



Partnering with The Vaccine Fund

June 2003

Progress Report

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

by the Government of

COUNTRY:

GUINEA

Date of submission: 3 October 2003

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

(Tick only one) :

- | | |
|-------------------------------|----------------------------|
| Inception report | ☐ |
| First annual progress report | X ☐ |
| 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*

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

- 1.1 Immunization Services Support (ISS)
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for introduction of the new vaccine
- 1.3 Injection Safety
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
 - 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

2. Financial Sustainability

3. Request for new and under-used vaccine for year... (indicate forthcoming year)

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year...
- 3.3 Confirmed/revised request for injection safety support for the year...

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

5. Checklist

6. Comments

7. Signatures

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 management of ISS funds is supervised by the ICC, whose Chairman (Secretary-General of the Ministry of Public Health) and Vice-Chairman (WHO representative) are authorized to sign cheques for the disbursement of funds to be used for financing activities planned by the EPI.

The terms of reference include a definition of the mechanism for distributing and the system for monitoring the management of EPI resources. This is why, when it comes to studying EPI requests to be financed from GAVI funds and other sources, the ICC calls on the support of technicians from WHO, UNICEF, BASICS and the Ministry of Finance.

The ICC thus adopts the requests in plenary further to any amendments made.

A committee to handle the receipt of equipment purchased for the EPI using GAVI funds is being set up by the Ministry of Public Health to act as an interface between the ICC and EPI (the chairmanship of the committee, whose membership includes UNICEF, is provided by WHO).

As part of the "reaching every district" approach, the ICC has fostered advanced strategy immunization activities and formative supervision by ensuring the rational distribution of means. It also made a major contribution to the introduction of AAV in the routine EPI in 2002 and to the process of adoption of the national policy on injection safety and its submission to GAVI.

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: US\$ 643 188

Remaining funds (carry over) from the previous year: 1857

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	
IEC / social mobilization	7 988.77	-	686.84	7 301.93	
Office supplies	6 951.65	6 951.65	-	-	
Organization of regional technical health committees	13 352.39	-	13 352.39	-	
Equipment at central level	34 572.87	34 572.87	-	-	
Operations at central level	29 495.38	29 495.38	-	-	
Supervision	27 992.44	3 805.56	12 739.35	11 447.53	
Fuel for cold chain and advanced strategies	102 180.66	-	18 712.04	83 468.62	
DQA feedback	12 601.31	-	-	12 601.31	
Purchase of motorcycles	78 441.29	-	-	78 441.29	
Total:	321 656.95	82 905.77	45 490.65	193 260.63	
Remaining funds for next year:	321 531 *				

** This balance does not take account of bank charges*

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.

1. Activities

- strengthening of the advanced strategy in districts with a low immunization coverage
- improving the logistical situation (motorcycles) in 62 health centres
- organization of additional vaccinations against measles in Conakry in December 2002 and against MNT in eight districts in March-April 2003
- organization of decentralized bimonthly meetings of the focal points for immunization surveillance
- implementation of the "reaching all districts" approach focusing on: application of the advanced strategy, formative supervision, monthly monitoring

2. Obstacles

- ❑ Very limited social mobilization in favour of the EPI
- ❑ Quantitative and qualitative inadequacy of formative supervision

3. Constraints

- ❑ Human resources poorly redeployed (far too many in urban areas)
- ❑ Reduced motivation among health staff
- ❑ Numerous areas that are difficult to access

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.*

Following the DQA pre-test, recommendations were drawn up. To that end, the plan of action that had been elaborated was implemented to the tune of 80%.

Degree of implementation:

- the immunization report in its new format was disseminated among health centres
- feedback is regularly provided to the lower levels through decentralized bimonthly meetings and at meetings held within the districts
- monthly monitoring by antigen is carried out and the diagrams are posted in health centres
- awareness-raising meetings for health staff on the occasion of prefectural and regional technical committee meetings and during supervision sessions

Difficulties encountered during implementation:

- health staff poorly redeployed (far too many in urban areas)
- poor state of logistical facilities (vehicles) in the districts
- low staff motivation
- manual processing of data in the districts (lack of computer tools)

Future:

- an ICC request has been sent to GAVI for technical support in preparing the next DQA

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).

