



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: MALI

Date of submission: 29 September 2003.....

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

(Tick only one) :

- | | |
|-------------------------------|----------------------------|
| Inception report | ☐ |
| First annual progress report | ☐ |
| Second annual progress report | X ☐ |
| Third annual progress report | ☐ |
| Fourth annual progress report | ☐ |
| Fifth annual progress report | ☐ |

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

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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.

Mechanisms for the management of GAVI funds

The GAVI funds are credited to a Ministry of Health account entitled “Project Funds”.

*This account was credited on 24 January 2002 with **FCFA 309 344 701**, representing the second tranche of ISS funds and on 13 February 2002 with **FCFA 73 003 817** representing support funds for the introduction of the Hepatitis B vaccine in routine EPI, making a total of **FCFA 382 348 518**.*

*As at 31 December 2001, the balance of the Administration and Finance Department (AFD) account stood at **FCFA 15 831 291**.*

*At the level of the regions, a balance of funds estimated at **FCFA 587 382** as at 31 December 2001 still remains to be accounted for.*

The Regional Health Departments draw up their forecast budgets on the basis of their micro-planning projects for health districts and zones concerning immunization services support in their regions. The forecast budgets are then sent to the ICC via the National Health Department for examination, correction, if any, and approval.

The micro-plans and the related forecast budgets are examined, amended and approved by the ICC. Each region whose district micro plans have been approved is granted financing from the traditional partners and from the GAVI funds on the basis of a request. The request is financed from the “project funds” account either by bank transfer order or by cheque bearing the three signatures of the Minister of Health, the Administrative and Financial Director of the Ministry of Health and the Controller of the Administration and Finance Department (AFD) of the Ministry of Health.

Once the funds have been used, the beneficiaries send their supporting documentation to the AFD via the National Health Department.

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 : FCFA 382 348 518, representing the second tranche (USD 429 000) for the strengthening of immunisation services and the funds intended for the introduction of the hepatitis B vaccine (USD 100 000).

Remaining funds (carry over) from the previous year: FCFA 15 831 291

Table 1 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US \$	Total amount in FCFA	Amount of funds			
			PUBLIC SECTOR			PRIVATE SECTOR & Other
			Central	Region/State/Province	District	
Vaccines	0	0	0	0	0	0
Injection supplies	0	0	0	0	0	0
Personnel	0	0	0	0	0	0
Transportation	0	0	0	0	0	0
Maintenance and overheads	17 400	11 310 324	2 640 000	0	8 670 324	0
Training	6 939	4 510 400	0	0	4 510 400	0
IEC / social mobilization	78 547	51 055 370	0	0	51 055 370	0
Outreach	0	0	0	0	0	0
Supervision	0	0	0	0	0	0
Monitoring and evaluation	3 120	2 028 065	0	0	2 028 065	0
Epidemiological surveillance	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0
Cold chain equipment	1 662	1 080 000	0	0	1 080 000	0
EPI computerisation	370 688	240 947 500	9 500 000	0	231 447 500	0
Other (<i>specify</i>)	64 923	42 200 000	0	0	42 200 000	0
Total:	543 279	353 131 659	12 140 000	0	340 991 659	0
Remaining funds for next year:	69 305	45 048 150				

Other: Development of immunisation documentation

***If no information is available because of block grants, please indicate under 'other'.**

US\$ 1 = FCFA 650

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.

- Micro-planning per health zone with the involvement of the communities. The micro-plans are revised at national level and financed by the traditional partners (WHO, UNICEF, etc.) and from the GAVI funds.
- Training of instructors and vaccinators in most of the country's health districts.
- Implementation of the advanced strategy and the mobile team by making available the necessary logistical means (motorbikes and vehicles).
- Increased social mobilisation through community-based awareness raising activities.
- Extension of performance contracts
- Regular supply of vaccines and vaccination materials

The main problems to have been encountered are connected with the late availability of funds, the obsolete nature of certain means of transport for the mobile strategies and also the failure to ensure total control of the target at the operational level.

