August 2004

Progress Report

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

by the Government of

COUNTRY: CAMEROON

Date of submission: 15 August 2004

Reporting period: January – December 2003

(Tick only one) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	ρ
Third annual progress report	X
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 ICC has adopted a decentralized mechanism for the management of GAVI / VF funds, which is in compliance with the management and control rules applicable to public funds in Cameroon:

The GAVI / VF funds are deposited in a bank account in Yaoundé. For any scheduled activity to be carried out by the EPI, a technical sheet is established, accompanied by a corresponding budget, in accordance with the plan of action budgeted and endorsed by the ICC. The file is then submitted for the approval of the Minister of Public Health, the Chairman of the ICC, who authorizes the financing of the activity. The funds are then made available by means of a cheque signed jointly by the Permanent Secretary of the EPI (ICC Secretary) and the Vice-Chairman of the ICC. As the GAVI funds are intended for the management of public assets, they are subject to the same audit and verification rules as those applied to public funds by the State.

At the operational level, an obligation framework document has been drawn up between the EPI and the health districts (HDs). Each HD presents its plan of action in which the objectives to be attained are set forth and serve as a basis for the allocation of funds. Supervision visits are organized at all levels - central, provincial and district. Such visits serve to ensure not only the technical monitoring of activities but also the traceability of the use of funds. A financial and technical report is produced by the different levels to justify the use of the funds allocated.

The financial sustainability of the programme remains an ongoing concern for the Government which, for the time being, essentially has recourse to the HIPC Initiative funds so far as the State budget is concerned. Efforts are being made to bring about a progressive improvement in the level of contribution from Cameroon's own resources.

The main problem to have been encountered is the deficit of USD 185 000 in 2003, resulting from the fall in the dollar exchange rate. Furthermore, the funds were transmitted to us behind schedule in March 2003, whereas the consolidated budget for the year had already been validated by the ICC.

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 2003: USD 553 500
Remaining funds (carry over) from 2002: Deficit of USD 36 140

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US $	Amount in US $			
		PUBLIC SECTOR			PRIVATE SECTOR & Other*
		Central	Region/State/Province	District	
Vaccines	0	0	With the fall in the value of the dollar having created a deficit in the GAVI funds, financial support to the provinces was provided from the HIPC fund.	0	0
Injection supplies	0	0		0	0
Support personnel	9 381.26	9 381.26		N/A	N/A
Transportation (vaccines)	25 738.08	25 738.08		N/A	N/A
Maintenance and overheads	0	0		N/A	N/A
Training	12 666.95	12 666.95		N/A	N/A
IEC / social mobilization	20 393.84	20 393.84		N/A	N/A
Outreach	0	0		N/A	N/A
Supervision	42 927.64	42 927.64		N/A	N/A
Monitoring and evaluation	8 298.34	8 298.34		N/A	N/A
Epidemiological surveillance	0	0		N/A	N/A
Vehicles	0	0		N/A	N/A
Cold chain equipment	0	0		N/A	N/A
FSP workshops	12 437.89	12 437.89		N/A	N/A
Plan contracts with the HDs	411 233.52	0		411 233.52	
Total:	543 077.52	131 844	USD 0 from GAVI funds	411 233.52	
Remaining funds for next year:	- 25 717.52 (deficit)				

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

N/A – Not available because the ICC has endorsed the establishment of an obligation framework between the central level and the HDs upon presentation of a plan followed by the signature of the contracts between the two parties. The same mechanism is recommended within the HDs. But these funds allocated to the districts constitute a package intended to support the district plan activities, including NGOs and associations. A Ministry of Public Health circular states that cooperation between the various sectors should be implemented at the level of the HDs (Annex 1). Efforts are being made to ensure the future introduction of machinery to allow for better traceability of funds within districts.

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed ***(Annex 2)***

- 16 January 2003: ICC meeting to examine the consolidated EPI action plan;
- 03 February 2003: Meeting to adopt the EPI action plan for 2003 (examination and validation of the allocation of funds).

