



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:	BENIN
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Date of submission: 12 January 2001.....

Reporting period: 2002.. (*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*

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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.

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 _____

Remaining funds (carry over) from the previous year _____

Table 1 : Use of funds during reported calendar year 20__

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					
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.
Not applicable

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 list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).
Not applicable

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.

Dates of receipt of vaccines – HepB (822,000 doses) 05/03/02; yellow fever (274,000 doses) 26/03/02.
All these doses were accompanied by injection safety supplies (AD syringes, dilution syringes and safety boxes).

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.

New vaccines were introduced into EPI on 02/08/02. The official launching of this introduction, initially scheduled for the second quarter of 2002, was delayed by the unavailability of the supporting funds announced by GAVI. The funds arrived quite a bit later, on 23/08/02 after a low-profile introduction (without social mobilization).

The introduction of new vaccines into EPI was preceded by the following activities:

- Preparation of training modules for health workers on the management and introduction of new vaccines into EPI (this module took into consideration such components as the mode of administration for the new vaccines, injection safety through the use of AD syringes, vaccine management and follow-up of wastage rates, and AEFI handling and follow-up);
- Trainer training workshops on the introduction of the new vaccines;
- Initial training of immunizing agents on the new vaccines on all levels of the health pyramid.

In terms of problems encountered, two serious cases of AEFI followed by death were recording following injection with the two new vaccines, but the investigation conducted immediately afterwards did not implicate the vaccines (see attached report). This report was discussed several times over the phone with Dr. DUCLOS-Geneva.

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.

At its session held on 28 August 2003, the ICC-EPI agreed that these funds should be use to provide immunizing agents with EPI management training and to set up teams to monitor EPI data quality at the departmental level.

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

1.3.2 Progress of transition plan for safe injections and safe management of sharp wastes.

→ Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.
(Not applicable)

Indicators	Targets	Achievements	Constraints	Updated targets

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

(Not applicable)

→ 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:

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

The socio-economic situation is favourable.

- The economic situation is characterized by a trend towards economic growth (positive growth, favourable prospects for an increase in the budget);
- Political situation: there is a political commitment with regard to the health sector and more particularly EPI, with a budget heading for vaccine procurement that has guaranteed the implementation of the "Vaccine Independence Initiative" since 1996 (the budget deficit does not affect the health sector, and poverty reduction programmes include the immunization of children). Implementation of administrative decentralization, the political impact of the reform on the health sector, especially with the health zones "pooling of resources in order to optimize their utilization"
- Existence of an EPI Foundation to support the Ministry of Public Health in the development of immunization activities;
- Good ties between the health sector and partners, thereby facilitating stable, constant contributions with regular increases;
- Contracts signed with the private sector with a view to cold chain maintenance;
- Development of partnership ties with NGOs for immunization activities (private structures equipped with cold chain equipment and supplied with vaccines)

Main activities selected for the preparation of the financial sustainability plan:

- Minutes of the Dakar workshop sent to the Minister of Public Health;
- Preparation of a draft ministerial decree for the restructuring of the ICC (reference terms and role of each body);
- Establishment of a committee to draft the financial sustainability plan;
- Gathering of information on the health sector and the financial management system;
- Gathering of information on the current and projected contribution of partners;
- Appointment of new ICC members;
- Monitoring/Follow-up/Evaluation

The financial sustainability plan will focus on the following components:

- Evaluation of immunization services;
- Financial management;
- Resource mobilization;
- Work plan for implementation.

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. Updated 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	251482	256746	263008	270190	278057	286346	290319	295292
Infants' deaths	21351	21361	21435	21534	21688	21820	22058	22372
Surviving infants	230131	235385	241573	248656	256369	264526	268261	272920
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	211605	208763	236086	243683	251242	259236	262896	267462
NEW VACCINES								
Infants vaccinated with HepB	NA	NA	38403	208761	215350	224847	228022	231982

Infants vaccinated with YF	NA	NA	70016	222033	227033	232033	235040	238750
YF wastage rate	NA	NA	33%	33%	25%	25%	20%	20%
HepB wastage rate	NA	NA	27%	25%	20%	20%	15%	15%
INJECTION SAFETY								
Pregnant women vaccinated with TT	205160	203302	220743	264658	275009	285777	296978	308631
Infants vaccinated with BCG	245269	250305	270166	287672	298923	310627	322802	335468
Infants vaccinated with measles	204391	200375	225399	238192	247509	257199	267280	277768

* 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.

No change

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for the year** (indicate forthcoming year)
(Not applicable)

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

Table 3: 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 2004
A	Number of children to receive new vaccine		*278057

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

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	$A \times B/100 \times C$	834171
E	Estimated wastage factor	(see list in table 3)	1.25
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	1042714
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		179000
I	Total vaccine doses requested	$F + G - H$	863714
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	727240
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	95873
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	9137

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 3.2: Estimated number of doses of YF vaccine (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		*278057

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

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

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

		Formula	For year	For year
A	Target of children for vaccination (for TT : target of pregnant women) ¹	#		
B	Number of doses per child (for TT woman)	#		
C	Number of doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock ²	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor ⁴	Either 2 or 1.6		
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$		

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

ITEM		For the year ...	For the year ...	Justification of changes from originally approved supply:
Total AD syringes	for BCG			
	for other vaccines			
Total of reconstitution syringes				
Total of safety boxes				

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

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

² The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

³ 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.

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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

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		Not applicable
DQA reported on		Not applicable
Reported on use of 100,000 US\$		
Injection safety reported on		Not applicable
FSP reported on (progress against country FSP indicators)		Not applicable
Table 2 filled in	X	
New vaccine request completed	X	
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		
Government signatures	X	
ICC endorsed	X	

6. Comments

→ *ICC comments:*

7. Signatures

For the Government of BENIN, Dr. Yvette Céline SEIGNON KANDISSOUNON.....

Signature:

Title: Minister of Public Health.....

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
World Health Organization (WHO)	Dr. Lazare LOCO WHO Representative			Ministry of Planning, Forecasting and Development	Mrs. ALODJOGBE Françoise	29/09/03 [sign. illegible]	
United Nations Children's Fund (UNICEF)	Mr. Philippe DUAMELLE, UNICEF Representative			Ministry of Finance and the Economy (MFE)	Mr. ZEKPA Isaïe	[sign. illegible]	
ROTARY International	Mr. Ashok MIRCHANDANI, Vice-President of the National Polio Plus Commission	[sign. illegible]					

~ End ~