Joint Appraisal (JA) 2019 Report

The texts in italics in this document are provided as guidance and may be deleted during the preparation of the joint assessment report.

Gavi renews its support to a country's vaccination programme(s), subject to an annual performance evaluation. Joint evaluation is an important step in this performance review. This is an annual, national and multi-stakeholder evaluation, conducted by senior management of the Ministry of Health, on the progress of the implementation and performance of Gavi's support in the country and its contribution to improving immunization outcomes.

Joint evaluations require careful preparation. These include, in particular:

- ***As at March 31: Presentation of the year-end stock report***
- ***As of May 15: Presentation of the*** *vaccine* ***renewal request*** *on the country portal (including presentation of updated targets, wastage rates, change requests, if any, etc.)*
- ***4 weeks before the joint evaluation:***
  - ***Submission on the*** *country portal of* ***all required reporting documents for renewal purposes,*** *including:*
    - ***Update of the Grant Performance Framework (GPF)***
    - ***Financial reports, annual financial statements and audit reports*** *(for all types of direct financial support);*
    - ***Reports on all supplementary immunization campaigns/activities conducted*** *(if applicable);*
  - ***Submission of the HSS and POECF renewal request*** *(if a new tranche is required) on the country portal, including the HSS budget for the requested tranche;*
  - ***Gavi's partners (WHO, UNICEF and others)*** *submit a progress report on their steps and the functions of the EFP on the partner portal.*

Other reporting information *to be published on the country portal four weeks in advance of the joint assessment includes:*

- *Information on immunisation financing and expenditure (required for all countries);*
- *Data and survey requirements (required for all countries);*
- *Updating the annual progress report on the plan to improve effective vaccine management (EVMP) (required for all countries);*
- *Updated inventory of ECFs (required only for countries receiving POECF support);*
- *The specific report on the human papillomavirus vaccine (if applicable);*
- *The end-of-grant HSS evaluation (if applicable);*
- *Post-introduction evaluation reports (if applicable);*
- *Gavi and/or polio transition plans or asset mapping information (if applicable);*
- *Expanded Programme on Immunization (EPI)/action plan implementation report (if applicable);*
- *The report of the post-campaign coverage survey (if applicable);*
- *Any other information, such as additional commitments made by a third party in the private sector.*

Note: If renewal applications and required reports are not submitted on the country portal four weeks before the joint evaluation meeting (with the exception of the vaccine renewal application to be submitted by 15 May), this could have an impact on Gavi's decision to renew its support, including a possible postponement and/or decision not to renew or disburse support.

Country	Burkina Faso
Full JA or updated JA[1]	☑ **JA complete** ☐ JA update
Date and venue of the joint evaluation meeting	July 1-5, 2019
Participants / affiliation[2]	Ministry of Health, PADS, WHO, UNICEF, AMP, CDC, USAID, Italian Cooperation, SPONG, PATH, DAVYCAS (See details in annex)
Frequency of results reporting	Annual
Reporting period[3]	January [1] to December 31
Duration of the Comprehensive Multi-Year Plan for Immunization (cMYP)	5 years
Gavi/Co-financing Transition Group	Co-financing

1. REQUESTS FOR RENEWAL AND EXTENSION

Renewal requests have been submitted on the country portal

Vaccine Renewal Application (NVS) (By May 15) **Does the vaccine renewal application contain a change request?**	Yes ☐	No ☐	No ☐	
	Yes ■	No ☐	No ☐	N/A ☐
Request for renewal of HSS support	Yes ☐	No ☐	No ☐	N/A ■
Application for renewal of support to the POECF	Yes ☐	No ☐	No ☐	N/A ■

2. GAVI GRANT PORTFOLIO

Support for existing vaccines *(to be pre-filled by the Gavi secretariat)*

Introduced / Campaign	Date	Coverage 2017 (WUENIC) per dose	Target 2018		Approx. value USD	Observations
			%	Children		
Pentavalent intro	2006	91% (3rd dose)	100	777,145	575,087	
MenA preventive mass campaign	2010		98	762,074	396,278	
MenA catch up campaign	2016					
MenA routine introduction	2017					Country estimate 68% in 2017
MenA routine introduction	2018					Country estimate 87% coverage for 2018
Rota - intro	2013	91%	100	777,145	1,748,576	Good performance but threatened by a supply problem
SVC - intro	2013	91% (3rd dose)	100	777,145	2,292,577	
VPI - intro	2018	n/a	100	777,145	699,430	
Measles-Rubella - intro	2015	50% (2nd dose)	98	762,064	487,727	The coverage of the 2nd dose of MR will be financed with HSS3 funds

[1] Information on the difference between full and updated JA is available in the document *Guidelines on reporting and renewals of Gavi support*, https://www.gavi.org/support/process/apply/report-renew/
[2] If the list of participants is too long, it can be provided in an appendix.
[3] If the frequency of results reporting differs from the fiscal period, please provide a brief explanation.