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

Major activities conducted to strengthen immunization services

- Strong support from the most senior levels in the hierarchy, as evidenced by the fact that the Minister of Public Health presided over all the ICC meetings.
- Increased awareness of health personnel and the public (11 contracts signed with rural radio stations with a view to raising the awareness of local populations in remote areas through the production of sketches, a documentary, and so on). Materials to promote social mobilization for the routine EPI were produced using GTZ financing, and other materials were ordered using HIPC funds.
- Assessment, at Kribi in April 2003, of EPI activities during 2002, under the theme "How to sustain and further improve upon the progress made by the EPI".
- Decentralization of the management of GAVI funds at the operational level.
- Systematic EPI microplanning with rationalized financing with a view to the implementation of activities in the HDs.
- Implementation of an efficient system for the integrated monitoring of EPI target diseases (acute flaccid paralysis, measles, maternal and neonatal tetanus and yellow fever). The system mirrors the one applying for the monitoring of acute flaccid paralysis within the framework of the initiative for the eradication of poliomyelitis.
- Introduction of the yellow fever vaccine in the EPI, with the official launch by the Minister of Public Health in January 2004 in the Bafia HD.
- Comprehensive review of the integrated epidemiological surveillance of the EPI target diseases in September 2003. Upon completion of this activity, epidemiological surveillance was decentralized to the HD level.
- Organization of mass campaigns against poliomyelitis (2003) in five provinces with a high risk of the importation of wild polio virus .
- Analysis of EPI training requirements in October 2003 and the elaboration of an EPI training plan taking account of both basic and ongoing training.

- Assessment of injection safety in Cameroon in October 2003 and the elaboration of a plan for the implementation of recommendations.
- Organization of supervision visits at all levels, including four by the central level.
- Implementation in 24 HDs of the "Reaching every District" (RED) approach advocated by WHO and UNICEF, as part of the effort to strengthen low-performance districts.
- Training of executive-level district teams in the integration of Vitamin A in the routine EPI (9 HDs in the Centre, 4 HDs in the South and 3 HDs in the South-West).
- Availability of routine EPI vaccines throughout the year from State financing as part of the vaccine independence effort.
- 600 cold chain units were ordered through UNICEF using funding from Japan (430) and HIPC funds (170).
- Three vehicles for supervision visits purchased using the State's own resources, 180 motorcycles, three outboards and 250 bicycles ordered using HIPC funds.

Difficulties encountered

- The slowness of administrative procedures in respect of the equipment ordered using HIPC funds (motorcycles, cold chain, bicycles, outboards), resulting in the extension of that funding into 2004.
- Within the framework of implementation of the RED approach, some districts therefore failed to receive the equipment planned for them.
- The delayed (April 2004) assessment of the activities conducted in 2003, on account of the polio immunization campaigns carried out in late 2003 and in January 2004, which led to a delay in the microplanning for 2003.
- The deficit of USD 185 000 in 2003 due to the fall in the value of the dollar, making it impossible to conduct the planned social mobilization activities.
- The delayed transfer of GAVI / VF funds to Cameroon in March 2003. A major part of these funds are planned into the operational costs, and their delayed arrival put a brake on activities in the HDs, with the risk of not meeting the established targets.

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. ***(Annex 3)***

YES [X] *NO* [ ]

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

Having taken note of the ICC decisions, the EPI Central Technical Group, with the support of WHO and UNICEF, has drawn up an EPI overall annual plan of action which takes into account the recommendations of the DAQ. The plan was finalized on 16 January 2003 and endorsed on 02 February 2003. (See annexed 2003 plan, pages 24 to 26). Among the activities carried out, we would mention:

- The instructions issued by the Ministry of Public Health with respect to the collection, use, management and introduction of immunization registers and tally cards in all health centres and to archiving were circulated to all levels within the system.
- Feedback on the results and on the audit recommendations was provided to the provinces and districts.
- The introduction in all health centres in which immunization is practised of immunization registers and tally registers to permit the immunization status of each child to be monitored.
- 635 000 vaccination cards for children ordered.
- In February 2004, an internal audit was conducted in one district on a province-by-province basis.
- Training supervision was carried out at all levels, with the quality of data forming part of the terms of reference.
- Training was provided to district managers on the quality of supporting documentation in respect of financing.

