



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: **CENTRAL AFRICAN REPUBLIC**

Date of submission: **26 September 2003**

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

(Tick only one) :

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

- The mechanism for management of funds is described in the instructions for the use of GAVI funds **ANNEX I**
- Main functions and responsibilities of the ICC: (Ministerial decree N°0044 MSPP/CAB/SG/DGSPP/SEPI of 7 February 2002) **ANNEX II**
 1. To coordinate the activities of partners;
 2. To contribute to the consideration and approval of the plans of the Routine EPI and National/Local Immunization Days and of integrated epidemiological surveillance of diseases;
 3. To mobilise the internal and external resources needed to carry out activities ;
 4. To ensure that resources are managed transparently and responsibly by regular scrutiny, together with the EPI team, of the use of program resources;
 5. To encourage and support the exchange of information at both the national operational and external levels;
 6. To ensure that the program is implemented properly;
 7. To seek ways and means to resolve constraints that could hamper proper running of the program .

The ICC has set up a technical sub-committee (**ANNEX III**), called the EPI Technical Support Committee (CTAEPI) with a remit:

1. To adopt the operational action plans of the EPI ;
2. To approve the implementation budgets for those plans ;
3. To keep track of the execution of the activities of the action plans;
4. To prepare the technical dossiers for audits ;
5. To produce periodic reports on program implementation status;
6. To propose to the Inter-Agency Coordinating Committee any measures that could improve program performance.

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: **0 USD**

Remaining funds (carry over) from the previous year: **0 USD**

Table 1 : Use of funds during reported 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	n/a	n/a	n/a	n/a	n/a
Injection supplies	n/a	n/a	n/a	n/a	n/a
Personnel	n/a	n/a	n/a	n/a	n/a
Transportation	n/a	n/a	n/a	n/a	n/a
Maintenance and overheads	n/a	n/a	n/a	n/a	n/a
Training	n/a	n/a	n/a	n/a	n/a
IEC / social mobilization	n/a	n/a	n/a	n/a	n/a
Outreach	n/a	n/a	n/a	n/a	n/a
Supervision	n/a	n/a	n/a	n/a	n/a
Monitoring and evaluation	n/a	n/a	n/a	n/a	n/a
Epidemiological surveillance	n/a	n/a	n/a	n/a	n/a
Vehicles	n/a	n/a	n/a	n/a	n/a
Cold chain equipment	n/a	n/a	n/a	n/a	n/a
Other (specify)	n/a	n/a	n/a	n/a	n/a
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.

n/a

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).

n/a

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.

n/a

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.

Activities described:

- To improve the accessibility and quality of services ;
- To improve infrastructure, logistics and the availability of supplies, including AAV ;
- To boost EPI management capabilities of health staff;
- To develop communication, social mobilization and partnership for the EPI ;
- To make injection safety policy widely known at all vaccination centres;
- To develop a mechanism to ensure the permanence of program funding;
- To introduce new vaccines into the EPI
- To boost program monitoring and evaluation at all levels.

These main activities are contained in the following documents:

- The 2003-2007 strategic plan for the Routine EPI (ANNEX IV);
- The 2003 action plan for the Routine EPI (ANNEX V);
- The action plan to boost vaccination against yellow fever(ANNEX VI)
- National policy on injection safety (ANNEX VII)
- National strategic plan for vaccination injection safety for 2003-2007 (ANNEX VIII)
- Plan for the reduction of vaccine wastage in the CAR for 2003-2007 (ANNEX IV)

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

n/a

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
n/a	n/a	n/a	n/a	n/a

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 <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 funding of the Expanded Program of Immunization has been a matter of constant concern for the Government of the Central African Republic since the introduction of the EPI in the CAR. The credit allocated by the Government to the programme from its own budget for the purchase of vaccines and consumables as part of the vaccination independence initiative has increased steadily in recent years, despite the difficult economic situation the country is passing through. A retrospective study of the funding of the EPI from the State budget since financial 1998 revealed a steady year on year increase. It rose from 15,000,000 CFAF in 1998, to 35,000,000 CFAF in 1999, 51,00,000 CFAF in 2000, 121,000,000 CFAF in 2001, and 200,000,000 CFAF in 2003.

Total health funding accounted on average for 10% of the national budget of 1998 to 2003. The funds allocated by the Government to the EPI also account on average for 5 % of the national health budget.

