June 2003

Progress Report

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

by the Government of

COUNTRY: BURKINA FASO

Date of submission: October 2000

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

(Tick only one) :

Inception report	❒
First annual progress report	❒
Second annual progress report	X
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*

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.

As required by GAVI/Vaccine Fund guidelines, and to ensure transparency in the management of those funds, Burkina Faso established as of 27 July 2001 two management bodies (decree N°/2001/145/MS on the creation, organisation and operation of the Steering Committee and the GAVI Funds Management Committee), a steering committee chaired by the Minister for Health and a management committee chaired by the General Secretary with, as members, the partners who are members of the ICC, and representatives of the Ministry of Health, e.g. the Managing Director of Health and the Director of Studies and Planning. The Management Committee, which is the technical body, makes proposals on the use of the funds to the Steering Committee, which approves them.

The ICC participates in the planning of activities and monitoring their implementation. Indeed, as an active member of both committees, the ICC may at any time offer guidance that would facilitate rational use of those resources. The first tranche was managed in that way.

The second tranche, of 509,960 USD is earmarked for the acquisition of freezers, refrigerators, automatic recorders, thermometers, gas, and generators (148,288 USD), training and management tools (81,000 USD), the acquisition of more motorcycles (175,217 USD), support for the outreach strategy, supervision and surveillance of the diseases targeted by the EPI (58,405 USD), and for communication for development / social mobilization (46,957 USD).

The problems encountered are mainly associated with the recent nature of the initiative from all institutions (partners, BCEAO, treasury), which has not made it possible to make the amounts needed for implementation of activities available quickly.

1.1.2 Use of Immunization Services Support

In the <u>past year</u>, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year: 509 960 $ US*
Remaining funds (carry over) from the previous year: 1285 $ US

Table 1 : Use of funds during <u>reported</u> calendar year 2002

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0				
Injection supplies	0				
Personnel	0				
Transportation	0				
Maintenance and overheads	0				
Training	49,913		30%	70%	
IEC / social mobilization	73,043	20%	30%	50%	
Outreach					
Supervision	2,753	40%	40%	20%	
Monitoring and evaluation	-				
Epidemiological surveillance, management tools	67,109	10%	30%	60%	
Vehicles = motorcycles for the outreach strategy	114,348		20%	80%	
Cold chain equipment	148,288	20%	30%	50%	
Other, support for the outreach strategy	55,652			100%	
Total:	511,106				
Remaining funds for next year:	139				

** 1 USD = 575 CFAF*

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.

The main activities carried out to boost vaccination in 2002, as required by the 2001-2005 multi-annual plan and the 2002 annual action plan, are focussed around:

- targeted support to poorly performing districts using the "vacci-plus" strategy
- local population censuses to identify target populations correctly
- consensus workshop using the monitoring specification model
- active search for dropouts
- regular supplies of vaccines, gas, syringes and equipment
- stock monitoring and management
- cascade training in EPI management for staff responsible for vaccination
- monitoring
- other vaccination activities as part of the eradication of polio and the elimination of MNT

Problems that arose in the implementation of the multi-annual plan and 2002 action plan are connected with:

- difficulty in implementation of the supervision and training program (the DPV has only one vehicle, late preparation of training modules, requests for funding for cascade training not yet secured)
- difficulty in coordination between the structures responsible for ordering antigens (vaccination program, Office of Administrative and Financial Affairs of the Ministry of Health, the Budget Ministry, and UNICEF), which caused shortages of antigens including TT, BCG, DTP , AAV, and OPV varying from 40 to 183 days
- The meningitis epidemic, which disrupted the implementation of activities planned in the health districts.

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 [X] NO [ ]

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

On the basis of the recommendations of the DQA, a management chart for the management of EPI information was prepared. It consists of 11 areas:

- Target populations
- Data collection media
- Data reporting system
- Computerised management of data
- Use of data
- Collection and transmission of reports
- Archiving of data
- Stock management
- Management of PVARs
- Planning of activities
- Supervision of activities

Implementation of the various aspects of the management chart is partly or completely effective, depending on the implementation level (central, intermediate or peripheral : for ***details, see the annex on management chart for the management of EPI information***).

Also as part of the partnership with the CDC, three pilot districts (Zorgho, Boulsa, Dano) are currently receiving support to improve the management of EPI information.

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

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

- State medical doctoral thesis on vaccine wastage
- Research into community participation and financing of EPI activities

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.

Burkina Faso did not make a submission during 2002 to the subsidiary account for new and under-used vaccines.

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.

n/a

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.

n/a

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

Burkina Faso has just received, on 9 September 2003, 1,339,200 auto-destruct syringes as part of injection safety support (of the 3,413,700 awaited for the other vaccines and the 661,700 for BCG).

This late arrival disrupted the plan for supplying auto-destruct syringes to the health districts. In addition, the safety boxes awaited for 2002 delivery, and the reconstitution syringes, have not yet arrived.