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC ***(Annex 2)***

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

- Assessment of public/private sector collaboration within the framework of the EPI (April 2003).
- Survey by IFORD (Institute de Formation et de Recherche Démographique) on immunization coverage at the end of the immunization campaigns against measles (May 2003).
- Inventory of the cold chain and transport equipment in the seven southern provinces (June 2003). The French Government development service *Coopération française* intends to provide support for the overhaul plan within the framework of the *Contrat de Désendettement et de Développement* (contract for debt-removal and development) (C2D).
- Mission to evaluate the refractory brick incinerator in Douala from 24 to 26 June 2003.
- External review of integrated epidemiological surveillance (17 to 27 September 2003).

– Survey of injection safety in Cameroon (October 2003).
– Analysis of EPI training requirements (October 2003).

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.

The yellow fever vaccine was received in two stages (Annex 4: reports on the receipt of the yellow fever vaccine).

– First stage received in December 2003 (367 650 doses).
– Second stage received in May 2004 (632 550 doses).
– No significant problems were recorded at the time of reception. Distribution within the provinces was carried out in accordance with a pre-established plan. However, the central level sometimes responds to urgent requests from the provinces for the delivery of vaccines, including yellow fever.

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.

1. Activities carried out in 2003:

– Yellow fever vaccine made accessible in all of the country's HDs in December 2003.
– The meeting to produce new messages in support of the new vaccines was held in Mbalmayo in March 2003.
– The radio and television spots were produced and broadcast in December 2003.
– The broadcasting of messages via the media and community agents such as churches was organized on an ongoing basis.
– Training was provided to district executive teams (144) and immunization staff (one staff member per health centre providing immunization).

- Briefings were provided by the district executive teams to local social mobilization structures.

2. Activities carried out in 2004:

- The actual administration of yellow fever vaccine in the country's health centres began in January 2004.
- The broadcasting of radio and television spots on the introduction of the yellow fever vaccine continued in January 2004.
- The official launch of the introduction of the yellow fever vaccine was presided over, respectively, by the Ministry of Public Health on 13 January 2004 in the Bafia HD (Central province), and by the Governor of the Far North province in the Meri HD.
- Assessment of the introduction of the yellow fever vaccine in the Cameroon EPI from 12 to 16 July 2004.

3. Activities planned for the future:

- Organization of a symposium on the introduction of the new vaccines in November 2004 at the Faculty of Medicine and Biomedical Sciences, Yaoundé.
- Supervision and integrated assessment.
- Official launch in January 2005 of the introduction of the viral hepatitis B vaccine in the EPI.

4. Difficulties encountered:

- CAP behavioural study not carried out prior to the introduction of the new vaccines owing to lack of funding.
- Children older than 11 months having already received the measles vaccine sometimes returned seeking the yellow fever vaccine.
- A number of stock outages were recorded at local level due to the insufficiency of the first delivery (367 650 doses).

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.

Activities carried out using the one-off support payment of USD 100 000 intended to facilitate the introduction of new vaccines (in USD):

- Two workshops to update messages and materials: 4 372.12

– Official launch in Bafia of the introduction of the yellow fever vaccine:	19 701.37	
– Official launch in Meri of the introduction of the yellow fever vaccine:	7 400.96	
– Preparations for the symposium on the introduction of new vaccines:	3 700.48	
– Staff training:	43 648.58	
– Transportation of vaccines and equipment:	2 106.50	
– Meeting to elaborate social mobilization materials:	925.12	
– Financing of the media plan:	3 700.48	
Total:	**85 555.61**	**(85.5%)**
Remainder:	**14 444.39**	**(14.5%)**

Problem encountered:

Financing for the introduction of the yellow fever vaccine amounted to 85.5% of the total envelope. It is necessary to identify additional financing to support the introduction of the viral hepatitis B vaccine.

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 following vaccination equipment, financed from GAVI funds through UNICEF, was received by the EPI in 2003:

– BCG syringes:	947 700
– Autodisable syringes:	2 010 000
– Dilution syringes (2 ml):	74 800
– Dilution syringes (5 ml):	86 400
– Dilution syringes (10 ml):	44 200
– Safety boxes:	173 000

Problems:

Inadequate communication among those involved, at all levels, in respect of the documentation pertaining to supplies.