Existing financial support *(to be pre-filled by the Gavi secretariat)*

Subsidy	Canal	Period of time	First payment	Status of cumulative funding as of June 2018				Observations	
				Engag	Appr.	Paid.	Use.	End.	Auditing
HSS3	Govt	2017-2021	August 14, 2018	11,76 M	5,040 K	3.6	3.5		N/A
HSS add-in	Govnt	2019-2020	Not yet, not yet.	3,5M	3,5M	0			
VPI intro	Govt	2015	28 April 15	571,500	571,500	571,500	100%		n/a
CCEOP	Govt	2018-21	26 Dec 2018	3,8 M	3,8 M	3,4M	3,4M		
SVC change	Govt	2018	May 08, 2018	194,285	194,285	194,285	100%		
Comments:									
Burkina Faso's request for additional HSS funds of USD 3,502,500 was recommended for approval in February 2019 by IEC and the process is being finalized. The introduction of IPV is planned for June 2019, the delay being due to the supply of vaccines.									

Indicative interest for the introduction of new vaccines or for the request for HSS support in Gavi in the future[4]

Indicative interest for the introduction of new vaccines or for the request for HSS support in Gavi	Program	Planned year of application	Planned year of introduction
	Change of presentation for the Rota	N/A	2019
	HPV vaccination against HPV	2019	2021

Following the successful demonstration in two pilot districts (Baskuy and Solenzo), the country is planning to introduce the HPV vaccine nationwide. The documentation will be submitted in September 2019.

Grant Performance Framework - recent reports for 2018 *(to be pre-filled by the Gavi Secretariat)*

Intermediate Outcome Indicator	Objectives of the project	Realized
Percentage of programmatic implementation of the HSS action plan	90	33
of financial implementation of the HSS action plan	90	97
of GEV (effective vaccine management) criteria greater than or equal to 80%.	80	33
of public health facilities providing immunization services, containing 10 articles monitoring operational immunization capacity (2016 data)	80	85
Completeness of health training reports	100	100
Comments on the report		

[4] The fact of providing this information does not constitute an obligation for the country or Gavi; it is mainly provided for information purposes.
Countries are encouraged to highlight in the following sections, including in the Action Plan in Section 7, the main activities and technical assistance potentially required, the preparation of investment applications, vaccine applications and introductions, as appropriate.

Some indicators provided sufficient information (e. g. IR-T 10% of the coverage of vaccine storage capacity needs at central, regional and district levels - positive cold chain),

Targeted assistance by EFP country: Main partners and extended partners as of[insert date]
(to be pre-filled by the Gavi secretariat)

	Year	Financing (USD x 1000)			Existing staff	Milestones achieved	Observations
		Appr.	Paid.	Use.			
TOTAL for the main partners	2017	0.4	0.4	0.4	2.5 of 2.5	18 of 22	
	2018	1.7	1.7	0.01	0.5 of 1.5	8 of 10	
	2019	1.7	1.7	-		-	One month of implementation
UNICEF	2017	0.2	0.2	0.2 (99%)	2 of 2	8 of 10	
	2018	1.6	1.6	0.4 (28%)	1 of 1	4 of 6	
	2019	0.5	0.5			-	
WHO	2017	0.2	0.2	0.2 (97%)	0.5 of 0.5	10 of 12	
	2018	0.1	0.1	0.07 (57%)	0.5 of 0.5	4 of 4	
	2019	0.7	0.7	-	-	-	
DCC	2019	0.3	0.3	-	-	-	
World Bank	2019	0.2	0.2	-	-	-	
TOTAL for additional partners	2017	0.24				13 of 14	
	2018	0.42				20 of 23	
	2019	0.03				-	
PATH	2017	0.04			-	3 of 3	
	2018	0.03			-	1 of 3	
	2019	0.03			-	-	
Self coloured Oslo	2018	0.09			-	-	No reports expected, no integrated staff
CRS	2017	0.2				10 of 11	
	2018	0.3			-	19 of 20	no integrated staff

3. RECENT CHANGES IN THE COUNTRY CONTEXT AND POTENTIAL RISKS FOR THE FOLLOWING YEAR

*Comment on changes since the last joint assessment, if any, in **key contextual factors** that directly affect the performance of the immunisation programme and Gavi grants (such as natural disasters, political instability, conflicts, displaced populations, inaccessible regions, etc., or macroeconomic trends, industrial actions of health workers, severe and unexpected epidemics or adverse post-immunisation events, etc.).*

*For **countries facing fragility, affected by emergencies and hosting refugees:**[5]Please indicate whether some flexibility in grant management is required and specify whether requests for HSS or vaccine renewal have been adjusted.*

*For countries in transition after benefiting from the **Global Polio Eradication Initiative:** Please briefly describe the impact of immunization and primary health care and indicate whether the country has a polio transition plan in place. If a transition plan exists, please provide a brief description of the plan, with an emphasis on health personnel and surveillance. In the absence of a transition plan, please describe the measures taken to prepare for the transition to polio. Please also indicate whether Gavi's investments are/should be allocated for polio transition purposes.*

Since the last assessment, the country has experienced an expansion of insecure areas in the northern, central-northern, Sahel, eastern and central-eastern regions. This situation leads to uncontrolled population movements with the creation of several displaced persons camps, the closure of certain health facilities and the inaccessibility of certain areas; thus creating risks of having children who are not or insufficiently vaccinated, which can lead to epidemic situations. To respond to this situation, a reflection is underway to develop a vaccination strategy in compromised security areas. Its implementation will require the mobilization of resources and a readjustment of the HSS3 is to be considered.