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- Percentage of auto-destruct syringes used during the routine EPI.	1- To secure regular supplies of auto-destruct syringes to vaccination units.	1- All vaccination units did not receive regular supplies of auto-destruct syringes during 2002, because the implementation process started only in September 2002.	1- Regular supplies of auto-destruct syringes to all vaccination units was effective only from September 2002 onwards (out of HIPC funds).	1- To secure regular supplies of auto-destruct syringes to vaccination units 2- To secure regular supplies of safety boxes to vaccination units 3- To draw up a plan for the collection and destruction of wastes by health district

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:

n/a

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

Burkina Faso's financial sustainability plan is being finalised; according to the timetable of the working group:

- the first four sections were sent to WHO Geneva on 13 September 2003 for a preliminary opinion
- a workshop to finalise the plan is scheduled for 9 and 10 October, with the support of an international consultant
- the plan will be submitted to the GAVI meeting in November.

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

*Section 3 is related to the request for new and under used vaccines and injection safety for **2004**.*
Since the external review of the program was carried out in 2003, the recommendations will be taken into account in the review of the 2001-2005 multi-annual plan, particularly for the 2004 and 2005 annual action plans. The application will then be submitted to the next GAVI meeting in September 2003.

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		534,743	547,673	560,500	573,840	587,497	601,479	615,795
Infants' deaths		56,148	57,670	58,852	60,253	61,687	63,155	64,658
Surviving infants		478,595	490,003	501,647	513,586	525,810	538,324	551,136
Infants vaccinated with DTP3 *		64%	69%	75%	80%	85%	87%	89%
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form		306,301	357,465	376,235	410,869	446,938	468,342	490,511
NEW VACCINES		n/a	n/a	n/a	n/a	n/a	n/a	n/a
Infants vaccinated with ____ * (use one row per new vaccine)								
Wastage rate of ** …… *(new vaccine)*								

INJECTION SAFETY								
Pregnant women vaccinated with TT (TT2)		197,855	273,080	392,350	459,072	499,372	517,272	535,741
Infants vaccinated with BCG		449,184	492,906	504,450	522,194	540,497	559,376	578,847
Infants vaccinated with Measles		311,087	332,109	376,235	410,869	446,938	468,342	490,511

* 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.*

The baseline data used are those of the 1996 GPHC* (the population in 1996 was 10,312,609, with a growth rate of 2.38 %; it will be 13,357,799 in 2007), the1998-1999 DHS* (gross birthrate is 46.1 per 1,000 and infant mortality is 105 per 1,000).

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

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

The vaccine supply circuit in Burkina Faso, like annual orders and projections, is communicated to UNICEF.

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

		Formula	For 2004
A	**Number of children to receive new vaccine**		246,521
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***	739,563
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***	983,619
G	**Vaccines buffer stock**	***F x 0.25***	419,100
H	**Anticipated vaccines in stock at start of year ….**		-
I	**Total vaccine doses requested**	*F + G - H*	1,402,719
J	**Number of doses per vial**		10
K	**Number of AD syringes (+ 10% wastage)**	*(D + G – H) x 1.11*	1,286,116
L	**Reconstitution syringes (+ 10% wastage)**	*I / J x 1.11*	155,702
M	**Total of safety boxes (+ 10% of extra need)**	*(K + L) / 100 x 1.11*	19,573

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year… ….:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

**Please report the same figure as in table 1.*

Table 3a: 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	For 2004
A	**Number of children to receive new vaccine**		246,521
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***	739,563
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***	983,619
G	**Vaccines buffer stock**	***F x 0.25***	419,100
H	**Anticipated vaccines in stock at start of year ….**		-
I	**Total vaccine doses requested**	*F + G - H*	1,402,719
J	**Number of doses per vial**		10
K	**Number of AD syringes (+ 10% wastage)**	*(D + G – H) x 1.11*	1,286,116
L	**Reconstitution syringes (+ 10% wastage)**	*I / J x 1.11*	155,702
M	**Total of safety boxes (+ 10% of extra need)**	*(K + L) / 100 x 1.11*	19,573

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year… ….:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

3.3 Confirmed/revised request for injection safety support for 2004

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

		Formula	For 2004	For 2005
A	**Target of children for BCG vaccination**	#	522,194	540,497
B	**Number of doses per child**	#	1	1
C	**Number of BCG doses**	A x B	522,194	540,497
D	**AD syringes (+10% wastage)**	C x 1.11	579,635	599,952
E	**AD syringes buffer stock** [1]	D x 0.25	0	0
F	**Total AD syringes**	D + E	579,635	599,952
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*	57,964	59,995
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	7,077	7,325

[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.

