Updated February 2004

Progress Report

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

by the Government of

COUNTRY:	COMOROS

Date of submission: 28 May 2004

Reporting period: January to December 2003 *(Information provided in this report MUST refer to the previous calendar year)*

(Tick only one) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	X
Third annual progress report	ρ
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*

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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 funds are managed by the Ministry of Social Welfare and Administrative Reform, which is in charge of health, together with the ICC members. Four people have authority to sign, namely the Minister of Social Welfare and Administrative Reform, the National Health Director, the Secretary-General of the Comoros Red Crescent and the WHO representative in the Comoros. Three signatures are required for withdrawals, and the GAVI chequebook is in the keeping of the National Co-ordinator of the Expanded Programme on Immunization.

Withdrawals are made on the basis of a request submitted to the ICC by the National EPI Co-ordinating Office. Once the ICC has approved the disbursement, the funds are released and used directly by the National EPI Co-ordinating Office in consultation with the Director-General of Health on each island.

The accounting vouchers are kept at the EPI office after they have been checked. The funds are withdrawn directly from the GAVI-Comoros account. A financial report is required on completion of each activity and at the end of the year. It is submitted to the ICC members at their regular (quarterly) meetings.

A yearly work plan drawn up by the EPI Co-ordinating Office describes the activities to be financed by the partners and GAVI.

In 2003 the GAVI account received two injections of funds: 17,000 US$ and 100,000 US$. The funds are to be used to install incinerators in the districts, train personnel and strengthen EPI co-ordination both nationwide and on each autonomous island.

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: 117,000 US$
Remaining funds (carry over) from the previous year: 13,000 US$

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					
Personnel					
Transportation					
Maintenance and overheads					
Training	14,006.82	765	2,143	8,721	459
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other *(specify:)*					
Total:					
Remaining funds for next year:					

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.

Activities carried out in 2003

The GAVI funds were used in April 2003 to train 74 doctors, midwives and nurses of different levels from the three islands. The costs of the hepatitis B vaccines and the AD syringes for hepatitis B and BCG were covered by GAVI.

Other UNICEF and WHO-financed activities were also carried out, *inter alia*:

- 5 national officers received training on EPI financial sustainability;
- an EPI financial sustainability plan was prepared;
- national officers participated in international conferences;
- vaccines and immunization material were provided;
- immunization campaigns were organized on Moheli and Anjouan (two trips to each island in 2003).

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.

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 immunization coverage indicators are included in the integrated survey to be conducted during the first half of 2004.

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 June YEAR 2003

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

We received two shipments of hepatitis B vaccines in 2003: 69,300 doses of 10-dose vaccines and 663 doses of monodose vaccines. The cold chain was unbroken during transportation.

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.

Training of 74 health agents using MLM modules.
Gradual introduction of hepatitis B in all districts.
Introduction of AD syringes for BCG vaccines.

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.

Only the first tranche of 13,000 US$ was used to train EPI managers.

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

In 2003, the AD syringes and safety boxes for the introduction of hepatitis B and the AD syringes for BCG were 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
1. Existence of a national policy document on injection safety by the end of 2001. 2. Introduction of AD syringes for routine immunization before the end of 2002.	• Draw up a national policy document on injection safety. • Train health agents to use AD syringes. • Order AD syringes and safety boxes with the next vaccine order. • Construct appropriate incinerators n the districts. • Heighten community awareness about injection safety and the benefits of AD syringes. • Ongoing supervision / follow-up of health agents.	• A plan of action has been drawn up for enhanced injection safety and risk-free elimination of injection material. • Since early 2003, the BCG vaccines, like other vaccines, have been administered using AD syringes. • 5-litre safety boxes are provided at the same time as the injection material. • AD syringes are accepted by the people.	• Although incinerators are needed, they have not yet been constructed in the districts. The country has few suppliers able to construct incinerators. • Injection material is not always eliminated in the requisite conditions.	• Construct incinerators in the districts. • Organize training on injection safety and the risk-free elimination of injection material.

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:

The 17,000 US$ deposited in the GAVI account have not yet been used. They will be used to construct incinerators.

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.