In addition, the increase in populations in spontaneous housing areas (peri-urban areas, artisanal gold mining sites) also poses a risk of under-vaccination. The vaccination of targets in these areas will require the development of specific strategies.

The persistence of socio-professional movements is causing delays in the financing and implementation of programme activities.

A first draft of the transition plan was prepared in July 2018 and is currently being finalized. Gavi/HSS3 investments should be allocated for the implementation of activities related to this transition, particularly in the field of monitoring and communication. SMGD (information to be completed: monitoring activities supported by HSS3).

Potential future problems (risks)

Please take a forward-looking approach to other events that may occur in the following year (taking into account the current situation, vulnerabilities, dependencies, trends, expected changes and anticipated needs). E.g. potential security challenges due to upcoming elections, risks of reluctance to vaccinate, stockouts or expiry of vaccines, or risks for a viable withdrawal of Gavi's support.

On the basis of the country's current risk assessments, please list up to five most important risks (i.e. risks with a high probability and/or a significant impact). Consider the need to take proactive measures to prevent these risks from occurring or to detect them early when they occur in order to respond effectively. In addition, clearly indicate whether these risk mitigation measures are prioritized in the action plan (see section 7 below).

1. Stopping co-financing of measles/rubella vaccine could cause stock tension in the event of difficulties in mobilizing financial resources. Advocacy with the first officials of the Ministry of Health and MINEFID is under way.

2. The unavailability of rolling logistics could influence the implementation of the advanced strategy with the accumulation of children not or incompletely vaccinated. To this end, close monitoring of acquisition procedures will be carried out.

3. Inadequate coverage of health facilities with cold chain equipment could limit the availability of vaccines leading to missed vaccination opportunities. Ongoing advocacy is underway to strengthen the ECF PQS coverage of health facilities.

[5] For more information, please visit http://www.gavi.org/about/programme-policies/fragility-emergencies-and-refugees-policy/

4. The extension of insecure areas could increase population displacement and the closure of health facilities with difficulties in vaccinating. The development of appropriate strategies to reach these populations is ongoing.

5. The next presidential election in 2020 represents a risk of socio-political unrest that could lead to a delay in the implementation of the programme's activities. Context-specific activity planning will be ensured.

4. PERFORMANCE OF THE VACCINATION PROGRAM

*This section should mainly describe **changes since the last joint evaluation**. It should provide a brief analysis of the performance of the immunization programme, focusing on the evolution/trends observed over the past two or three years, and include an analysis of vaccine coverage and equity and an examination of the main factors contributing to low coverage.*

The information contained in this section will be mainly derived from the recommended analysis of coverage and equity and all relevant aspects of the programme/service delivery, which can be found in the guidelines for the analysis of the joint evaluation (http://www.gavi.org/support/process/apply/report-renew/). In addition, the annual quality document review exercise is considered an important source of analysis and can be used to inform the joint evaluation report.

It is recommended that countries present the information in tables, graphs and maps and refer to the data sources.

4.1. Immunization coverage and equity

*Please provide a **national and subnational analysis of the** situation regarding immunization coverage and equity in the country, **focusing on new data and analyses, trends and changes, including epidemics and responses to epidemics observed since the last joint assessment.***

- *Provide an analysis of trends in **coverage and equity** within different geographical areas, socio-economic status, including gender-specific barriers, populations and communities, including **slums, isolated rural populations and conflict areas** (take into account population groups under-served by health systems, such as slum dwellers, nomads, religious or ethnic minorities, refugees, internally displaced persons or other mobile or migrant groups).*
- *Relevant information includes: an overview of districts/communities with the lowest coverage rates and the highest number of under-vaccinated children, the highest drop-out rates or those affected by the disease burden: number of cases and incidence of vaccine-preventable diseases observed in regional/district surveillance systems, etc.*
- ***Achievements against the targets agreed in the** National Monitoring and Evaluation (M&E) Framework (and included in the Grant Performance Framework (GPF)) Where applicable, the reasons why the targets were not achieved, identifying areas of underperformance, bottlenecks and risks.*

