

Date 18/12/12

GAVI Independent Review Committee (IRC) requested clarifications on the Introduction of Rotavirus Vaccine (RV) in Eritrea in 2013.

- 1. “The country is requested to resolve the discrepancies in population figures and targets across documents to be used for implementation of the rotavirus vaccine.”**

In 2002 the National Statistics Office has made an estimated population size for the country based on Eritrean Demographic Health Survey (EDHS) finding of the same year. Like all the line Ministries of the Government of Eritrea, the Ministry of Health was also using this population size as base line for population projection for the last ten year using the standard population growth rate at 3%. This population growth rate has never been changed by the program up to 2012. Surviving infants are obtained by deducting infant deaths per 1000 live birth from the birth cohort. We use this absolute number of surviving infants for vaccine forecasting and as a denominator in calculating immunization coverage for <1yr old children.

Before 2010 the birth cohorts were calculated at 4% of the total population of a year. In 2010, the National Statistics Office has carried out Eritrean Population Health Survey (EPHS) and based on survey finding on fertility and mortality rate, birth cohort for <1yr children have changed to 3%. The target population we have used for the introduction of Rota Virus is also based on surviving infants <1 year old which is the same as we are currently using the surviving infants for vaccine forecasting and denominator for coverage monitoring of the same immunization schedule as of other antigens. We believe that conducting population census was crucial to have the actual population figures and target population for immunization. However, we are not sure when this census will be conducted. That is why we are using the available population data.

- 2. “Provide clarity on financial sustainability strategy that will contribute to filling the funding gaps.”**

Starting from 2002 Eritrea was benefiting from GAVI Alliance on financial support for immunization system strengthening and supply of DPT-HepB+ Hib introduction into routine immunization program. The Gov. of Eritrea has started co-financing 10% of the total cost of the new vaccine annually and reaches 30% of the total cost by 2007. In 2008 additional new DPT-HepB-Hib (Pentavalent) vaccine was introduced into routine immunization program. Based on GAVI Alliance of country classification on economic income, Eritrea was classified as low income country and proposed to co-finance 0.20US\$ per dose of vaccine. In 2010 and 2011, using bilateral agreement between the Gov. of the State of Eritrean and JICA jointly procured and co-financed 98,000 dose of DPT-HepB-Hib vaccines costs 275,000 UD\$ which is one third of total doses required for the year.

In 2011, The Government of the State of Eritrea has developed a Health Sector Strategic Development Plan (HSSDP) of five years (2012-2016). The total budget line for the cost of vaccine and operational activities and the cold chain equipments of the EPI program is included in the plan. In every year capital development budget of the program is also developed and updated and integrated with capital budget of the Government, if any gaps on procurement of vaccines and other EPI logistics occurred the Government is on a position to cover it.

Operational cost for routine immunization activities for vaccine delivery and storage cost, fuel and transport support for routine out reach immunization services, running cost for community mobilization on vaccination activity, maintenance and over head cost for cold chain equipments is fully covered by the Government. In addition to this, if fund is provided from partners for vaccination campaigns and Sustainable Outreach Services (SOS) in hard to reach and low performing districts, the Government makes 0.70 US\$ subsidy on fuel per liter from routine purchasing (1.75 UD\$) for vaccination campaign of children.

According the GAVI Alliance classification of countries on their economic income, Eritrea was classified as low income country and requested to co-finance 0.20US\$ per dose for the new vaccine. This co-financing level will continue for the Rota vaccine. Operational costs for the introduction of Rotavirus vaccine, we expect to have a grant of 100,000 UD\$ from GAVI and the remaining financial gaps will be covered by the Government in the form of fuel and transport support, developing health promotional materials and community mobilization on mass media by the Ministry of Information of the government.

As you are aware, the EPI program uses traditional and new vaccines in routine immunization program and relies for its vaccine support from UNICEF and GAVI which amounts to 1.08 Million UD\$ in which 19% of the total cost of the traditional vaccines (BCG, OPV Measles & TT) and 81% of new underused vaccines, respectively. As in other national programs, donor funding is unsustainable and governments have to take over whenever such resources are unavailable. For such move, we have tried to show the government contribution on the program and the Eritrean motto of self-reliance is a guarantee for the programs to be sustained.

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