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
1) Proportion of provinces and health districts having implemented the injection safety policy.	To administer 100% risk-free immunization injections by 2007.	1) The document containing the national strategy on injection safety has been produced and disseminated to health districts. 2) An information and awareness-building seminar for district executive teams was organized in November 2000 in Yaoundé. 3) A State appropriation has been created and funded. 4) The injection safety assessment carried out in October 2003 shows that: 96% of health structures use autodisable syringes; single-use syringes are used	1) The communication and social mobilization activities are insufficient owing to a lack of financial resources. 2) The document containing the national policy on injection safety was found in only 30% of health centres, although it exists at the health district level.	1) To administer 100% risk-free immunization injections by 2007. 2) To make the document containing the national policy on injection safety available in 100% of health centres providing immunization.

		in 100% of health centres; safety boxes are used in 71% of health centres; at least one needlestick injury of a health worker has occurred during the past 12 months in 39% (Annex 5).		
2) Proportion of health districts having an adequate and operational system for eliminating vaccination wastes.	To eliminate immunization injection wastes in conformity with the norms in all health districts by 2007.	1) Instruction issued by the Ministry of Public Health (Annex 6: National strategy on injection safety and the management of used injection equipment). 2) Safe injection practices and the appropriate management of wastes form part of the training supervision topics (three-monthly for the central level and monthly for the health districts). 3) The injection safety indicators are integrated into the EPI supervision tools. 4) The injection safety assessment conducted in September 2003 showed that: 93% of health centres have an acceptable method	1) Lack of financing for the construction of incinerators. 2) The incinerator model has not been adopted.	1) To equip each health district with at least one incinerator with an appropriate waste management system by 2007. 2) To adopt a model of incinerator by the end of 2004.

		for the destruction of wastes; 20% of health centres use incineration (incinerators constructed by UNICEF, the World Bank, the State).		
3) Proportion of health workers trained in injection safety.	To eliminate APIR cases by 2007.	The handling and prevention of APIR cases is being integrated in the EPI training and supervision activities.	1) Difficulties with reaching all health workers who administer injections during the supervision. 2) Absence of a regulatory framework.	1) To adopt a strategy and a plan for eliminating APIR. 2) To improve the surveillance of APIR associated with immunization techniques.
4) Proportion of health centres providing immunization and not having experienced shortages of autodisable syringes and/or safety boxes.	To vaccinate with autodisable syringes in 100% of health centres.	1) Delivery of inputs on a three-monthly basis at the provincial level and a monthly basis at the health district level, in line with the annual distribution plan. 2) Autodisable syringes and safety boxes are distributed to health centres providing immunization in proportion to the quantity of vaccines delivered. 3) Any purchase or donation of vaccines at the central level is coupled on a proportional basis with the	Communication between the forwarding agent and the EPI Central Technical Group is not always adequate.	To vaccinate using autodisable syringes in 100% of health centres in 2004.

		appropriate injection equipment. 4) The injection safety assessment conducted in October 2003 shows that 96% of health structures use autodisable 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:

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

Cameroon submitted its financial sustainability plan (FSP) in December 2003. Recommendations aimed at improving the quality and completeness of the information were made by the GAVI / VF Independent Review Committee.

A timetable was drawn up by the Cameroon FSP group following the international workshop held in Douala from 26 to 30 May 2003. The draft of the group's work was sent to the GAVI / VF FSP focal point in August 2003, together with the request for a consultant to assist in the drawing up and presentation of the first draft of the FSP.

