



Partnering with The Vaccine Fund

Updated February 2004

# Progress Report

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

by the Government of

**COUNTRY:**

**ERITREA**

Date of submission: 28 May 2004

Reporting period: **2003** (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.*

The second tranche of GAVI fund USD 39,300 was received on June 2003; it is being processed and distributed to all zones using the following criteria.

- Identifying low immunization performing zones;
- Zones with large inaccessible and unreached areas;

The ISS funds were mainly used for outreach activities, monitoring and supervision, and Maintenance of cold chain equipment at central levels.

The financial policy of the Ministry of Health was strictly followed in the disbursing of the funds for activities.

The office of the Minister closely monitors the utilization of the funds, according to the ICC recommendations.

## 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 39,300**

**Remaining funds (carry over) from the previous year 36,768**

**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
		Central	Region/State/Province	District	SECTOR & Other
Vaccines	376,400*				
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training			2,500		
IEC / social mobilization					
Outreach			20,000		
Supervision			5,000		
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other Completion C.C.store			25,000		
<b>Total:</b>			<b>52,500</b>		
<b>Remaining funds for next year:</b>	<b>26,432</b>				

*\*Total cost for vaccines and Injection Safety material according to GAVI for the year 2003.*

*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.*

**Major activities conducted to strengthen immunization:**

- Conducted training for all health workers at Central and Zonal level,
- Construct new EPI central cold chain store,
- Post introduction assessment done by WHO AFRO, WHO Kenya, UNICEF, CDC-USA to evaluate the process of new vaccines
- EPI is integrated with other PHC (Primary Health Care) services resulting in the provision of immunization services on daily basis
- Catch –Up Measles Vaccination Campaign for children aged 9 months to 14 Years From Sep. 20 to Oct. 06 2003.

**Problems encountered in relation to multi year:**

- Absence of good population denominator estimates for the EPI target population,
- Lack of spare parts for Dulas solar refrigerators,
- Shortage of transportation in most health facilities to conduct outreach planned activities,
- Delay of safety injection support, especially in the management of waste disposal.

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

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

YES

NO

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

Eritrea will conduct DQA in September 2004

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

*Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).*

The post measles vaccination campaign coverage survey was conducted in December 2004. The survey revealed measles vaccination coverage of 98 % was achieved in children 9 months to 14 years of age.

## 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

**Start of vaccinations with the new and under-used vaccine: MONTH January YEAR 2002**

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

Since introduction of new vaccine DPT-HepB vaccine were supplied as follows;

- First shipment on 13 December 2001, 445,000 doses bundled with AD syringes and safety boxes.
- 2<sup>nd</sup> shipment on 03 December 2002, 353,500 doses bundled with AD syringes and safety boxes
- 3<sup>rd</sup> shipment on 10-12 December 2003, 378,400 doses bundled with AD syringes and safety boxes

During shipment and or on receiving No problems, were encountered.

### 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.*

- Advocacy for high level authorities at Central and Zonal level has been made,
- Intensive social mobilization through mass media, has been conducted in order to increase awareness in the general population,
- Training of health workers on introduction of new vaccines and safety injection has been conducted in all the zones,
- Safe management of sharps waste training was conducted at all implementation level,
- A DPT-Hepatitis B Post-Introduction Evaluation was conducting assessing the impact of the introduction and identified constraints and challenges. Recommendations have been made to fill the identified gaps.

### **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.*

15.4% of the 2003 financial support of 100, 000 USD was used for the completion of the new central cold chain store.

## **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*

Safety of Injection application for Eritrea was submitted in 2003, and a Letter of approval from GAVI was received.

So far the support was not received.



### 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
Number of zones without AD syringes stock-out	100 %	100 %	None	50%
Number of zones without safety boxes stock-out	100 %	100%	None	
Number of zones with functioning incinerators	50%	25%	-Lack of funds -Lack of appropriate technology	
Number of health workers trained annually	300	250	-Competing activities -Shortage of qualified staff	
Number of serious adverse events reported annually	1	0	Lack of efficient monitoring system	

### 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:

Injection Safety support was not planned for cash support.
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## 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 Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

1. Continuing orientation meeting on the FSP process will be conducted for all the high authorities within the Ministries of Health and finance after the South Africa meeting.
2. Sections One and Two of the FSP document were drafted by a consultant. Effort will be made to finalize and update the drafted plan and submit the deadline.
3. There is need to have an external and a local consultant to assist in updating and finalizing the FSP document,
4. A budget support for completion of this task will be necessary,

- Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

**Table 2 : Sources (planned) of financing of new vaccine DPT-HepB**

Proportion of vaccines supported by	Annual proportion of vaccines										
	2002.	2003	2004.	2005.	2006	2007	2008	2009	2010	2011	
Proportion funded by GAVI/VF (%)	100%	100%	100%	100%	90 %	10%	0	0	0	0	
Proportion funded by the Government and other sources (%)	0	0	0	FSP Will be developed soon							
Total funding for DPTHePb ( <i>new vaccine</i> ) *	100%	100%	100%	100%	100%						

\* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.

