



Partnering with The Vaccine Fund

June 2003

Progress Report

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

by the Government of

COUNTRY: **SENEGAL**

Date of submission: September 2003.....

Reporting period: 2002..... (Information provided in this report **MUST** refer to the previous calendar year)

(Tick only one):

- Inception report
- First annual progress report
- Second annual progress report
- Third annual progress report
- Fourth annual progress report
- Fifth annual progress report

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***

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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.

GAVI funds go into a special account that the Ministry of Health and Prevention has opened with a local bank. Fund-raising is conducted on the basis of the joint signature of the Director of Prevention and the Director of General Administration and Equipment of the Ministry (DGAE), following approval of the expenditure by the EPI National Coordinating Committee (ICC), which is chaired by the Minister of Health and Prevention. Allocation of funds by the central level is done on the basis of demographic weight, immunization coverage, number of health posts, district size, etc. Budget allocation breaks down as follows: 80% to the districts, 5% to the regions and 15% to the central level. Advanced and mobile immunization strategies, supervision, communication, social mobilization and any other activity with prior approval from the ICC are deemed to constitute eligible activities. Funds are transferred by the central level onto the accounts of the medical regions, which then pass them along to the districts. At the end of the period defined, the districts send technical and financial reports on fund use to the central level. Administrative red tape delayed the first batch of funds transferred to the districts.

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 CFA F 87,310,233
 Remaining funds (carry over) from the previous year 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					
Injection supplies	6264	3,789,805			
Personnel					
Transportation					
Maintenance and overheads	1807	1,093,200			
Training					
IEC / social mobilization	239	145,000			
Outreach	898	543,750			
Supervision	836	506,250			
Monitoring and evaluation	963	582,910			
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Support to regions and districts	112,396		4,000,000	64,000,000	
Total:	123,406	6,660,915	4,000,000	64,000,000	
Remaining funds for next year:	126,312	76,419,286			

**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.

Finalization of training sessions for immunizing agents
Organization of training sessions for community relays
Strengthening of advanced and mobile immunization strategies
Overhaul/replacement of rolling stock and cold chain
Partnerships with para-public and private sectors
Strengthening of communication and social mobilization strategies
Problems encountered: irregular supervision of activities owing to a shortage of human resources at the central level and to the many coordination activities

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

N

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

Some of the activities contained in the plan are already under way (see attached plan).

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).

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.

NOT APPLICABLE

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.

Implementation of activities contained in the Plan of Introduction for New Vaccines:

- *Continuation of efforts to increase storage capacity (at regional and district level)*
- *Training of agents*
- *Advocacy and communication/social mobilization*

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.

NOT APPLICABLE

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

*The materials for injection safety support arrived in Dakar on Owing to administrative red tape (transit), it was late leaving the warehouses of the Port of Dakar.
Given the large volume of materials delivered, it was necessary to located additional support in order to overcome storage-related problems at the central level.
The material has been (is being) delivered to all regions and districts.*

1.3.2 Progress of transition plan for safe injections and safe management of sharp wastes

→ 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
<i>Document validated</i>	<i>Adopt national policy document on injection safety and waste management</i>	<i>Document prepared and circulated</i>	<i>Holding of validation workshop (calendar)</i>	<i>Validate policy document on injection safety and waste management</i>
<i>Staff trained</i>	<i>Train staff in injection safety and waste management</i>	<i>Aspect taken into consideration at training sessions for measles and yellow fever campaigns</i>		
<i>Number of districts with operational incinerators/no. planned</i>	<i>Instal incinerators in health structures</i>	<i>Equipment already operational in the districts of two regions (Matam and St-Louis (10) and Dakar (4)</i>	<i>Availability of building materials (heat-resistant bricks)</i>	<i>Finalize construction of incinerators in 38 remaining districts by December 2003</i>

<i>Number of districts with AD syringes / total number</i>	<i>Use AD syringes for routine immunization and extend use to entire country by 2002</i>	<i>Widespread use of AD syringes in immunization services</i>	<i>Late availability of BCG syringes on market</i>	
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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:*

NOT APPLICABLE



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.gaviff.org> under FSP guidelines and annexes).
Highlight assistance needed from partners at local, regional and/or global level

A survey on current and forecast program costs was conducted with the help of the World Bank in July 2003. A local working group has started preparing the Plan, pending the final survey report for transmission by the World Bank. Technical support will be available during the first half of 2004 to finalize the document due for submission in September 2004.