However, financial difficulties, aggravated by the military and political crises of recent years, are preventing the actual release of the funds allocated. Expenditure on a commitment basis varies around 80% a year. On a cash basis, it represents about 25% of actual expenditure for the EPI.

The cost recovery system introduced recently in medical establishments, and also the management committees within those establishments, confirm the willingness of the authorities to support vaccination. Nevertheless, efforts must still be made to support action for the EPI (purchase of paraffin, motivation of staff). To that end, awareness-building and supervision action is planned to ensure the availability of resources from community funding.

If the outcome of negotiations with the international financial institutions is favourable, the Government undertakes to allocate some of the debt relief to the purchase of vaccines and consumables. The Government will continue its cooperation efforts with all the partners working in the domain of health and of vaccination in particular.

The financial sustainability plan of the EPI of the Central African Republic will be drawn up in 2004.

3. Request for new and under-used vaccines for 2003 (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	Targets						
		2000	2001	2002	2003	2004	2005	2006	2007
Births		147690	151382	155167	159046	163022	167098	171275	175557
Infants' deaths		19288	19771	20265	20771	21291	21823	22369	22928
Surviving infants		128402	131612	134902	138275	141731	145275	148907	152629
Infants vaccinated with BCG *		68676	58434	(45%) 69825	(55%) 87475	(65%) 105964	(75%) 125323	(80%) 137020	(85%) 149223
Infants vaccinated with OPV3**		40190	28691	(28%) 37773	(38%) 52544	(50%) 70866	(64%) 92976	(75%) 111680	(80%) 122103
Children who received the three doses of DTC3**		37236	30271	(28%) 37773	(38%) 52544	(50%) 70866	(64%) 92976	(75%) 111680	(80%) 122103
Infants vaccinated with AAV		24653	31587	(30%) 40471	(40%) 55310	(55%) 77952	(65%) 94429	(75%) 111680	(80%) 122103
Infants vaccinated against measles**		43015	38036	(30%) 40471	(40%) 55310	(55%) 77952	(65%) 94429	(75%) 111680	(80%) 122103
Pregnant women vaccinated with TT+		25680	22374	(20%) 26980	(30%) 41482	(40%) 56693	(50%) 72637	(60%) 89344	(70%) 106840
Vitamin A supplement	Mothers (<6 weeks after delivery)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Infants (>6 months)	n/a	n/a	n/a	52388	71596	85617	94027	102802

* Target relative to total number of births

** Target relative to number of surviving infants

→ 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.

n/a

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.

n/a

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

		Formula	For year
A	Number of children to receive new vaccine		55,310
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	$A \times B/100 \times C$	55,310
E	Estimated wastage factor	(see list in table 3)	2
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	110,620
G	Vaccines buffer stock	$F \times 0.25$	27,655
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	138,275
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	92,091
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	1,535
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	1,295

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 2003 (indicate forthcoming year)

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	2003	2004
A	Target of children for vaccination	#	87,475	105,964
B	Number of doses per child	#	1	1
C	Number of BCG doses	A x B	87,475	105,964
D	AD syringes (+10% wastage)	C x 1.11	97,097	117,620
E	AD syringes buffer stock ¹	D x 0.25	24,274	0
F	Total AD syringes	D + E	121,372	117,620
G	Number of doses per vial	#	20	20
H	Number of reconstitution ² syringes (+10% wastage)	C x H x 1.11 / G	4,855	5,881
I	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	1,401	1,371

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 (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	2003	2004
A	Target of children for vaccination ³	#	52,544	70,866
B	Number of doses per child	#	3	3
C	Number of DTP doses	$A \times B$	157,632	212,598
D	AD syringes (+10% wastage)	$C \times 1.11$	174,972	235,984
E	AD syringes buffer stock ⁴	$D \times 0.25$	43,743	0
F	Total AD syringes	$D + E$	218,714	235,984
G	Number of doses per vial	#	10	10
H	Number of reconstitution ⁵ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
I	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	2,428	2,619

³ 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).

⁴ 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.

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

		Formula	2003	2004
A	Target of children for measles vaccination	#	55,310	77,952
B	Number of doses per child	#	1	1
C	Number of measles doses	$A \times B$	55,310	77,952
D	AD syringes (+10% wastage)	$C \times 1.11$	61,394	86,527
E	AD syringes buffer stock ⁶	$D \times 0.25$	15,349	0
F	Total AD syringes	$D + E$	76,743	86,527
G	Number of doses per vial	#	10	10
H	Number of reconstitution ⁷ syringes (+10% wastage)	$C \times H \times 1.11 / G$	6,139	8,653
I	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	920	1,056

⁶ 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.