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.

Implementation of the 2002 DQA recommendations carried out on the data for 2001

No.	Recommendations	State of implementation	Remarks
	National level		
01	Include MAPI monitoring in the form used to report ISS data	The revision of the documentation had been scheduled in the operational plan for 2003 but will not take place this year	Need expressed but financing is not available
02	Strengthen checks to ensure consistency of the reports received and the various compilations made	The strategy was to begin providing the persons responsible for ISS at district level with training in data entry. Two health districts were visited and meetings attended by doctors were held at the level of the Sikasso and Gao regions.	Control missions were undertaken in certain health districts
03	Improve the time limits for the production of the annual reports on immunization	A document entitled "Procedure for the management of LHMIS data" (local health information system) was produced and sent to the districts by letter ref. 0077 of 16.09.2002	As at 3- June 2003, 86.2% of the health districts had completed and provided the EPI monthly forms
04	Improve the reliability of the denominators taken into account in certain areas	Same as point 02	
	Health district level		
05	Improve the follow-up of receipt of the reports from the health centres and ensure that they are signed and dated by the persons concerned	Same as point 03	
06	Establish stock records and files – improve their maintenance	The files and records exist at all levels and their maintenance is in compliance with the stipulated standards	
07	Ensure optimum use of IT tool	IT equipment for the districts has been paid for	The G-pev and G-vac software is installed and training of workers is in progress.
08	Introduce a system for monitoring the stock of injection equipment	The monitoring system which has been set in place is checked every three months during the supervision visits.	
09	Draw up and display the diagrams relating to the results obtained during the year in progress	See point 05	

10	Increase supervision connected with immunization activities and feedback	The information letter issued by the Minister of Health for 2003 included this point with a view to having it taken into account in the operational plans at the various levels	An integrated supervision is carried out once every quarter for each district
11	Communicate to the health centres the target population of children and pregnant women	The target populations have been communicated to the health centres	
	Level of the community health centres		
12	Establish files and records of vaccine stocks	Vaccine stock files and records exist in the health centres	
13	Carry out monitoring of vaccine batches and expiry dates	This monitoring is not entirely efficient	
14	Send the reports within the set deadlines – date and sign the copies remaining in the health centre	See point 05	
15	Ensure systematic use and filing of attendance sheets and records (children and pregnant women)	This is not always done systematically at the level of the health centres	
16	Establish a system for communicating data concerning immunization side effects	Instructions were given by the National Director for Health to the Regional Directors pursuant to letter ref. 1664 of 21 October 2002	
17	Improve the system for collection of data on new births in the community	The system for collection of data on new births is not generalized to all the villages	
18	Show the number of vaccinated children and pregnant women per reporting period	The monthly monitoring of immunization activities is carried out and the curve is systematically displayed in all the health centres	
19	Establish a register for recording immunization dates and activities	A register is established for each immunization strategy, including the dates and antigens received	

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

The plan of action has been drawn up but has not yet been examined by the ICC

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

Nil

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.

In 2001, an application was submitted to GAVI for the anti-amaril vaccine which was under-used as it was administered in certain urban areas only. This application was accepted and, on 5 March 2002, the immunisation section received the 382 200 Anti-amaril vaccines ordered in accordance with our needs.

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 anti-amaril vaccine was already administered in certain urban centres. As soon as the 382 200 doses were received, administration of this vaccine was extended to all of the country's immunisation centres. To this end, an information campaign was launched in advance in all the immunisation centres concerning the time-table and protocol which had already been available. No specific problems were encountered thanks to the fact that the necessary documentation existed already and the immunisation time-table was known.

1.2.3 Use of GAVI/The Vaccine Fund financial support (USD 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.

It was in March 2002 that we received the US\$ 100 000 in support of the introduction of new and under-used vaccines. This sum enabled us to conduct a review of the data collection tools by including the AAV and hepatitis B vaccines. The tools were then reproduced and distributed throughout the country.