A timetable was adopted for the preparation of the FSP to be submitted in 2003, as follows:

- 25 May - 12 June 2003: Finalize the inventory of missing data as well as the main sources of information.
- 26 May - 04 June 2003: Draw up of the country report on the FSP workshop in Douala.
- 27 May - 30 October 2003: Hold meetings of the various FSP sub-working groups.
- 06 June 2003: Provide feedback on the FSP workshop and present a progress report to the ICC members.
- 30 June 2003: Organize an initial retreat to consolidate data collection and analysis and the drafting of sections 1 and 2.
- 01 July - 30 September 2003: Produce the various drafts of the FSP.
- 15 July - 30 October 2003: Present a progress report on the FSP to the ICC and to the Ministries involved.
- 01 - 10 August 2003: Send sections 3 and 4 for a preview to WHO in Geneva and to GAVI / VF.
- 15 October - 10 November 2003: Organize the ICC meeting, expanded to include the concerned Ministers, to endorse the FSP.
- 11-15 November 2003: Organize signature of the FSP by the partners and Ministers concerned.
- 15 - 30 November 2003: Send the country's FSP to GAVI / VF.

The first draft was produced with support in the amount of USD 10 000 from GAVI / VF, and the timetable was respected, despite the late arrival of the Consultant, and dispatched within the deadline.

The problems encountered were as follows:

- The data entry masks received from the GAVI / VF Secretariat did not contain the formulas for the projection of financial contributions. The tool provided to us for calculating costs and financial projections was inadequate.
- The GAVI / VF funds are virtually depleted (effect of the depreciation of the dollar exchange rate on the GAVI / VF funds sent in 2003), and the FSP group has had its work hampered by a number of logistical problems.

Cameroon has taken note of the remarks made by GAVI / VF's Independent Review Committee and is in the process of reviewing the FSP for 2003 with the aid of the new software tool.

3. Request for new and under-used vaccines for year 2005 *(indicate forthcoming year)*

Section 3 is related to the request for new and under used vaccines and injection safety for 2005.

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 and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	663 170	678 579	698 258	718 507	739 343	760 784	782 847	805 550
Infants' deaths	51 064	52 251	53 766	55 325	56 929	58 580	60 279	62 027
Surviving infants	612 106	626 328	644 192	662 873	682 097	702 204	722 568	743 522
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	54% 330 537	43% 269 321	63% 405 841	72.67% 481 710	73% 497 931	75% 526 653	80% 578 054	82% 609 688
NEW VACCINES								
Infants vaccinated with **AAV**	NA	NA	NA	NA	67% 457 005	72% 505 587	76% 549 152	80% 594 818

Infants vaccinated with **viral hepatitis B**	NA	NA	NA	NA	NA	75% 526 653	80% 578 054	82% 609 688
Wastage rate of **yellow fever vaccine**	NA	NA	NA	NA	33%	25%	20%	15%
Wastage rate of **viral hepatitis B vaccine**	NA	NA	NA	NA	NA	20%	17%	15%
INJECTION SAFETY								
Pregnant women vaccinated with TT2+	39% 238 721	36% 225 478	45.19% 291 110	53.1% 351 986	60% 409 258	63% 442 389	65% 469 669	65% 483 289
Infants vaccinated with BCG	68% 416 232	65% 407 113	75.68% 487 525	82.1% 544 219	82.5% 562 730	83% 582 829	85% 614 183	85% 631 994
Infants vaccinated with Measles	48% 293 811	46% 288 111	53.39% 343 934	60.9% 403 690	67% 457 005	72% 505 587	76% 549 152	80% 594 818

* 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.*

With regard to the plan initially approved, the following changes have been made:

1. The targets set by Cameroon for 2004 have changed, bearing in mind the progress made in immunization coverage in 2002 (DTP3 63%, i.e. 51 535 additional children vaccinated as compared to the initial target of 55%), and then in 2003 (DTP3 72.6%, i.e. 50 843 additional children vaccinated as compared to the initial target of 65%).
2. Having taken note of the shortage of the combined DTP/HepB vaccine, the ICC, in its new application to GAVI / VF, requested the monovalent form of that vaccine.
3. The rescheduling also applied to the introduction of new vaccines (yellow fever in 2004 instead of 2002, and viral hepatitis B in 2005 instead of 2003).

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* for the year 2005

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

The yellow fever vaccine is expected by December 2004.