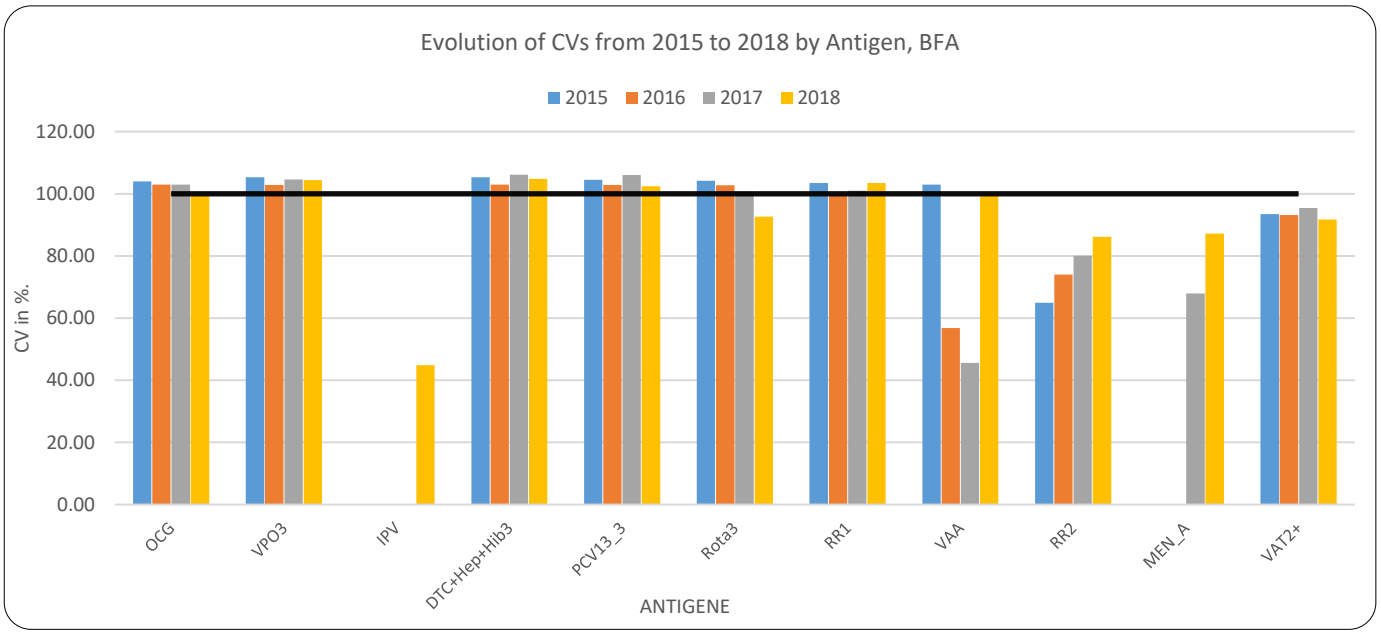
Coverage: DTC3, VAR2, etc.	*National: Please ensure that the data has been harmonized with what you have reported in the GPF* *E.g. at subnational level: 3 out of 45 districts have DTP3 coverage below 80%.* *District 1: DTC3 coverage ~45%.* *District 2: DTC3 coverage ~70%.* *District 3: DTC3 coverage ~70%.*
Coverage: Absolute number of children not vaccinated or under vaccinated	*E. g. at subnational level:* *District 1: 5M under-vaccinated children* *District 2: 1.2M under-vaccinated children* *District 3: 2M under-vaccinated children*
Equity: • Wealth (e. g. upper/lower quintiles) • Education (e.g., educated/uneducated) • Men and women	*National:* *E. g. DTP3 coverage showed a steady increase for mothers who attended at least primary school* *For example, DTP3 coverage for boys is 94% and for girls 92%.* *For example, DTP3 coverage in urban areas has stagnated at 87%, while rural areas have increased from 88% in 2010 to 92% in 2018.*

• Urban-rural • Culture, other systematically marginalized groups or communities, e. g. ethnic and religious minorities, children or women caregivers with low socio-economic status, etc.	*E. g. at subnational level:* *Population group1: Migrant population 5,000 in the xxx region with low levels of DTP3 coverage (limited data available)* *Population group 2: Urban area of xxx with the lowest DTC3 coverage at 60%.* *Population group 3: Ethnic minority not easily reached by public health services, with limited population data and coverage.*

Please briefly indicate whether the objectives of the programme, according to the national multi-year plan (such as the cMYP), were achieved during the year under review. To detail the data provided, countries are strongly encouraged to include ***thermal maps*** *or equivalent to indicate vaccination coverage trends over time.* Examples of such analyses are available in the analysis guidelines for the joint evaluation (*available at* http://www.gavi.org/support/process/apply/report-renew/)

Coverage

Overview of administrative national administrative immunization coverage levels by antigen over the past 4 years



Source: Routine EPI/PDP reports

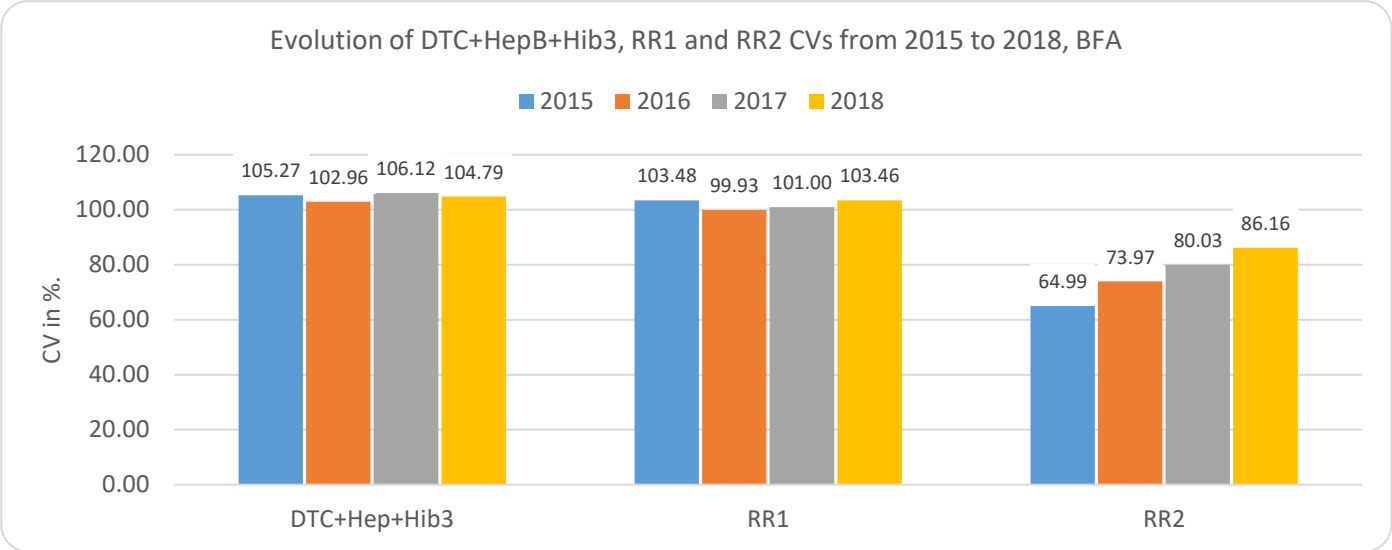
Figure n°1: Evolution of administrative vaccine coverage by antigen from 2015 to 2018