- The annual EPI review was held in Mamou from 3 to 5 March 2003
- The cold chain inventory was conducted in July 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.

TT: 3000 ten-dose vials received on 11 August 2003

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.

- *Adaptation of the management tools consisted in the introduction of new parameters (AAV, calculation of wastage, APIR management) in the report forms*
- *DQA feedback*
- *Elaboration and adoption of the national policy document on injection safety*
- *Introduction of AAV in the EPI in Conakry health centres*
- *Strengthening of the logistical facilities (motorcycles) of health centres*
- *Inventory of logistical facilities*
- *Ensuring a fuel supply for the cold chain*
- *The construction of incinerators in the districts will commence in 2004*

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.

The following main sectors of activity were financed (indicate the amount in US\$) with GAVI/The Vaccine Fund financial support:

Immunization services sector	Total amount in US\$
Transport	9 178.77
Vehicle maintenance and overheads	6 856.77
Training	76 863.28
IEC / social mobilization	5 157.27
Bank charges	86.36
Monitoring and surveillance	0
Available	1 857.55
Total	100 000

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

Guinea has not yet received GAVI support for injection safety. A national policy document has been elaborated, adopted by the ICC and signed by the Government. The plan of action elaborated and approved by the ICC is being submitted to GAVI for the October 2003 meeting.

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
NOT APPLICABLE				

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 <u>Submit</u> 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

NOT APPLICABLE

3. Request for new and under-used vaccines for years 2004, 2005 and 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 (= 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	320069	329030	338243	347714	357450	367459	377748	388325
Infants' deaths	31365	32245	33148	31295	32172	33072	32109	31066
Surviving infants	288702	296785	305095	316419	325278	334387	345639	357259
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	183399	210579	195101	126005***	276494	284229	293836	321533
NEW VACCINES								
Infants vaccinated with AAV * (use one row per new vaccine)	0	0	19404	69479***	211431	234071	259267	285807
Wastage rate of ** (new vaccine)								
INJECTION SAFETY								
Pregnant women vaccinated with TT	151232	192890	200392	123495***	276386	281484	310045	339493
Infants vaccinated with BCG	227248	246378	240594	158720***	310982	323364	336196	349493
Infants vaccinated with Measles	190120	196365	207298	133647***	276494	284229	293836	321533

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

*** Aggregate number of persons vaccinated from January to July

→ 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.

NOT APPLICABLE

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.

NOT APPLICABLE

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

		Formula	For year 2004
A	Number of children to receive new vaccine		* 211431
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan		65%
C	Number of doses per child		1
D	Number of doses	$A \times B/100 \times C$	137430
E	Estimated wastage factor	(see list in table 3)	1.6
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	219888
G	Vaccines buffer stock	$F \times 0.25$	54972
H	Anticipated vaccines in stock at start of year		
I	Total vaccine doses requested	$F + G - H$	274860
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	213566
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	27486
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2676

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.*

3.3 Confirmed/revised request for injection safety support for the year **2004** (indicate forthcoming year)

Table 4.1: 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)

Table 6.1: Estimated supplies for safety of vaccination with BCG

		Formula	2003	2004	2005	2006
A	Target of children for BCG vaccination (for TT: target of pregnant women)¹	<i>Match with the objectives in Table 4</i>	299 034	310 982	323 364	336 196
B	Number of doses per child	#	1	1	1	1
C	Number of BCG doses	A x B	299 034	310 982	323 364	336 196
D	AD syringes (+10% wastage)	C x 1.11	331 928	345 190	358 934	373 178
E	AD syringes buffer stock²	D x 0.25	82 982	0	0	0
F	Total AD syringes	D + E	414 910	345 190	358 934	373 178
G	Number of doses per vial	20	20	20	20	20
H	Vaccine wastage factor³	<i>Either 2 or 1.6</i>	2	2	2	2
I	Number of reconstitution⁴ syringes (+10% wastage)	$C \times H \times 1.11 / G$	33 192	34 519	35 893	37 317
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4 481	4 215	4 382	4 556