3. Request for new and under-used vaccines for year 2004

Section 3 is related to the request for new and under used vaccines and injection safety for the year 2004.

3.1. Updated 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 and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births		461,748	461,544	474,929	488,702	502,874	517,457	532,464
Infants' deaths		32,368	32,309	33,245	34,209	35,201	36,222	37,272
Surviving infants		429,380	429,235	441,683	454,492	467,672	481,234	495,190
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form			282,725					
NEW VACCINES								
Infants vaccinated with DTP-Hib					272,695	374,137	384,987	396,152
Infants vaccinated with HepB					272,695	374,137	384,987	396,152
Wastage rate of ** (new vaccine)		NA	NA	NA	25%	20%	15%	10%
INJECTION SAFETY								
Pregnant women vaccinated with TT			268,773	308,704	342,091	402,299	413,966	425,971
Infants vaccinated with BCG			331,327	379,943	390,961	402,299	413,966	425,971
Infants vaccinated with measles			252,513	287,094	318,144	374,137	384,987	396,152

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

→ 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.

Changes in the base data reflect the figures forwarded by the periphery, taking local annual population growth rates into consideration.

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

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

YES

Table 3.1: Estimated number of doses of DTP-Hib vaccine

		Formula	For year 2004
A	Number of children to receive new vaccine		*272,695

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

B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	818,085
E	Estimated wastage factor	<i>(see list in table 3)</i>	1.33
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	1,088,053
G	Vaccines buffer stock	$F \times 0.25$	272,013
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	1,360,066
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	1,210,009
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	150,968
M	Total of safety boxes (+ 10% of extra need)	$(K + L)/100 \times 1.11$	15,107

Table 3.2: Estimated number of doses of HepB vaccine

		Formula	For year 2004
A	Number of children to receive new vaccine		*272,695
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	818,085
E	Estimated wastage factor	(see list in table 3)	1.33
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	1,088,053
G	Vaccines buffer stock	$F \times 0.25$	272,013
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	1,360,066
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	1,210,009
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	13,431

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

Table 4.1: Estimated supplies for safety of vaccination for the next two years with BCG

		Formula	For year 2004	For year 2005
A	Target of children for BCG vaccination	#	390,961	402,299
B	Number of doses per child	#	1	1
C	Number of BCG doses	A x B	390,961	402,299
D	AD syringes (+10% wastage)	C x 1.11	433,967	446,552
E	AD syringes buffer stock ¹	D x 0.25	108,492	0
F	Total AD syringes	D + E	542,459	446,552
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I	Number of reconstitution ² syringes (+10% wastage)	C x H x 1.11 / G	43,397	44,655
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	6,503	5,452

Table 4.2: Estimated supplies for safety of vaccination for the next two years with DTP-Hib

		Formula	For year 2004	For year 2005
A	Target of children for DTP-Hib vaccination	#	272,695	374,137
B	Number of doses per child	#	3	3
C	Number of DTP-Hib doses	A x B	818,085	1,122,411
D	AD syringes (+10% wastage)	C x 1.11	433,967	446,552

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.