Since 2015, administrative vaccine coverage by antigen has reached 100% with the exception of VAA, VAT2+ and VPI.

For vaccines administered during the second year of life (RR2 and Men A), there has been a gradual increase in vaccine coverage despite the failure to meet the targets set. In addition, Rota vaccine coverage did not reach the target set in 2018 due to the cessation of production of the vaccine used (Rotatec) by the laboratory.

The low IPV vaccination coverage (45%) is thought to be linked to the late introduction of the vaccine in July 2018.

Evolution of administrative vaccine coverage in DTP-HepB-Hib3, RR1 and RR2 from 2015 - 2018 in the BFA



Source: Routine EPI/PDP reports

Figure n°2: Administrative vaccination coverage in DTP-Hep-Hib3, RR1, RR2 from 2015 to 2018

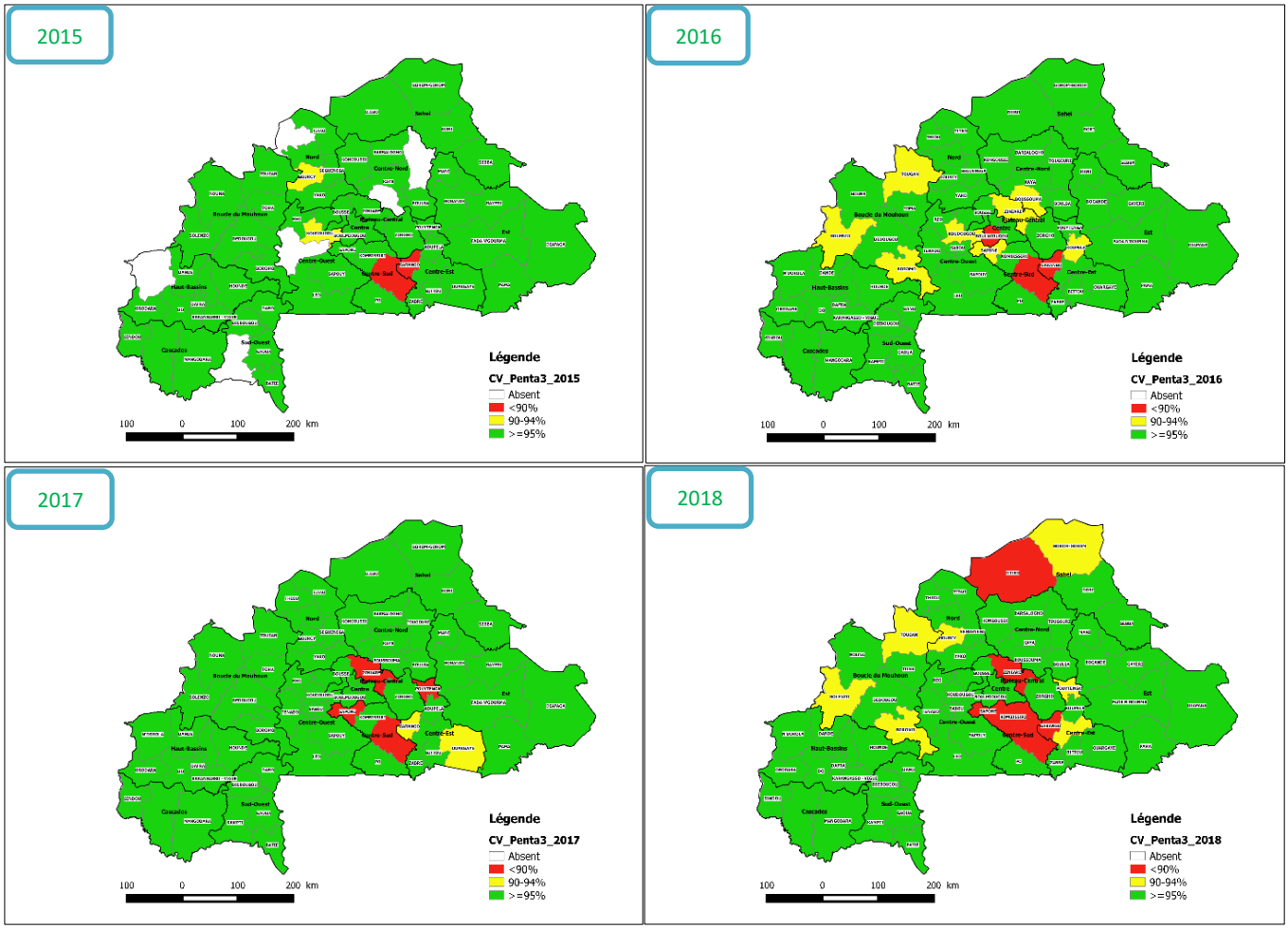
At the national level, administrative vaccine coverage met the targets set for DTP+HepB+Hib3 and RR1 except for RR2.