The financial sustainability plan has been submitted to the GAVI secretariat and, once it has been reviewed by the IRC, is to be revised and finalized by June 2004. Terms of reference have been submitted to ask for the assistance of an international consultant able to help the national team finalize the FSP in the light of the IRC's comments.

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 years of GAVI/VF support 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 …… *(specify)*

Proportion of vaccines supported by	**Annual proportion of vaccines**									
Proportion funded by GAVI/VF (%)										
Proportion funded by the Government and other sources (%)										
Total funding for the *(new vaccine)* *										

** 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.gaviftf.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 *(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.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS	575,982	591,533	607,504	623,907	640,753	658,053	675,820	694,743	714,196
Births	**17,279**	**17,746**	**18,225**	**18,717**	**19,223**	**19,742**	**20,275**	**20,842**	**21,426**
Infants' deaths	**1,019**	**1,047**	**1,075**	**1,104**	**1,134**	**1,165**	**1,196**	**1,230**	**1,264**
Surviving infants	**16,260**	**16,699**	**17,150**	**17,613**	**18,088**	**18,577**	**19,078**	**19,613**	**20,162**
Infants vaccinated / to be vaccinated with **1st dose** of DTP (DTP1)*	**14,322**	**13,830**	10,688	80% 14,974	85% 15,909	88% 16,471	90% 16,845	90% 16,845	90% 18,146

Infants vaccinated / to be vaccinated with **3rd dose** of DTP (DTP3)*	**11,131**	**12,422**	15,368	13,909					
NEW VACCINES **	NA	NA	NA	Hep B					
Infants vaccinated / to be vaccinated with **1st dose** of vaccine..... *(new vaccine)*	**11,131**	**12,422**	**80% 14,580**	**14,450**	85% 15,909	88% 16,471	90% 16,845	90% 16,845	90% 18,146
Infants vaccinated / to be vaccinated with **3rd dose** of vaccine *(new vaccine)*	**NA**	**NA**	**NA**	**4,918**	85% 15,909	88% 16,471	90% 16,845	90% 16,845	90% 18,146
Wastage rate of *** …….. *(new vaccine)*	NA	NA	**NA**	**UA**	20%	15%	15%	15%	15%
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	28,799	**29,577**	**30,375**	**31,195**	32,038	32,903	33,791	34,737	35,710
Infants vaccinated / to be vaccinated with BCG	**17,316**	**17,030**	**9,828**	**13,799**					
Infants vaccinated / to be vaccinated with Measles	**10,917**	**10,977**	**7,087**	**11,716**					

* 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.

There are no significant changes to baseline, targets and wastage rates from the plan approved by GAVI.

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

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

The vaccines and injection materials provided for in the 2003 supply plan were provided via the Copenhagen procurement centre.

Table 4: Estimated number of doses of vaccine *(specify for one presentation only)* : *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 1st dose of hepatitis B *(new vaccine)*		16,471
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*	49,413
E	Estimated wastage factor	*(see list in table 3)*	1.25
F	Number of doses (incl. wastage)	*A x C x E x B/100*	52,751
G	Vaccines buffer stock	*F x 0.25*	13,188
H	Anticipated vaccines in stock at start of year ….		18,950
I	Total vaccine doses requested	*F + G - H*	46,989
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	40,447
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	NA (hepatitis B does not require reconstitution syringes)
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	449

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

**Please report the same figure as in table 3.*

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

3.3 Confirmed/revised request for injection safety support for the year *(indicate forthcoming year)*

Table 6: Estimated supplies for safety of vaccination for the next two years with …… *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

	Table No. 6.1	Formula	For year 2005	For year 2006
A	Target of children for BCG vaccination	#	16,471	16,845
B	Number of doses per child	#	1	1
C	Number of …… doses	A x B	16,471	16,845
D	AD syringes (+10% wastage)	C x 1.11	18,283	18,698
E	AD syringes buffer stock [1]	D x 0.25	4,571	4,675
F	Total AD syringes	D + E	22,845	23,373
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*	1,828	1,870
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	274	280