Table 3: Estimated number of doses of yellow fever vaccine *(specify for one presentation only)*: *(Repeat table for any other vaccine presentation requested fromGAVI / VF*

		Formula	2005
A	**Number of children to receive new vaccine**		**505 587**
B	**Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan**	*%*	**90**
C	**Number of doses per child**		**1**
D	**Number of doses**	*A x B/100 x C*	**455 029**
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*	**605 188**
G	**Vaccines buffer stock**	*F x 0.25*	**151 297**
H	**Anticipated vaccines in stock at start of year 2004**		**151 297**
I	**Total vaccine doses requested**	*F + G - H*	**605 188**
J	**Number of doses per vial**		**10**
K	**Number of AD syringes (+ 10% wastage)**	*(D + G – H) x 1.11*	**505 083**
L	**Reconstitution syringes (+ 10% wastage)**	*I / J x 1.11*	**67 176**
M	**Total of safety boxes (+ 10% of extra need)**	*(K + L) / 100 x 1.11*	**6 353**

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

NB - For 2005, the above quantities of YF vaccine represent 90% of the total and will be financed by GAVI / VF. The remaining 10% will be financed by the State from HIPC funds.

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.*

The hepatitis B vaccine is expected by December 2004.

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

		Formula	2005
A	**Number of children to receive new vaccine**		**526 653**
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 x B/100 x C*	**1 579 959**
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*	**2 101 346**
G	**Vaccines buffer stock**	*F x 0.25*	**525 337**
H	**Anticipated vaccines in stock at start of year 2005**		**0**
I	**Total vaccine doses requested**	*.1. F + G - H*	**2 626 683**
J	**Number of doses per vial**		**10**
K	**Number of AD syringes (+ 20% wastage)**	*(D + G – H) x 1.25*	**2 631 620**
L	**Reconstitution syringes (+ 20% wastage)**	*I / J x 1.25*	**328 336**
M	**Total of safety boxes (+ 20% of extra need)**	*(K + L) / 100 x 1.25*	**37 000**

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	27%	20%	15%									
Equivalent wastage factor	1.37	1.25	1.18									

3.3 Confirmed/revised request for injection safety support for the year 2005

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

		Formula	2005	2006
A	Target of children for tuberculosis vaccination[1]	#	582 829	
B	Number of doses per child	#	1	
C	Number of BCG doses	A x B	582 829	
D	AD syringes (+10% wastage)	C x 1.11	646 940	
E	AD syringes buffer stock [2]	D x 0.25	0	
F	Total AD syringes	D + E	646 940	
G	Number of doses per vial	#	20	
H	Vaccine wastage factor [3]	*Either 2 or 1.6*	2	
I	Number of reconstitution [4] syringes (+10% wastage)	*C x H x 1.11 / G*	64 694	
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	7 899	

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

The quantities of reconstitution syringes and safety boxes are different because the new document takes account of the vaccine wastage factor.

[1] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).
[2] 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.
[3] 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] Only for lyophilized vaccines. Write zero for other vaccines.

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

		Formula	2005	2006
A	Target of children for DTP vaccination	*	526 653	578 054
B	Number of doses per child (for DTP per child)	*	3	
C	Number of DTP doses	A x B	1 579 959	
D	AD syringes (+10% wastage)	C x 1.11	1 753 755	
E	AD syringes buffer stock	D x 0.25	0	
F	Total AD syringes	D + E	1 753 755	
G	Number of doses per vial	*	10	
H	Vaccine wastage factor	*Either 2 or 1.6*	1.6	
I	Number of reconstitution syringes (+10% wastage)	*C x H x 1.11 / G*	280 601	
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	22 581	

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

The quantities of reconstitution syringes and safety boxes are different because the new document takes account of the vaccine wastage factor.

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

		Formula	2005	2006
A	Target of children for Measles vaccination		505 587	
B	Number of doses per child (for TT woman)	*	1	
C	Number of Measles doses	A x B	505 587	
D	AD syringes (+10% wastage)	C x 1.11	561 202	
E	AD syringes buffer stock	D x 0.25	0	
F	Total AD syringes	D + E	561 202	
G	Number of doses per vial	*	10	
H	Vaccine wastage factor	*Either 2 or 1.6*	1.6	
I	Number of reconstitution syringes (+10% wastage)	*C x H x 1.11 / G*	89 793	
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	7 226	

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

The quantities of reconstitution syringes and safety boxes are different from those stated in the approved request because the new document takes account of the vaccine wastage factor.