However, over the last 4 years, there has been more than 100% vaccination coverage for these two main antigens (DTP-HepB-Hib3 and RR1). For example, in 2018, 42 DS (60%) recorded coverage of more than 100% for DTC-HepB-Hib3 and 38 DS (54%) for RR2. This situation could be explained by several factors, including:

- ✓ the lack of control of population data;
- ✓ insufficient data collection, processing, analysis and use (data quality).

While the majority of districts have administrative immunization coverage above 90%, in 2018 there were nevertheless eight (8) health districts (Boromo, Gourcy, Djibo, Ziniaré, Pouytenga, Saponé, Kombissiri and Manga) with less than 90% administrative immunization coverage in RR1.

Administrative DS vaccination coverage for DTP- HepB-Hib3 at the BFA



Source: Routine EPI/PDP reports

Figure n°3: Mapping of administrative immunisation coverage in DTP-Hep-Hib3 from 2015 to 2018

Administrative immunization coverage in DTP-HepB-Hib3 has exceeded 90% in most districts since 2015.

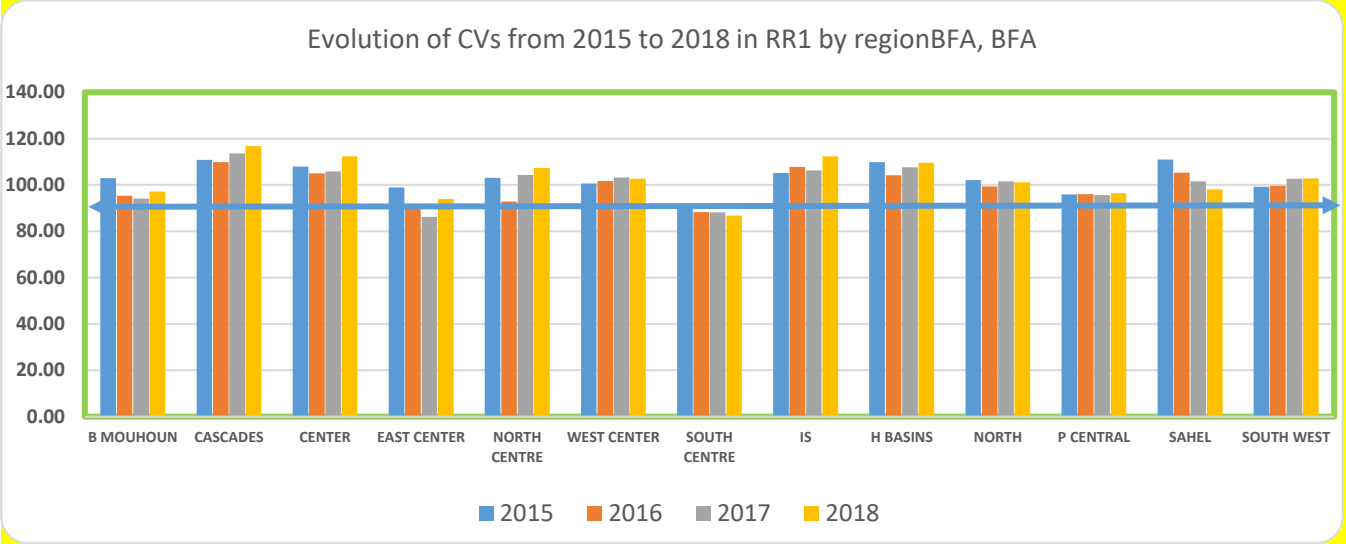
However, from 2015 to 2018, the number of DS with administrative immunization coverage of less than 90% increased from 2 (Sapone and Garango) to 6 (Sapone, Manga and Kombissiri, Garango, Ziniaré, Djibo).

Several factors could explain this phenomenon such as:

- ✓ the lack of control of the populations,
- ✓ difficulties in implementing the advanced strategy,
- ✓ the inadequacy of rolling logistics and ECF (in number and quality), etc.

It should be noted that the DS of Sapone and Ziniaré have experienced decreasing vaccination coverage over the past 4 years. The DS in Manga and Sapone (in the South Central region) have administrative vaccine coverage below 90% for all antigens since 2015.

