007 for injection safety (if received in the form of cash contributions)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

In 2007, no activity has been financed using GAVI funds in the area of injection safety in the Central African Republic.

2. Vaccine co-financing, immunization financing, and financial sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization program expenditures and financing flows. A cMYP, updated for the reporting year, may be sent in the place of Table 2.1. ([cMYP Excel file attached](#))

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
<i>Expenditures by Category</i>				
Vaccines				
Injection supplies				
Cold Chain equipment				
Operational costs				
Other (please specify)				
<i>Financing by Source</i>				
Government (incl. WB loans)				
GAVI Fund				
UNICEF				
WHO				
Other (please specify)				
Total Expenditures				
Total Financing				
Total Funding Gaps				

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination...

The constraints remain the financial problems of a post-conflict (fragile) country.

Strategies for financial sustainability are still those proposed in the cMYP, particularly those aiming to mobilize:

1. Internal resources: within the State, local collectivities, the community, and strengthening of the partnerships with NGOs and the private sector.
2. External resources through the implementation of coordination and consultation framework with all partners.

Table 2.2: Country co-financing (in USD)

The purpose of Table 2.2 is to help understand country level co-financing of the vaccines awarded by GAVI. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For first GAVI-awarded vaccine. Please specify which vaccine: Yellow Fever	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing (in USD per dose)	NA	NA	\$0.10	\$0.10
Government	NA	NA	\$21 500	\$16 000
GAVI	NA	NA	\$179 000	\$141 500
Total Co-financing (USD per dose)	NA	NA	NA	NA

Please describe and explain the past and future trends in co-financing levels for the first vaccine awarded by GAVI.

In 2007, UNICEF ensured procurement of the proportion of yellow fever vaccines at the national level.
In the CAR, co-financing of the yellow fever vaccine will begin in 2008.

For the second vaccine awarded by GAVI. Please specify which vaccine: DTP-Hep B-Hib	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing (in USD per dose)	NA	NA	\$ 0,15	\$ 0,15
Government	NA	NA	\$87 000	\$67 000
GAVI	NA	NA	\$2 086 000	\$ 1 604 500
Total Co-financing (USD per dose)	NA	NA	NA	NA

Please describe and explain the past and future trends in co-financing levels for the second vaccine awarded by GAVI.

The pentavalent vaccine will be introduced in the CAT in mid-July 2008.

Table 2.3: Co-financing by your country (in USD)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into the planning and budgeting of your country.

Question 1: What mechanisms are currently used by the Ministry of Health of your country to purchase EPI vaccines?			
	Check if yes	List Corresponding Vaccines	Source of funds
Government Procurement - International Tender			
Government Procurement - Other			
UNICEF	X	BCG, OPV, DTP, MCV, YFV, TT	Country UNICEF
Renewable funds from the social welfare agency			
Donations			
Other (specify)			
Question 2: Have there been any differences between the proposed payment schedules and actual schedules during the reporting year?			
Schedule of co-financing payments	Schedule of proposed payments	Dates of actual payments made in 2007	
	(month/year)	(day/month)	
1 st vaccine awarded (specify)	Yellow Fever	Country co-financing in 2008	
2 nd vaccine awarded (specify)	Pentavalent	Country co-financing in 2008	
3 rd vaccine awarded (specify)			
Question 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?			
	Enter "Yes" or "NA" if not applicable		
Budget category for vaccine purchasing	Yes		
National health sector plan			
National health budget	Yes		
Medium-term expenditure framework			
SWAp			
cMYP Cost & Financing Analysis	Yes		

Annual immunization plan	Yes
Other	

Question 4: What factors have slowed and/or impeded the mobilization of resources for vaccine co-financing? NA	
1.	
2.	
3.	
4.	
5.	

3. Request for new and under-used vaccines for 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for 2009.

3.1. Updated immunization objectives

Confirm/update basic data approved with country application: figures must correspond to those provided in the WHO/UNICEF Joint Reporting Forms for Immunization Activities. Any changes and/or discrepancies **MUST** be justified in the space provided. Targets for future years **MUST** be provided.

In the space below, please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, as well as differences between the figures provided and those that were previously declared in the WHO/UNICEF Joint Reporting Form for Immunization Activities.

Following the March 2008 meeting of EPI Directors in Douala, the Central African Republic was classified among those countries capable of reaching a DTP3 immunization coverage rate of 90% in 2008, 94% in 2009, and 95% in 2010.

Table 5: Update of immunization achievements and annual targets. Please provide the figures reported in the 2007 UNICEF/WHO Joint Reporting Form as well as projections for 2008 onwards.

Number of	Achievements and targets						
	2006	2007	2008	2009	2010	2011	2012
DENOMINATORS							
Births	147,582	147,582	150,583	153,650	156,780	159,978	163,231
Infants' deaths	19,395	19,395	19,791	20,194	20,605	21,026	21,454
Surviving infants	128,187	130,792	130,792	133,456	136,175	138,952	141,777
Infants vaccinated till 2007 (Joint report) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*	128,187	130,371	130,792	133,456	136,175	138,952	141,777
Infants vaccinated till 2007 (Joint report) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*	102,550	107,882	117,713	122,780	128,005	132,004	134,688
NEW VACCINES **							
Infants vaccinated till 2007 (Joint report) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)* (new vaccine)			130,792	133,456	136,175	138,952	141,777
Infants vaccinated till 2007 (Joint report) / to be vaccinated in 2008 and beyond with 3 rd dose of..... (new vaccine)			117,713	122,780	128,005	132,004	134,688
Wastage rate till 2007 and plan for 2008 and beyond*** (new vaccine)			15%	10%	5%	5%	5%
INJECTION SAFETY****							
Pregnant women vaccinated / to be vaccinated with TT	84,334	107,947	120,466	149,260	161,260	151,751	154,836
Infants vaccinated / to be vaccinated with BCG	125,445	132,307	135,525	141,358	147,373	151,979	155,039
Infants vaccinated / to be vaccinated with Measles (1 st dose)	102,550	133,045	117,713	122,780	128,005	132,004	134,688

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

In case you are changing the presentation of the vaccine, or increasing your request, please indicate below if UNICEF Supply Division has assured you of the availability of the new quantity/presentation of the supplies.