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

It was also in 2001 that an application was made in respect of injection safety. The application was accepted subject to certain conditions, including the drawing-up of an injection safety plan of action. In September 2002, the injection safety plan was drawn up, specifying the aims, indicators, main constraints and targets for the period 2003-2007. This support is promised with effect from 2003.

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.

The transition to safe injections will become effective from 2003 with the introduction of AD syringes and safety boxes.

Indicators	Targets	Achievements	Constraints	Updated targets
Nil				

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:
Nil

Nil

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 financial stability plan was drawn up in the course of the last quarter of 2002. It was presented in November 2002 in Dakar by the Minister for Health and Mali's Ambassador to Senegal representing the Minister for Finance in accordance with the conditions laid down by GAVI.

3. Request for new and under-used vaccines for year ...2004 (indicate forthcoming year)

Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year. 2004**

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 12) . 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	456348	466388	476648	487135	497852	508805	519999	531439
Infants' deaths	56113	57348	58609	59899	61217	62561	63960	65367
Surviving infants	400235	409040	418039	427236	436635	446241	456039	466072
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	220596	255361	316748	320427	336209	356993	387633	419465
NEW VACCINES								
Infants vaccinated with AAV * (use one row per new vaccine)			135401	234980	261981	290057	342030	372858
Wastage rate of ** (new vaccine)			NR					

INJECTION SAFETY								
Pregnant women vaccinated with TT	NR	132454	237339	340995	398282	432485	452400	462352
Infants vaccinated with BCG	310156	340136	405954	414065	448067	457925	468000	478296
Infants vaccinated with Measles	225954	257306	277757	320427	349308	379305	387634	396162

* 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 target coverage rate for DTP3 immunisation for 2002 was set at 65%. The result achieved in 2002 was 74%, far exceeding the target for 2002 and even that for 2003 which is set at 70%. As a result, it was necessary to readjust the targets for DTP3 with effect from 2003.

Year

2003

2004

2005

2006

2007

Coverage target

75%

77%

80%

85%

90%

DTP and hepatitis B target population

320 427

336 209
356 999
387 633
419 465

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

→ 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 hepatitis B vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004
A	Number of children to receive new vaccine		336 209

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

B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	90%
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	907764
E	Estimated wastage factor	<i>(see list in table 3)</i>	1.18
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	1071162
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		
I	Total vaccine doses requested	$F + G - H$	1071162
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	1007618
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	118899
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	12505

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 4 : Estimated number of doses of AAV 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		261981
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	$A \times B/100 \times C$	261981
E	Estimated wastage factor	(voir liste tableau 3)	1.18
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	309138
G	Vaccines buffer stock	$F \times 0,25$	0
H	Anticipated vaccines in stock at start of year		
I	Total vaccine doses requested	$F + G - H$	309138
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1,11$	290799
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1,11$	34315
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1,11$	3609

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 4 : Wastage rates and factors

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

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

Table 4.1: Estimated supplies for vaccination safety 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 2004	For year 2005
A	Target of children for BCG vaccination (for TT : target of pregnant women) ¹	#	448067	457925
B	Number of doses per child (for TT woman)	#	1	1
C	Number of BCG doses	A x B	448067	457925
D	AD syringes (+10% wastage)	C x 1.11	497354	508297
E	AD syringes buffer stock ²	D x 0.25	0	0
F	Total AD syringes	D + E	497354	508297
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	99 471	101660
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	6 625	6 771

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 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	497354	508297	The difference relates to the BCG reconstitution syringes. This is due to the difference in the number of doses per vial (10 doses as against 20)
	for other vaccines	2391494	2569933	
Total of reconstitution syringes		161 508	169395	
Total of safety boxes		27236	29279	

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

It was decided to opt for the 10 dose vials of BCG in order to reduce the wastage caused when opening 20 dose vials for the advanced or mobile strategies outside the fixed vaccination centres.

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.