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

### **3. Request for new and under-used vaccines for year 2006 ( indicate forthcoming year )**

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

#### **3.1. Up-dated immunization targets**

*Confirm/update basic data approved with country application:* 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 12). Targets for future years **MUST** be provided.

Number of	2002	2003	2004	2005	2006	2007
	<b>DENOMINATORS</b>					
Births	111,240	114,577	118,015	121,555	125,202	128,958
Infants' deaths	7,342	7,562	7,789	8,022	8,263	8,511
Surviving infants	103,898	107,015	110,226	113,532	116,937	120,445
<b>NEW VACCINES **</b>						
Targets						
Infants vaccinated / to be vaccinated with <b>1<sup>st</sup> dose</b> of DPT HepB ( <i>new vaccine</i> )	75,114	74,484	75% 86,803	85% 101,327	90% 110,506	90% 113,821
Infants vaccinated / to be vaccinated with <b>3<sup>rd</sup> dose</b> of DPT HepB ( <i>new vaccine</i> )	67,624	70,929	82,670	96,502	105,244	108,401
Wastage rate of DPT HepB. ( <i>new vaccine</i> )	17%	4.8%	5%	5%	5%	5%
<b>INJECTION SAFETY****</b>						
WCB age vaccinated/to be vaccinated with TT	117,219	90,615	284,443	324,540	364,664	406,905
Infants vaccinated / to be vaccinated with BCG	71,068	73,572	88,511	103,322	112,682	116,062
Infants vaccinated / to be vaccinated with Measles	57,471	67,140	82,670	96,502	105,244	108,401

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

\*\* Use 3 rows for every new vaccine introduced

\*\*\* Indicate actual wastage rate obtained in past years

\*\*\*\* Insert any row as necessary

*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.*

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

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

**Table 4: Estimated number of doses of DPT HepB vaccine**

		<b>Formula</b>	<b>For year 2005</b>
<b>A</b>	Infants vaccinated / to be vaccinated with 1 <sup>st</sup> dose of ..... ( <i>new vaccine</i> )		113,532
<b>B</b>	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
<b>C</b>	Number of doses per child		3
<b>D</b>	Number of doses	$A \times B/100 \times C$	340,596
<b>E</b>	Estimated wastage factor	( <i>see list in table 3</i> )	1.33
<b>F</b>	Number of doses ( incl. wastage )	$A \times C \times E \times B/100$	452,993
<b>G</b>	Vaccines buffer stock	$F \times 0.25$	0
<b>H</b>	Anticipated vaccines in stock at start of year ....		110,000
<b>I</b>	Total vaccine doses requested	$F + G - H$	342,993
<b>J</b>	Number of doses per vial		10
<b>K</b>	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	255,962
<b>L</b>	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	38,072
<b>M</b>	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	3,264

**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:** 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 1 or 2-dose vial.
- **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 5: 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 3.*

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

**Table 6: Estimated supplies for safety of vaccination for the next two years with BCG**

		<b>Formula</b>	<b>For year 2005 85%</b>	<b>For year 2006 90%</b>
<b>A</b>	<b>Target of children for BCG vaccination <sup>1</sup></b>	#	103,322	112,682
<b>B</b>	<b>Number of doses per child</b>	#	1	1
<b>C</b>	<b>Number of BCG doses</b>	A x B	103,322	112,682
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	114,687	125,077
<b>E</b>	<b>AD syringes buffer stock <sup>2</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	114,687	125,077
<b>G</b>	<b>Number of doses per vial</b>	#	20	20
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	2	2
<b>I</b>	<b>Number of reconstitution <sup>3</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	11,469	12,508
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	1,400	1,527

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

NB : BCG is calculated by No. of birth cohort

<sup>1</sup> 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).

<sup>2</sup> 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.

<sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

**Table 7: Estimated supplies for safety of vaccination for the next two years with DPT HepB**

		<b>Formula</b>	<b>For year 2005 85%</b>	<b>For year 2006 90%</b>
<b>A</b>	<b>Target of children for DPT HepB vaccination <sup>4</sup></b>	#	113,532	116,937
<b>B</b>	<b>Number of doses per child</b>	#	3	3
<b>C</b>	<b>Number of DPT HepB doses</b>	A x B	340,596	350,811
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	378,061	389,400
<b>E</b>	<b>AD syringes buffer stock <sup>5</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	378,061	389,400
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	1.6	1.6
<b>I</b>	<b>Number of reconstitution <sup>6</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	4,196	4,322

<sup>4</sup> 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).

<sup>5</sup> 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.

<sup>6</sup> Only for lyophilized vaccines. Write zero for other vaccines

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



**Table 8: Estimated supplies for safety of vaccination for the next two years with Measles**

		<b>Formula</b>	<b>For year 2005 85%</b>	<b>For year 2006 90%</b>
<b>A</b>	<b>Target of children for Measles vaccination <sup>7</sup></b>	#	113,532	116,937
<b>B</b>	<b>Number of doses per child</b>	#	1	1
<b>C</b>	<b>Number of Measles doses</b>	A x B	113,532	116,937
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	126,021	129,800
<b>E</b>	<b>AD syringes buffer stock <sup>8</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	126,021	129,800
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	1.6	1.6
<b>I</b>	<b>Number of reconstitution <sup>9</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	20,163	20,768
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	1,623	1,671

<sup>7</sup> 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).

<sup>8</sup> 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.

<sup>9</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

**Table 9: Estimated supplies for safety of vaccination for the next two years with TT vaccine**

		Formula	For year 2005	For year 2006
A	Target of all women of child bearing age for vaccination	#	324,540	364,664
B	Number of doses per woman	#	2	2
C	Number of TT vaccine doses	A x B	649,080	729,328
D	AD syringes (+10% wastage)	C x 1.11	720,479	809,554
E	AD syringes buffer stock <sup>10</sup>	D x 0.25	0	0
F	Total AD syringes	D + E	720,479	809,554
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor <sup>4</sup>	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution <sup>11</sup> syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	7,997	8,986

**Table 10: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.**

ITEM		For the year 2005	For the year 2006	Justification of changes from originally approved supply:
Total AD syringes	for BCG	114,687	125,077	
	for other vaccines	1,224,561	1,328,754	
Total of reconstitution syringes		31,632	33,276	
Total of safety boxes		15,216	16,506	

<sup>10</sup> 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.

<sup>11</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> 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
1. Reduction of DPT/HepB wastage rate	15 %	17 %	-	10 %
2. Dropout rate reduction (DPT/HepB1-DPT/HepB3)	10%	10.4 %	-	5 %
3. Reduction of serious AEFIs	< 1/100,000	-	There is no AEFI monitoring system in place	<1/100,000 - AEFI monitoring system will be introduced

**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/RWG comments:*

**The GAVI support in providing the new vaccine, strengthening of the immunization services and in the introduction of the new vaccine was excellent and on timely basis. There was no major gap identified in provision of vaccines, AD syringes and other supplies including the safety boxes. The weakness identified by the ICC was failure to develop the Financial Sustainability Plan (FSP), which was addressed by the ICC during the GAVI executive secretary's visit to Eritrea. The commitment from the high government officials to sustain the EPI program in general and the new vaccines in particular was appreciable. The next crucial steps will be development of Financial Sustainability Plan and conducting Data Quality Audit (DQA) which the MoH and ICC members are working hard. We appreciate GAVI support and the ICC renews its commitment to work with GAVI and assist the MoH realize the objectives and targets set in the initial document.**

**ICC**

## 7. Signatures

For the Government of the State of Eritrea

Signature: .....

Title: Minister of Health

Date: 28 May 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/Organisation	Name/Title	Date Signature	Agency/Organisation	Name/Title	Date Signature
Ministry of Health	Dr. Zemuy Alemu: Director PHC		Rotary Club	Dr. Tsegaei Gherezgheir: Polio Plus	
Ministry of Health	Mr. Fili Said Fill: EPI Manager		Vision Eritrea	Mr. Toumzghi Sengal: Health Coor.	
Ministry of Health	Dr. Goitom Mebrahtu: Director CDC		Ministry of Education	Ms. Abeba Habtom: Pre-School Coor.	
WHO	Dr. Ghirmay A/Michael: F.H. Adviser		Eritrean Red Cross	S/ Briky Tecletsion: Health Coor.	
UNICEF	Dr. Ivan Camanor: Health and Nutrition		Eritrean Catholic Secretariat	S/r Tsega G/Michael	
USAID	Ms Kristina Lautis: USAID H.Prog.				

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