Evolution of the Regions' administrative vaccination coverage for RR1



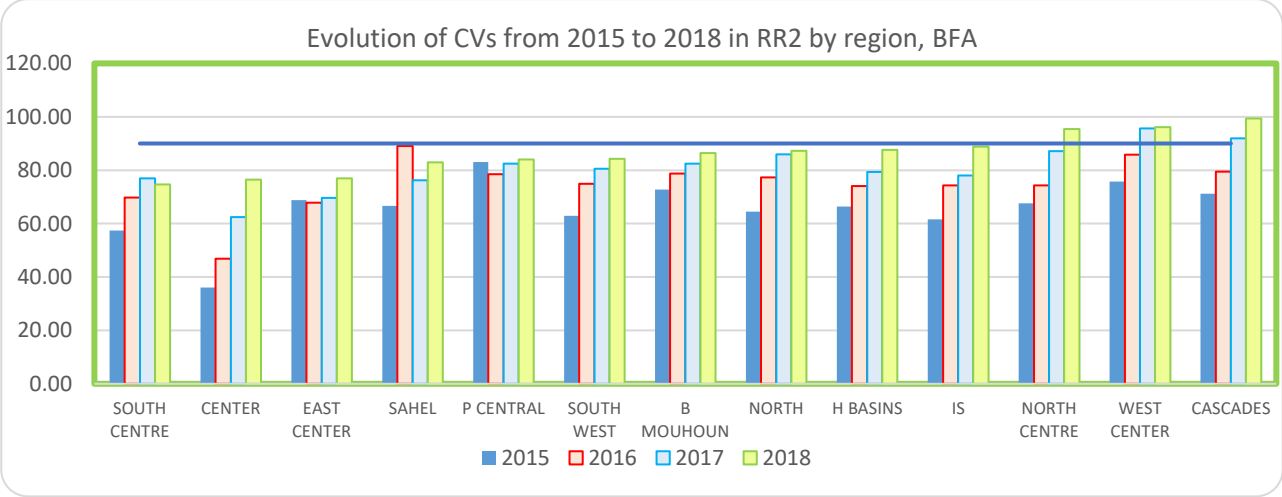
Source: Routine EPI/PDP reports

Figure n°4: Evolution of administrative immunization coverage in RR1 from 2015 to 2018 by health region

- ✓ Except for the South Central health region, the other 12 regions have successively recorded administrative vaccination coverage of more than 90% for RR1 over the past 4 years.
- ✓ Only the Sahel region has experienced a decline in immunization coverage since 2015.

Administrative vaccine coverage for RR2

RR2 is administered during the 2nd year of life of children since 2013 in Burkina Faso. The figure below shows the evolution of administrative CVs from 2015 to 2018.



