



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: 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*

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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.*

Date of receipt of vaccines – HepB (729,700 doses) on 14/05/03; Yellow Fever (240,000 doses) on 21/05/03.
All these doses were accompanied by injection safety materials (AD syringes, dilution syringes and safety boxes).
The introduction of new vaccines into EPI became a reality on 2 August 2002. As far as receipt of vaccines is concerned, delivery deadlines have been met. Moreover, vaccine storage capacities at all levels of the health pyramid have made it possible to ensure proper vaccine conservation (between +2°C and +8°C).

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.*

The teething problems that arose in August 2002 were quickly overcome through the joint efforts of all EPI actors. Further to the introduction of new vaccines, injection safety materials are now used in routine EPI.

With regard to problems encountered, the performance review conducted during 2003 revealed a disparity between coverage rates for antigens to be administered to children correlated with the age of the target children. For example, the rate for DTP3 was 88% as compared with 81% for HepB3. This gap was corrected for measles and YF, which both stood at 83%.

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 gave its agreement for these funds to be used to train vaccinators in immunization techniques. The training program that was carried forward from 2003 due to overlapping has been scheduled for June 2004.

1.3 Injection Safety

1.3.1 Receipt of injection safety support (Not applicable, for Benin's application for GAVI funding was submitted in 2004)

→ Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

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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.
(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:

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2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual 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-political and economic context is favorable.

- The economic situation is characterized by growth (positive growth trend, favorable prospects for budget increases)
- Political situation: there is a political commitment to the health sector in general and to EPI in particular with a budget line for vaccine procurement ensuring the implementation of the “Vaccine Independence Initiative” since 1996 (the budget deficit does not affect the health sector, and poverty reduction programs factor in immunization for children)
- The funding conditions that governed the drafting of the application for the introduction of the pentavalent vaccine remain valid for the preparation of the FSP
- The same holds true for the multiyear EPI plan (2004-2008) based on the Three-year Development Plan (TDP) of the health sector for 2004-2007
- The implementation of administrative decentralization, the political impact of the reform on the health sector with health zones “pooling of resources to optimize utilization”
- Existence of an EPI Foundation with a vocation to assist the Ministry of Public Health in developing immunization activities
- Good relations between the health sector and partners, a factor conducive to stable, constant contributions and regular increases
- Signing of contracts with the private sector covering cold chain maintenance
- Development of partnership ties with NGOs for immunization activities (outfitting private structures with cold chain equipment and supplying them with vaccines)

Main activities for the preparation of the Financial Sustainability Plan:

- Identification of resource persons who will attend the training workshop for resource persons responsible for drafting the Financial Sustainability Plan (FSP)
- Preparation of the work plan for the FSP drafting committee
- Appointment of an FSP drafting committee
- Gathering of information on the health sector and the financial management system
- Gathering of information on current and projected contributions by partners
- Monitoring/follow-up/evaluation

The Financial Sustainability Plan will develop the following components:

- Evaluation of immunization services
- Financial management
- Resource mobilization
- Implementation of the work plan

3. Request for new and under-used vaccines for year 2005..... (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							
	2003	2004	2005	2006	2007	2008	2009	2010
Births	287667	288557	297903	304917	317231	327582	338297	348605
Infants' deaths	25602	25682	26513	27138	28234	29155	30108	31026
Surviving infants	262065	262875	271390	277779	288997	298427	308189	317579
Pregnant women	330817	331841	342588	350655	364816	376719	389042	400896
Infants vaccinated with BCG*	303506	288557	297903	304917	317231	327582	338297	348605
Infants vaccinated with OPV3**	254623	249732	257820	263890	274548	283506	292779	301700
Infants having received all three doses of DTP**	254623	244474	162834	NA	NA	NA	NA	NA
Infants vaccinated with HepB3***	232029	241845	162834	NA	NA	NA	NA	NA

Infants vaccinated with pentavalent 3**		NA	NA	230681	236112	260098	268584	286615	301700
Infants vaccinated with YF**		238329	226073	244251	252779	265878	277537	289697	301700
Infants vaccinated with measles**		238372	285383	244251	252779	265878	277537	289697	301700
Pregnant women vaccinated with TT+		283305	265472	265472	280524	291853	301375	311233	320717
Vitamin A supplementation	Mothers (<6wks after delivery)	NA	47785	79642	117820	131334	144660	158729	173187
	Infants (>6 mos)	NA	72139	89371	121967	134823	139222	152234	165587

* 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 changes observed are primarily due to the fact that the final results of the 2002 census were published and were thus taken into account in estimating the different target populations.