E	AD syringes buffer stock ³	$D \times 0.25$	227,018	0
F	Total AD syringes	$D + E$	1,135,092	1,245,876
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1-6
I	Number of reconstitution ⁴ syringes (+10% wastage)	$C \times H \times 1.11 / G$	145,292	199,340
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	14,212	16,042

Table 4.3: Estimated supplies for safety of vaccination for the next two years with HepB

		Formula	For year 2004	For year 2005
A	Target of children for HepB vaccination	#	272,695	374,137
B	Number of doses per child	#	3	3
C	Number of HepB doses	$A \times B$	818,085	1,122,411
D	AD syringes (+10% wastage)	$C \times 1.11$	908,074	1,245,876
E	AD syringes buffer stock ⁵	$D \times 0.25$	227,018	0
F	Total AD syringes	$D + E$	1,135,092	1,245,876
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	12,600	13,829

Table 4.4: Estimated supplies for safety of vaccination for the next two years with measles

		Formula	For year 2004	For year 2005
A	Target of children for measles vaccination	#	318,144	374,137
B	Number of doses per child	#	1	1
C	Number of measles doses	$A \times B$	318,144	374,137
D	AD syringes (+10% wastage)	$C \times 1.11$	353,140	415,292

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.

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.

E	AD syringes buffer stock ⁷	$D \times 0.25$	88,285	0
F	Total AD syringes	$D + E$	441,425	415,292
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ⁸ syringes (+10% wastage)	$C \times H \times 1.11 / G$	56,502	66,447
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	5,527	5,347

Table 4.5: Estimated supplies for safety of vaccination for the next two years with yellow fever

		Formula	For year 2004	For year 2005
A	Target of children for yellow fever vaccination	#	318,144	374,137
B	Number of doses per child	#	1	1
C	Number of yellow fever doses	$A \times B$	318,144	374,137
D	AD syringes (+10% wastage)	$C \times 1.11$	353,140	415,292
E	AD syringes buffer stock ⁹	$D \times 0.25$	88,285	0
F	Total AD syringes	$D + E$	441,425	415,292
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ¹⁰ syringes (+10% wastage)	$C \times H \times 1.11 / G$	56,502	66,447
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	5,527	5,347

Table 4.6: Estimated supplies for safety of vaccination for the next two years with TT

		Formula	For year 2004	For year 2005
A	Target of pregnant women for TT vaccination	#	342,091	402,299
B	Number of doses per pregnant woman	#	3	3
C	Number of TT doses	$A \times B$	1,026,273	1,206,897
D	AD syringes (+10% wastage)	$C \times 1.11$	1,139,163	1,339,656

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

⁹ 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.

¹⁰ 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.

E	AD syringes buffer stock ¹¹	$D \times 0.25$	284,790	0
F	Total AD syringes	$D + E$	1,423,953	1,339,656
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	15,806	14,8705,347

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP-Hib, HepB, measles, yellow fever and TT for the next two years.

ITEM		For the year 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	542,459	446,552	Changes are due to the updating of targets and the review of coverage goals.
	for other vaccines	4,576,987	4,661,992	
Total of reconstitution syringes		301,693	376,889	
Total of safety boxes		60,175	60,887	

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

¹¹ 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.

¹² 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.

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
Number of children having received 3 doses of DTP3 / surviving infants	Reach DTP3 immunization coverage of at least 60%	66% coverage as of December 2002 39/50 districts with at least 50% DTP3 8/50 districts with at least 80% DTP3 Reduction of DTP wastage rates (9% in 2002)	Limited completeness of intra-district data (private sector) Counter-attacks on yellow fever epidemics in some districts Implementation of national measles campaign	Reach 80% for DTP-Hib3 in 80% of districts by 2005

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Table 1 filled-in		
DQA reported on		
Reported on use of 100,000 US\$		
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in		
New Vaccine Request completed		

Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		
Government signatures		
ICC endorsed		

6. Comments

→ *ICC comments:*

7. Signatures

For the Government of Senegal.....

Signature: For the Minister of Health and Prevention and by proxy,
the Director of Cabinet
Moussa Mbaye.....

Title: The Director of Cabinet.....

Date: 29 Sept. 2003.....

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	Name/Title	Date	Signature
WHO	DPC/B WR	29/09/03					
PATH/CVP	Representative	26/09/03	Roth Dudp				
UNICEF	Representative	29/09/03	Jan G. Haywood				
BASICS II/USAID	Hassane YARADOU Deputy EPI Advisor, Head, Pay Team	29/09/03					

~ End ~