¹ GAVI/The Vaccine Fund 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 6.2: Estimated supplies for safety of vaccination with DTP

		Formula	2003	2004	2005	2006
A	Target of children for DTP vaccination	<i>Match with the objectives in Table 4</i>	253 135	276 494	284 229	293 836
B	Number of doses per child	#	3	3	3	3
C	Number of DTP doses	$A \times B$	759 405	829 482	852 687	881 508
D	AD syringes (+10% wastage)	$C \times 1.11$	842 940	920 725	946 483	978 474
E	AD syringes buffer stock ⁵	$D \times 0.25$	210 235	0	0	0
F	Total AD syringes	$D + E$	1 053 675	920 725	946 483	978 474
G	Number of doses per vial	#	10	10	10	10
H	Vaccine wastage factor ⁶	<i>Either 2 or 1.6</i>	1.6	1.6	1.6	1.6
I	Number of reconstitution ⁷ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	11 696	10 220	10 506	10 861

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 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 Only for lyophilized vaccines. Write zero for other vaccines

Table 6.3: Estimated supplies for safety of vaccination with TT

		Formula	2003	2004	2005	2006
A	Target of pregnant women for TT vaccination ⁸	<i>Match with the objectives in Table 4</i>	391 178	402 131	413 391	424 966
B	Number of doses per woman	#	2	2	2	2
C	Number of TT doses	A x B	782 356	804 262	826 782	849 932
D	AD syringes (+10% wastage)	C x 1.11	868 415	892 731	917 728	943 425
E	AD syringes buffer stock ⁹	D x 0.25	217 104	223 183	229 432	235 856
F	Total AD syringes	D + E	1 085 519	1 115 914	1 147 160	1 179 281
G	Number of doses per vial	#	10	10	10	10
H	Vaccine wastage factor ¹⁰	<i>Either 2 or 1.6</i>	1.6	1.6	1.6	1.6
I	Number of reconstitution ¹¹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	12 049	12 387	12 733	13 090

⁸ GAVI/The Vaccine Fund 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).

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

¹¹ Only for lyophilized vaccines. Write zero for other vaccines

Table 6.4: Estimated supplies for safety of vaccination with measles

		Formula	2003	2004	2005	2006
A	Target of children for measles vaccination	<i>Match with the objectives in Table 4</i>	253 135	276 494	284 229	293 836
B	Number of doses per child	#	1	1	1	1
C	Number of measles doses	$A \times B$	253 156	276 494	284 229	293 836
D	AD syringes (+10% wastage)	$C \times 1.11$	280 980	306 908	315 494	326 158
E	AD syringes buffer stock ¹²	$D \times 0.25$	70 245	0	0	0
F	Total AD syringes	$D + E$	351 225	306 908	315 494	326 158
G	Number of doses per vial	#	10	10	10	10
H	Vaccine wastage factor ¹³	<i>Either 2 or 1.6</i>	1.6	1.6	1.6	1.6
I	Number of reconstitution ¹⁴ syringes (+10% wastage)	$C \times H \times 1.11 / G$	44 961	49 105	50 479	52 185
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4 398	3 952	4 062	4 311

¹² 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.

¹³ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

¹⁴ Only for lyophilized vaccines. Write zero for other vaccines

Table 6.5: Estimated supplies for safety of vaccination with yellow fever

		Formula	2003	2004	2005	2006
A	Target of children for yellow fever vaccination	<i>Match with the objectives in Table 4</i>	189 851	211 431	234 071	259 267
B	Number of doses per child	#	1	1	1	1
C	Number of yellow fever doses	$A \times B$	189 851	211 431	234 071	259 267
D	AD syringes (+10% wastage)	$C \times 1.11$	210 735	234 688	259 819	287 786
E	AD syringes buffer stock ¹⁵	$D \times 0.25$	52 684	0	0	0
F	Total AD syringes	$D + E$	263 419	234 688	259 819	286 786
G	Number of doses per vial	#	10	10	10	10
H	Vaccine wastage factor ¹⁶	<i>Either 2 or 1.6</i>	1.6	1.6	1.6	1.6
I	Number of reconstitution ¹⁷ syringes (+10% wastage)	$C \times H \times 1.11 / G$	33 718	37 750	41 571	46 046
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	3 298	3 024	3 345	3 706

¹⁵ 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.