⁷ 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 TT (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	2003	2004
A	Target of women for TT vaccination	#	41,482	56,693
B	Number of doses per woman	#	2	2
C	Number of TT doses	$A \times B$	82,964	113,386
D	AD syringes (+10% wastage)	$C \times 1.11$	92,090	125,858
E	AD syringes buffer stock ⁸	$D \times 0.25$	23,023	0
F	Total AD syringes	$D + E$	115,113	125,858
G	Number of doses per vial	#	10	10
I	Number of reconstitution ⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1,278	1,397

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

n/a

⁸ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁹ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

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
n/a	n/a	n/a	n/a	n/a

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	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:

- Adopts and supports the request of the Government to GAVI and the Fund for support for vaccination services, new vaccines and injection safety.
- Notes with satisfaction that the Government of the CAR has included in its budget in recent years a budget line for EPI expenditure, the headings of which include “the purchase of vaccines and fuel”, and welcomes the efforts made by the authorities of the country in favour of child survival.
- Feels that despite the clear political willingness of the authorities, the country, in a post-conflict situation, is in need the resources required to re-launch the EPI, which is one of its priority health programs. GAVI funds are therefore an OPPORTUNITY for the country to improve vaccination coverage, to implement the policy on vaccination injection safety, and to introduce new vaccines. To that end, the payment of the 2nd tranche, due for January 2004, will enable the EPI of the Central African Republic to meet its commitments in terms of expected results.
- Encourages the Government to maintain its commitments in respect of the implementation of the mechanisms designed to ensure the financial sustainability of the EPI.
- Undertakes to:
 - ensure there is monitoring of the implementation of activities as required by the multi-annual plan;
 - ensure there is monitoring of the management of GAVI funds
 - contribute to the preparation of management reports, and mobilise partners and the community to strengthen the EPI.

7. Signatures

For the Government of [the Central African Republic](#)

Signature:

Title: [MINISTER FOR PUBLIC HEALTH AND THE POPULATION](#)

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.

Institution/Organisation	Name/Title	Date	Signature
Ministry of Public Health and the Population	Prof. Nestor Mamadou NALI, Minister for Public Health and the Population		
Ministry of the Economy, Finance and Budget	Mahamat KAMOUN Managing Director, Central Services		
WHO	Dr Amara TOURE Representative		
UNICEF	Dr FOUMBI Joseph Representative		
Ministry of Communication, National Reconciliation and the Culture of Peace	Mr Gérard GABA General Secretary, Ministry of Post and Telecommunications		
Ministry of the Interior responsible for the Administration of the Territory	Mr KPONGABA Bernard Managing Director, Central Services		
Ministry of the Plan and International Cooperation	Mr MODAI Jonas Managing Director, Programs and Projects Division		
Ministry of the Family, Social Affairs and National Solidarity	Mr DJADA Emmanuel Head, social action mission		
Public Health and Population Secretariat	Mathieu TIKANGO General Secretary		
General Management of Public Health and Population	Dr Emmanuel NGUEMBI Managing Director		

Institution/Organisation	Nom/Fonction	Date	Signature
Office of Studies and Planning (MPHP)	Dr Philémon MBESSAN Director		
Rotary Club International/Bangui	Mr TAGBIA Thomas, Chairman		
Polio Plus /Rotary Club	Dr Prosper THIMOSSAT Chairman		
Central-African Red Cross	Mr MOUSSA DHAFANE MOHAMED Chairman		
Office of Preventive Medicine and Action to Combat Disease (MPHP)	Dr Abel NAMSENMO Director		
Office of Community Health (MPHP)	Dr Etienne DOLIDO Director		
Expanded Program of Immunization Service	Dr Régis MBARY-DABA Chief, EPI Service		
National IEC Service (MPHP)	Mr BONDHA ROZZONO Chief, IEC Service		
Japanese Embassy	KOJI MIZUMOTO 3rd Secretary		
French Embassy	Mrs DA SILVA Cooperation Attachée		
German Cooperation CISJEU	Mr GANZE Activity Coordinator		
European Union	Mrs Emilie LEROUX Program Manager		
UNICEF Health Program	Dr Eugène KPIZINGI		
CAR EPI Logistics	Mr. Jérôme KEIRO		

~ End ~