	Table No. 6.2	Formula	For year 2005	For year 2006
A	Target of children for DTP vaccination	#	16,471	16,845
B	Number of doses per child	#	3	3
C	Number of …… doses	A x B	49,413	50,535
D	AD syringes (+10% wastage)	C x 1.11	54,848	56,094

[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 x 0.25	13,712	14,023
F	**Total AD syringes**	D + E	68,560	70,177
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.25	1.25
I	**Number of reconstitution** [4] **syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	761	778

	Table No. 6.3	**Formula**	**For year 2005**	**For year 2006**
A	Target of children for measles vaccination	#	16,471	16,845
B	**Number of doses per child**	#	1	1
C	**Number of …… doses**	A x B	16,471	16,845
D	**AD syringes (+10% wastage)**	C x 1,11	18,282	18,698
E	**AD syringes buffer stock** [5]	D x 0,25	4,570	4,674
F	**Total AD syringes**	D + E	22,852	23,372
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor** [4]	*2 or 1,6*	1.33	1.33
I	**Number of reconstitution** [6] **syringes (+10% wastage)**	*C x H x 1,11 / G*	243	248
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1,11 / 100*	256	262

	Table No. 6.4	**Formula**	**For year 2005**	**For year 2006**
A	Target of women for TT vaccination[7]	#	32,903	33,791

[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.
[7] 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).

B	**Number of doses per child (for TT woman)**	#	2	2
C	**Number of …… doses**	A x B	65,806	67,582
D	**AD syringes (+10% wastage)**	C x 1,11	73,045	75,016
E	**AD syringes buffer stock [8]**	D x 0,25	18,261	18,754
F	**Total AD syringes**	D + E	91,306	93,770
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor [4]**	*2 or 1,6*	1.25	1.25
I	**Number of reconstitution [9] syringes (+10% wastage)**	*C x H x 1,11 / G*	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1,11 / 100*	1,013	1,041

[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).
[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.
[1] 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.

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

The quantities are the same as those initially requested.

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 coverage rate	2003: DTP3 coverage rate = 65%	2003: DTP3 coverage rate = 85.72%	None	2004: DTP3 coverage rate = 80%
Hep B3 coverage rate	2003: Hep B3 coverage rate = 80%	2003: Hep B3 coverage rate = 30.31%	The vaccines were administered only as of June 2003 because we first had to do the MLM training. In addition, the	2004: Hep B3 coverage rate = 80%

[8] 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.
[9] 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.

			vaccines were gradually extended to the districts. The vaccine was not introduced throughout the territory on the same day.	

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	NA	
Reported on use of 100,000 US$	YES	
Injection Safety Reported on	YES	
FSP Reported on (progress against country FSP indicators)	NA	
Table 2 filled-in		
New Vaccine Request completed	YES	
Revised request for injection safety completed (where applicable)	YES	
ICC minutes attached to the report	YES	
Government signatures	YES	
ICC endorsed	YES	

6. Comments

ICC/RWG comments:

The information contained in this report has been verified by the ICC technical committee and reflects reality in the field. Frequent changes among the senior ministry officials in charge of health matters had a negative effect on the implementation rate for public health programmes, including immunization.

The process for changing the signature specimen of the outgoing to the current minister of State, Minister of Social Welfare, was long and as a result, the funds allocated in 2002 for the training of EPI managers were not released until April 2003.

It is encouraging to observe that in spite of the current political problems relating to the conflict of jurisdiction between the institutions of the Union of the Comoros and the island institutions, there is relatively close co-operation between the Expanded Programme on Immunization and the island health directorates that supervise the Programme's implementation in all health districts.

A source of hope is the establishment of the institutions provided for in the new constitution. This phase marks the end of a dual institutional and constitutional crisis, and bodes well for renewed impetus for social activities in general and health activities in particular.

At programme level, EPI is systematically incorporated into all the yearly action plans of each health directorate on each island. The development partners, in this case the agencies of the United Nations system, have joint annual action plans both at national and island level. Those plans describe the respective contributions to EPI and to other public health programmes, a programming innovation that facilitates national co-ordination of activities supported by the partners and ensures greater efficiency and effectiveness.

7. Signatures

For the Government of ……
Signature: ……...……...

Title: ……..…….

Date: ……..…….

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