¹⁶ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

¹⁷ Only for lyophilized vaccines. Write zero for other vaccines

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

ITEM		2004	2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	345 190	358 934	
	for other vaccines	2 578 235	2 688 956	
Total of reconstitution syringes		121 374	127 943	
Total of safety boxes		33 798	35 028	

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

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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. DTP3 rate	80%	66%	• Human resources poorly redeployed (far too many in urban areas) • Drop in motivation among health staff • Numerous areas that are difficult to access	
2. Proportion of districts having increased the level of immunization coverage	80%	BCG 74% DTP3 66% AAV 61%		
3. Proportion of districts having integrated AAV into the routine EPI	100%	100%		

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\$	X	
Injection Safety Reported on	NA	
FSP Reported on (progress against country FSP indicators)	NA	
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:*

Guinea's vision of the EPI is that of the African Region set forth in its plan of action for 2000-2004, it being for this reason that all activities carried out from 2000 to 2003 have been geared towards improving child health through the eradication of poliomyelitis and the fight against other avoidable diseases by means of immunization as part of efforts to strengthen the health system.

Within this process, the ICC, in endeavouring at all times to exercise its role as a regulator for the implementation of immunization activities, has involved itself both upstream and downstream, above all in EPI activities financed from GAVI funds.

It is with these things in mind that the ICC has strongly encouraged the revitalization of the advanced strategy within the framework of the "reaching all districts" approach, the activities carried out to that end having now made a significant contribution to increasing the immunization coverage rates for all EPI antigens in 2003.

A desire for transparency in the administration of GAVI funds has led the ICC to put in place a committee with the task of receiving materials purchased for the EPI. The committee includes one representative each from WHO, UNICEF and a number of ministries.

The main objectives for 2004 are to strengthen the EPI in order to increase the immunization coverage rates for all antigens and ensure data quality, as well as to implement activities aimed at avoiding the problems encountered in 2003, such as a very low level of social mobilization in favour of the EPI, the heavy dependence on external financing for integrated surveillance and the EPI, and poorly redeployed human resources (far too many in urban areas).

7. Signatures

For the Government ofProfessor Mamadou Saliou Diallo

Signature: *(signature, accompanied by official stamp of the Minister, Ministry of Public Health)*

Title: Minister of Public Health

Date: 13 October 2003

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 Public Health	Dr Momo Camara Secretary-General	29.10.03	(signed)	Ministry of Public Health	Dr Yéruboye Camara In charge of Health Policy	01.12.03	(signed)
WHO	Khadidiatou Mbaye Representative	03.12.03	(signed)	Ministry of Public Health	Dr Sékou Condé, ND Health Establishments		(signed)
UNICEF	Marcel RUDASINGWA Representative	03.12.03	(signed)	Ministry of Public Health	Dr Harirata Bah, ND Dispensaries and Laboratories		(signed)
EPI / PHC / EM	Dr Djénou Somparé Director		(signed)	Ministry of Public Health	Dr Mahi Barry, ND Public Health		(signed)

~ End ~

COVERING LETTER

(To be completed by UNICEF representative on letter-headed paper)

**TO: GAVI – Secretariat
Att. Dr Tore Godal
Executive Secretary
C/o UNICEF
Palais des Nations
CH 1211 Geneva 10
Switzerland**

On the 03.12.03, I received the original of the BANKING DETAILS form, which is attached.

I certify that the form does bear the signatures of the following officials:

	Name	Title
Government's authorizing official	<i>Dr Momo Camara</i>	<i>Chairman of the ICC</i>
Bank's authorizing official	<i>Manga Fode Touré</i>	<i>Deputy Director-General</i>

Signature of UNICEF Representative:

Name *MARCEL K. RUDASINGWA*

Signature *(signed)*

Date *03.12.2003*