Table 4.2: 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	For year 2004	For year 2005
A	Target of children for DTP vaccination (for TT : target of pregnant women) ⁴	#	336209	356993
B	Number of doses per child (for TT woman)	#	3	3
C	Number of DTP doses	A x B	1008627	1070979
D	AD syringes (+10% wastage)	C x 1.11	1119576	1188787
E	AD syringes buffer stock ⁵	D x 0.25	0	0
F	Total AD syringes	D + E	1119576	1188787
G	Number of doses per vial	#	10	01
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1 ,6	1,6
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	12428	13196

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

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 4.3: 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 2004	For year 2005
A	Target of children for Measles vaccination (for TT : target of pregnant women) ⁷	#	349308	379305
B	Number of doses per child (for TT woman)	#	1	1
C	Number of Measles doses	A x B	349308	379305
D	AD syringes (+10% wastage)	C x 1.11	387732	421029
E	AD syringes buffer stock ⁸	D x 0.25	0	0
F	Total AD syringes	D + E	387732	421029
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1,6	1,6
I	Number of reconstitution ⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	62037	67735
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4 993	5 425

⁷ 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).

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.

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 2004	For year 2005
A	Target of pregnant women for TT vaccination (for TT : target of pregnant women) ¹⁰	#	398282	432485
B	Number of doses per woman (for TT woman)	#	2	2
C	Number of TT doses	A x B	796564	864970
D	AD syringes (+10% wastage)	C x 1.11	884186	960117
E	AD syringes buffer stock ¹¹	D x 0.25	0	0
F	Total AD syringes	D + E	884186	960117
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1,6	1,6
I	Number of reconstitution ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	9 815	10658

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
1. DTP3 coverage rate	65%	74%	No major constraints	77%
2. DTP1 /DTP3 drop out rate	20%	24%	Delayed financing of the advanced strategy	20%
3. AAV coverage rate	55%	31%	Late introduction of the AAV over the whole territory	35%
4. Number of ICC meetings per month (with minutes)	12 (one meeting per month)	18	Very few constraints	The ICC will, in its new structure, meet once a quarter

5. Checklist

Checklist of completed form:

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

6. Comments

→ *ICC comments:*

We, the members of the ICC present at the meeting of Friday 26 September, have examined the annual progress report for the year 2002. The report was prepared by the ICC Committee which includes technicians from the department of health and technicians from the partner institutions which are members of the ICC. In the light of the clarifications given with regard to the comments made, we have endorsed this report and have agreed for it to be sent to the GAVI secretariat by no later than 30 September, in accordance with our commitments.

7. Signatures

For the Government of **the REPUBLIC OF MALI**.....

Signature: **Mrs KEITA Rokiatou NDIYAE**.....

Title: **MINISTER OF 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
1. Ministry of Health	Mrs Keita Rokiatou N'Diaye – Minister/Chairman			8. European Union (EU)	Dr Jean Paul LOUIS, Technical Advisor / Member		
2. Ministry of Health	Dr Mamadou Adama KANE – Secretary General / Member			9. Rotary International (Clubs /Mali)	Dr Boubacar Niambélé, Health specialist / Member		
3. Ministry of Health	Dr Sidy DIALLO /Technical Advisor responsible for Public Health / Member			10. World bank	Dr Daouda Mallé, Health specialist / Member		
4. Ministry of Health	Mr Sidiki Loki DIALLO, Administrative and Financial Director / Member			11. UNICEF	Mrs Francès TURNER, Representative / Member		
5. National Health Directorate	Dr Youssouf KONATE, National Health Director / Member			12. Groupe Pivot Santé ? Population	Dr Youssouf DIALLO, Assistant Director / Member		
6. Ministry of the Economy and Finance	Mr Lamine Koita, National Directorate for the Budget / Member			13. WHO	Dr Lamine-Cissé SARR, Representative / Member		
7. United States Agency for International Aid (USAID)	Mrs Pamela WHITE, Mission Director / Member						

~ End ~