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division) for the year 2005*
... *(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 3.2: Estimated number of doses of pentavalent 2 doses 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	Number of children to receive new vaccine		*297903

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	$A \times B/100 \times C$	893709
E	Estimated wastage factor	(see list in table 3)	1.11
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	992017
G	Vaccines buffer stock	$F \times 0.25$	248004
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	1240021
J	Number of doses per vial		2
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	1267302
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	688212
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	21706

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 10 doses... 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	Number of children to receive new vaccine		*297903
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		1
D	Number of doses	$A \times B/100 \times C$	297903
E	Estimated wastage factor	(see list in table 3)	2
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	595806
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		161750
I	Total vaccine doses requested	$F + G - H$	434056
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	151130
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	48181
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2213

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 2005 (*indicate forthcoming year*)

Table 4.1: Estimated supplies for safety of vaccination for the next two years with the *pentavalent vaccine*..... (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2005...	For year 2006...
A	Target of children for pentavalent... vaccination (for TT : target of pregnant women)¹	#	297903	304917
B	Number of doses per child (for TT woman)	#	3	3
C	Number of doses	A x B	893709	914751
D	AD syringes (+10% wastage)	C x 1.11	992017	1015374

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).

E	AD syringes buffer stock ²	$D \times 0.25$	248005	253844
F	Total AD syringes	$D + E$	1240022	1269218
G	Number of doses per vial	#	2	2
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.11	1.11
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	550570	563533
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	19876	20344

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.

Table 4.2: 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 year	For year
A	Target of children for BCG vaccination (for TT : target of preg. women)⁴	#	297903	304917
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	297903	304917
D	AD syringes (+10% wastage)	C x 1.11	330673	338458
E	AD syringes buffer stock ⁵	D x 0.25	82669	84615
F	Total AD syringes	D + E	413342	423073
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	1.8
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	33068	30462
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4956	5035

Table 4.3: Estimated supplies for safety of vaccination for the next two years with Measles... (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 Measles vaccination (for TT : target of preg. women)⁷	#	297903	304917
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	297903	304917
D	AD syringes (+10% wastage)	C x 1.11	330673	338458
E	AD syringes buffer stock ⁸	D x 0.25	82669	34615
F	Total AD syringes	D + E	413342	423073
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	1.8
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	66135	60923
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	5329	5373

⁴ 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).

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

⁷ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

⁸ 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).

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.

Table 4.4: Estimated supplies for safety of vaccination for the next two years with TT..... (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 BCG... vaccination (for TT : target of pregnant women)¹⁰	#	342588	350655
B	Number of doses per child (for TT woman)	#	2	2
C	Number of doses	A x B	685176	701310
D	AD syringes (+10% wastage)	C x 1.11	760546	778455
E	AD syringes buffer stock ¹¹	D x 0.25	190137	194614
F	Total AD syringes	D + E	950683	973069
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1.4	1.3
I	Number of reconstitution ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	53239	50600
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	11144	11363

Table 4.5: Summary of total supplies for safety of vaccination for the next three years with BCG, Pentavalent, TT, Measles and YF

	ARTICLE		2005	2006	2007	2008
F	Total AD syringes	for BCG	413340	338458	352126	363616
		for other vaccines	4 133 404	3 384 579	3 521 264	3 636 160
I	Total reconstitution syringes		138882	142152	147893	152719
J	Total safety boxes		50729	42531	44249	45693

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.

¹⁰ 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).

¹¹ 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.

¹² 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.

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 (2004)
DTP3	84%	88%	The is a persistent gap between HepB3 and DTP3; however, both antigens should be administered simultaneously to target children	93%
HepB3	84%	81%		92%
Measles	78%	83%		86%
YF	78%	83%		86%

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 (Benin is preparing to submit its FSP to GAVI in November 2004)
Table 2 filled-in	X	
New Vaccine Request completed	X	
Revised request for injection safety completed (where applicable)		Application submitted for GAVI funding
ICC minutes attached to the report	X	
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 for Planning, Forecasting and Development	Françoise ALODJOGBE MCP PD Representative		
United Nations Children's Fund (UNICEF)	Mr. Philippe DUAMELLE, UNICEF Representative			Ministry of Finance and the Economy	Isaïe ZEKPA MFE Representative		
ROTARY International	Mr. Ashock MIRCHANDANI, Vice-Chairman of the National Polio Plus Commission			AMP	Aristide APLOGAN AMP Representative in Benin		
EPI Foundation	Joséphine ABALLO President, Benin EPI Foundation			USAID	Modupé BRODERICK Director, USAID		