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

		Formula	2005	2006
A	Target of children for yellow fever vaccination		505 587	549 152
B	Number of doses per child	*	1	1
C	Number of AAV doses	A x B	455 028	439 322
D	AD syringes (+10% wastage)	C x 1.11	505 082	487 648
E	AD syringes buffer stock	D x 0.25	0	0
F	Total AD syringes	D + E	505 082	487 648
G	Number of doses per vial	*	10	10
H	Vaccine wastage factor	*Either 2 or 1.6*	1.6	1.6
I	Number of reconstitution syringes (+10% wastage)	*C x H x 1.11 / G*	80 814	78 024
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	6 504	6 279

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

The quantities of reconstitution syringes and safety boxes are different from those stated in the approved request because the new document takes account of the vaccine wastage factor.

For 2005 and 2006, the above quantities of supplies represent 90% and 80%, respectively, of the total, and will be financed by GAVI. The remaining 10% and 20% will be financed by the State from HIPC funds.

Table 4.2 *[sic]*: Estimated supplies for safety of vaccination for the next two years with HepB

		Formula	2005	2006
A	Target of children for HepB vaccination	*	526 653	578 054
B	Number of doses per child (for HepB per child)	*	3	3
C	Number of HepB doses	A x B	1 579 959	1 560 746
D	AD syringes (+20% wastage)	C x 1.25	1 974 949	1 732 428
E	AD syringes buffer stock	D x 0.25	493 738	0
F	Total AD syringes	D + E	2 468 687	1 732 428
G	Number of doses per vial	*	10	10
H	Vaccine wastage factor	*Either 2 or 1.6*	1.6	1.6
I	Number of reconstitution syringes (+20% wastage)	*C x H x 1.25 / G*	315 992	277 188
J	Number of safety boxes (+20% of extra need)	*(F + I) x 1.25 / 100*	34 809	22 307

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

The quantities of reconstitution syringes and safety boxes are different from those stated in the approved request because the new document takes account of the vaccine wastage factor.

For 2006, the above quantities of supplies represent 90% of the total, and will be financed by GAVI / VF. The remaining 10% will be financed by the State from HIPC funds.

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

		Formula	2005	2006
A	Target of pregnant women for tetanus vaccination [5]	#	442 389	
B	Number of doses per woman	#	2	
C	Number of TT doses	A x B	884 778	
D	AD syringes (+10% wastage)	C x 1.11	982 104	
E	AD syringes buffer stock [6]	D x 0.25	0	
F	Total AD syringes	D + E	982 104	
G	Number of doses per vial	#	10	
H	Vaccine wastage factor [7]	*Either 2 or 1.6*	1.6	
I	Number of reconstitution [8] syringes (+10% wastage)	*C x H x 1.11 / G*	157 137	
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	12 646	

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

ITEM		2005	2006	Justification of changes from originally approved supply:
Total AD syringes	for BCG	646 940		The quantities of dilution syringes and safety boxes are different because the formula in the present report takes account of the vaccine wastage factor for calculating the quantity of dilution syringes, this having not been the case in the GAVI / VF application document (Revision 4 of August 2002).
	for other vaccines	6 270 830	2 220 076	
Total of reconstitution syringes		989 031	355 212	
Total of safety boxes		91 665	28 586	

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

The quantities of dilution syringes and safety boxes are different because the formula in the present report takes account of the vaccine wastage factor for calculating the quantity of dilution syringes, this having not been the case in the GAVI / VF application document (Revision 4 of August 2002)

[5] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[6] 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.