Since the inclusion of the yellow fever in the EPI in 1979, the presentation and number of doses per vial have remained the same (10-dose vial); the country has never experienced a supply shortage.

Please provide the duly completed Excel spreadsheet for the vaccine request.

- Comments**
- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If the targets for Hep B3 and Hib3 are different than the DTP3, explanation of the difference should be provided
 - **Vaccine wastage:** Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10- or 20-dose vial; 25% for a liquid vaccine in a 10- or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1-dose liquid vial.
 - **Buffer stock:** The buffer stock is recalculated every year as 25% of the current vaccine requirement
 - **Anticipated vaccines in stock at start of year 2009:** This is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of the next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.
 - **Auto-disable 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:** only applies to lyophilized vaccines. Write zero for other vaccines.
 - **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to account for areas where one box will be used for less than 100 syringes

Table 7: Wastage rate and wastage 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

3.3 Confirmed/revised request for injection safety support for 2009: Not applicable, support ended in 2005.

Table 8: Estimated vaccination safety supplies for the next two years with... (Use one table per vaccine: BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc.) Please use same targets as in Table 5.

		Formula	For 2008	For 2009
A	Target number of children for the.....vaccination (for tetanus toxoid: target number of pregnant women) (1)	#		
B	Number of doses per child (for tetanus toxoid: target number of pregnant women) (1)	#		
C	Number of.....doses	A x B		
D	Auto-disable syringes (+10% wastage)	C x 1.11		
E	Buffer stock of auto-disable syringes (2)	C x 0.25		
F	Total auto-disable syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	C x H x 1.11/G		
J	Number of safety boxes (+10% extra)	(F + I) x 1.11/100		

1 Contribute a maximum of 2 doses for pregnant women (estimate based on total births)

2 The buffer stock for vaccines and auto-disable 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 the other years.

3 The standard wastage factor will be used for the calculation of reconstitution syringes. It will be 2 for BCG; 1.6 for measles and yellow fever.

4 For the lyophilized vaccines only. Write zero for the other vaccines.

If the quantity of the current request is different from that which is specified in the GAVI approval letter, please provide the reasons for this.

If you request a change in the implementation plan and disbursement schedule as defined in the proposal, please explain the reasons for the change and justify the change in your disbursement request. More detailed breakdown of expenditures may be provided in Table 9.

Please attach the minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for the next sector were discussed. Please attach the latest Health Sector Review Report and audit report for the account to which HSS funds are being transferred. This is a condition for the release of funds for 2009.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 <i>(In case there is a change in the 2009 request, please justify in the summary above)</i>			
Area for support	2007 (Expenditure)	2007 (Balance)	2009 (Request)
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activities in 2007	
Major Activities	2007
Objective 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Baseline indicators <i>(Add other indicators according to the HSS proposal)</i>						
Indicator	Data Source	Baseline Value¹	Source²	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

Please describe whether targets have been met, what kind of problems you have encountered while measuring indicators, how the monitoring process has been strengthened, and whether any changes have been proposed.

¹ If baseline data is not available indicate whether baseline data collection is planned and when

² Important for easy accessing and cross referencing

5. Checklist

Verification that the form has been completed:

Necessary items from the form:	Completed	Comments
Date of submission	5/15/2008	
Period for which the report was drafted (previous calendar year)	2007	
Government signatures	X	
ICC endorsement	X	
Information provided on the ISS	X	
Information provided on the DQA	X	
Information provided on the use of the vaccine introduction grant	X	
Information provided on injection safety	X	
Information provided on immunization financing and financial sustainability (progress as measured against country indicators)	X	
New vaccine request, including completed co-financing and attached Excel spreadsheet	X	
Revised request for injection safety support completed (where applicable)	X	
Information provided on the HSS	NA	
Minutes of the ICC attached to report	X	
HSCC minutes, audit report of account for HSS funds, and annual health sector evaluation report attached to report	NA	

6. Comments

ICC/HSCC comments:

The ICC:

- Approves and supports the government's application to GAVI and to the Fund for the support of immunization services and new vaccines.
- Notes with satisfaction that the Government of the Central African Republic has included in its budget over the past several years a budgetary line for EPI expenditures, including a category entitled "procurement of test vaccines and reagents"; commends the efforts put forth by the country's authorities for the sake of child survival.
- Expresses the belief that even with the political will demonstrated by the authorities, this post-conflict country needs certain resources necessary to strengthen the EPI, which is one of its priority health programs. The GAVI Fund represents therefore an OPPORTUNITY for this country to improve its immunization coverage, to implement an injection safety policy, and to introduce new vaccines.
- Encourages the Government to uphold its commitments vis-à-vis the implementation of the mechanism planned to ensure the financial sustainability of the EPI.
- Makes a commitment to ensure the monitoring of:
 - The implementation of activities in accordance with the Multi-Year Plan.
 - The management of GAVI funds, and to contribute to the compilation of management reports and to mobilize partners and the community in order to strengthen the EPI.

~ End ~