Table 5: Estimated supplies for safety of vaccination for the next two years with DTP

		Formula	For 2004	For 2005
A	Target of children for DTP vaccination	#	410,869	446,938
B	Number of doses per child	#	3	3
C	Number of DTP doses	A x B	1,232,607	1,340,815
D	AD syringes (+10% wastage)	C x 1.11	1,368,194	1,488,304
E	AD syringes buffer stock [3]	D x 0.25	0	0
F	Total AD syringes	D + E	1,368,194	1,488,304
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor [4]	*Either 2 or 1.6*	0	0
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*	15,187	16,520

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

		Formula	For 2004	For 2005
A	Target of children for MEAS vaccination	#	410,869	446,938
B	Number of doses per child	#	1	1
C	Number of MEAS doses	A x B	410,869	446,938
D	AD syringes (+10% wastage)	C x 1.11	456,065	496,101
E	AD syringes buffer stock [5]	D x 0.25	0	0
F	Total AD syringes	D + E	456,065	496,101
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor [4]	*Either 2 or 1.6*	1.6	1.6
I	Number of reconstitution [6] syringes (+10% wastage)	*C x H x 1.11 / G*	36,485	39,688
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	5,467	5,947

[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.

Table 7: Estimated supplies for safety of vaccination for the next two years with AAV

		Formula	For 2004	For 2005
A	Target of children for AAV vaccination	#	410,869	446,938
B	Number of doses per child	#	1	1
C	Number of AAV doses	A x B	410,869	446,938
D	AD syringes (+10% wastage)	C x 1.11	456,065	496,101
E	AD syringes buffer stock [7]	D x 0.25	0	0
F	Total AD syringes	D + E	456,065	496,101
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor [4]	*Either 2 or 1.6*	1.6	1.6
I	Number of reconstitution [8] syringes (+10% wastage)	*C x H x 1.11 / G*	36,485	39,688
J	Number of safety boxes (+10% of extra need)	*(F + I) x 1.11 / 100*	5,467	5,947

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

		Formula	For 2004	For 2005
A	Target of pregnant women for TT vaccination	#	459,072	499,372
B	Number of doses per woman	#	2	2
C	Number of TT doses	A x B	918,143	998,745
D	AD syringes (+10% wastage)	C x 1.11	1,019,139	1,108,607
E	AD syringes buffer stock [9]	D x 0.25	0	0
F	Total AD syringes	D + E	1,019,139	1,108,607
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor [4]	*Either 2 or 1.6*	0	0
I	Number of reconstitution [10] 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*	11,312	12,306

[7] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.
[8] Only for lyophilized vaccines. Write zero for other vaccines
4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.
[9] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.
[10] Only for lyophilized vaccines. Write zero for other vaccines
4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 9: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For 2004	For 2004	Justification of changes from originally approved supply:
Total AD syringes	for BCG	579,635	599,952	The changes are partly connected with vaccination coverage targets that were revised upwards after performance in 2002, and partly because of the inclusion of auto-destruct syringes for DTP and yellow fever in the context of injection safety (in accordance with the request for further information in your letter GAVI/02/241/TG/jd of 9 December 2002)
	for other vaccines	3,299,463	3,589,114	
Total of reconstitution syringes		130,934	139,371	
Total of safety boxes		44,511	48,046	

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

The changes are partly connected with vaccination coverage targets that were revised upwards after performance in 2002, and partly because of the inclusion of auto-destruct syringes for DTP and yellow fever in the context of injection safety (in accordance with the request for further information in your letter GAVI/02/241/TG/jd of 9 December 2002)

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	To increase vaccination coverage of infants aged from 0 to 11 months and pregnant women to 65% for DTP3 and 45% for TT2 in 2002	Results obtained in 2002 : - BCG : 90% - DTP3 : 69% - MEAS : 64% - AAV : 61% - TT2 : 44%	Constraints are mainly linked to the shortages of antigens mentioned in section 1.1.2.	In 2004 : - BCG : 91% - DTP3 : 80% - MEAS : 80% - AAV : 80% - TT2 : 80%

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	
Reporting Period (consistent with previous calendar year)	X	
Table 1 filled-in	X	
DQA reported on	X	
Reported on use of 100,000 US$	n/a	
Injection Safety Reported on	X	
FSP Reported on (progress against country FSP indicators)	X	
Table 2 filled-in	X	
New Vaccine Request completed	X	
Revised request for injection safety completed (where applicable)	X	
ICC minutes attached to the report	X	
Government signatures	X	
ICC endorsed	X	

6. Comments

ICC comments:

The GAVI initiative makes the Management Committee, the Steering Committee and the ICC central to action (mobilisation of resources, plan for the use of resources and implementation of activities). The ICC participates in the planning and implementation of all EPI activities. This option, which helps to ensure better coordination of the resources mobilised, should ensure the best use of all resources for the program. Another asset is the flexibility of the GAVI initiative in the use of funds. That flexibility enables resources to be used in areas not covered by other funding and thus ensure better implementation of the program and the effective revival of the systematic EPI.

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
Ministry of Health	Prof. Agr. G. J Ouango, General Secretary						
WHO	Dr M. Hacen, WO representative						
UNICEF	Mrs. Joan French, Representative						
FED-ARIVA project	Dr Hamadine Mahamane, Coordinator						
Save the Children Netherlands	Dr Yacouba Zina, Representative						

~ End ~