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

[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
DTP3 vaccine coverage rate	Achieve a vaccine coverage rate of 65% for DTP3 in 2003	72.67%		Achieve a vaccine coverage rate of at least 73% for DTP3 in 2004
Number of additional children vaccinated having received three (3) doses of DTP in 2003 as compared to 2002	76 597	127 239		16 221 additional children as compared to 2003
Specific drop-out rate	Reduce the specific drop-out rate to no more than 10%	8.22%		Reduce the specific drop-out rate to no more than 8%
Rate of implementation of scheduled activities per year	Achieve at least 80% of scheduled activities in 2003	78%	Non-implementation of social mobilization activities owing to lack of financing	Achieve at least 90% of scheduled activities in 2004
Vaccine wastage rate	Reduce the wastage rate for DTP to 47%	Not available	No studies have to date been carried out on wastage rates in Cameroon. Nor is there as yet any active monitoring of vaccine wastage. Tools for gathering data on vaccine utilization were not yet deployed in the field.	• Provide tools for gathering data on vaccine utilization to all vaccinating health centres in 2004 • Reduce the wastage rate for DTP to 24%
Number of ICC meetings held, as compared to the number planned	Hold at least 80% of planned ICC meetings in 2003	100%	No constraints	Hold at least 100% of planned ICC meetings in 2004

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	15 August 2004
Reporting Period (consistent with previous calendar year)	X	2003
Table 1 filled-in	X	
DQA reported on	X	
Reported on use of 100,000 US$	X	It is necessary to identify additional financing to support the introduction of the viral hepatitis B vaccine
Injection Safety Reported on	X	Improve the procedure for receiving and distributing supplies
FSP Reported on (progress against country FSP indicators)	X	Submission planned for 30 November 2004
Table 2 filled-in	X	
New Vaccine Request completed	X	Viral hepatitis B and yellow fever vaccine
Revised request for injection safety completed (where applicable)	X	
ICC minutes attached to the report	X	See Annex 2
Government signatures	X	
ICC endorsed	X	

6. Comments

ICC comments:

Having taken note of the activities conducted, the ICC endorses this annual progress report on the EPI for 2003. It also endorses the requests for support in respect of the further strengthening of immunization services, improvement of injection safety and introduction of yellow fever and viral hepatitis B vaccines.

The ICC thanks GAVI / VF for the amendments made to the Financial Sustainability Plan, for the support given to Cameroon for the introduction of the new vaccines and strengthening of injection safety, and for the USD 1 660 500 already received in July 2001, March 2003 and January 2004 for strengthening its immunization services. It would, however, like to have clarification regarding the total amount of the support and the duration of the initial financing, which was announced as being for three (3) years.

The Government of the Republic of Cameroon, with the support of its partners, reaffirms its commitment to the comprehensive and sustained strengthening of the EPI as a priority health programme. To that end, it undertakes to continue to purchase traditional vaccines, to gradually take over the reins from GAVI / VF in assuring the availability of the new vaccines, to strengthen the logistical side and ensure the implementation of activities through the identification of new financing solutions (HIPC, C2D, and so on) and through advocacy actions. As regards 2005, the Government undertakes to defray 10% of the yellow fever vaccine and necessary supplies, as a first step in taking over the reins.

The ICC recommends that:

- the making available of GAVI / VF financing be expedited to ensure the timely implementation of planned activities;
- the support provided by GAVI / VF for the purchase of new vaccines and corresponding supplies be rescheduled, bearing in mind the State's undertaking to defray a gradually increasing share of the purchase costs.

7. Signatures

For the Government of the Republic of Cameroon

Signature: (signed) Urbain OLANGUENA AWONO

Title: Minister of Public Health

Date: 15 August 2004

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/Organization	Name/Title	Date Signature	Agency/Organization	Name/Title	Date Signature
Ministry of Health	Dr Djibrilla Kaou B. Director, Family Health		GTZ	Dr Andreas Stadler Principal Technical Adviser for health projects	
	Dr Nomo Emmanuel Permanent Secretary, EPI Central Technical Group		Rotary International	Mr Jean Richard Bieleu President, National Polio Plus Commission	
WHO	Dr Mambu Ma Disu Hélène, Representative		European Union	Dr Yvon Gauchet Coordinator	
UNICEF	Mr Jacques Boyer Bureau Chief		Red Cross	Mr William Eteki Mboumoua President	
Coopération Française	Dr Garde Xavier Regional Adviser				

~ End