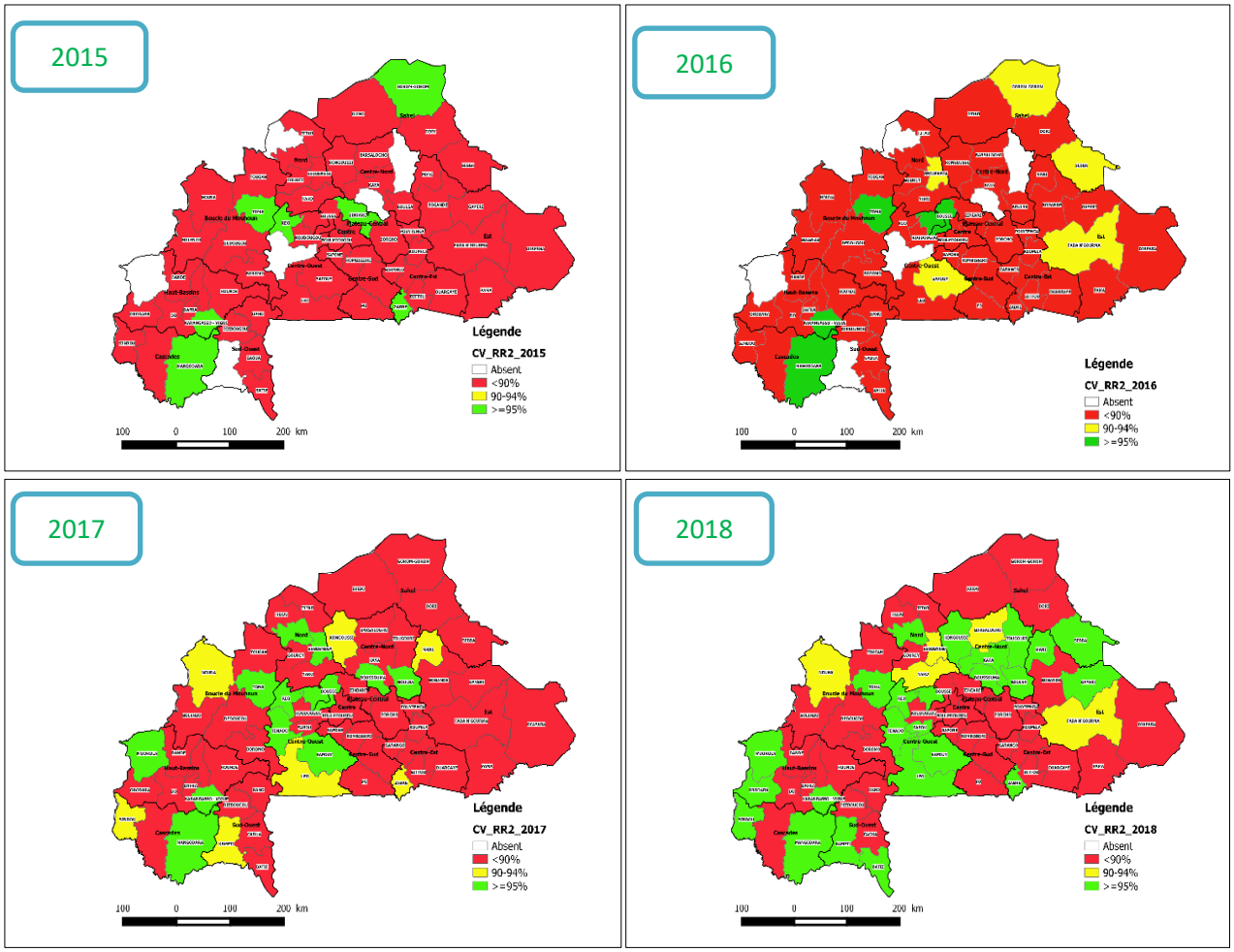
Source: Routine EPI/PDP reports

Figure n°5' : Evolution of administrative immunisation coverage in RR2 from 2015 to 2018 by health region

The North Central, West Central and Cascade regions reached a coverage of more than 90% in 2018.

Evolution of administrative vaccination coverage for RR2 by district

The following map shows the status of the VC from 2015 to 2018 at the DS level

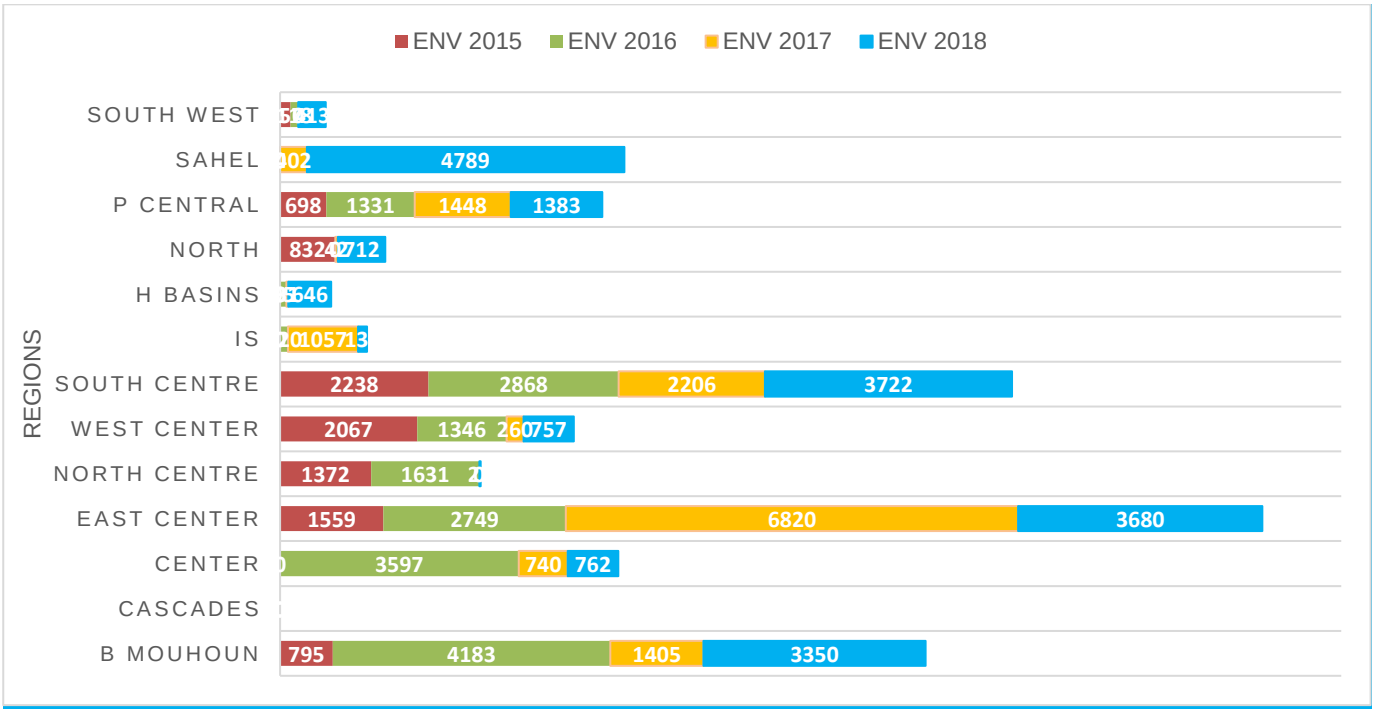


Source: *MS Administrative Data*

Figure n°5: Mapping of administrative immunisation coverage in RR2 from 2015 to 2018

Vaccination during the 2nd year of life (RR2, Men A) remains a major challenge for the programme. In 2018, only 29 districts in the Southwest, Mouhoun loop, Cascades, High Basins, West Central, East Central, North, East Central, Sahel and North Central regions recorded vaccination coverage of 90% or more for RR2.

Situation of unvaccinated or under-vaccinated children in 2015-2018



Source: MS Administrative Data

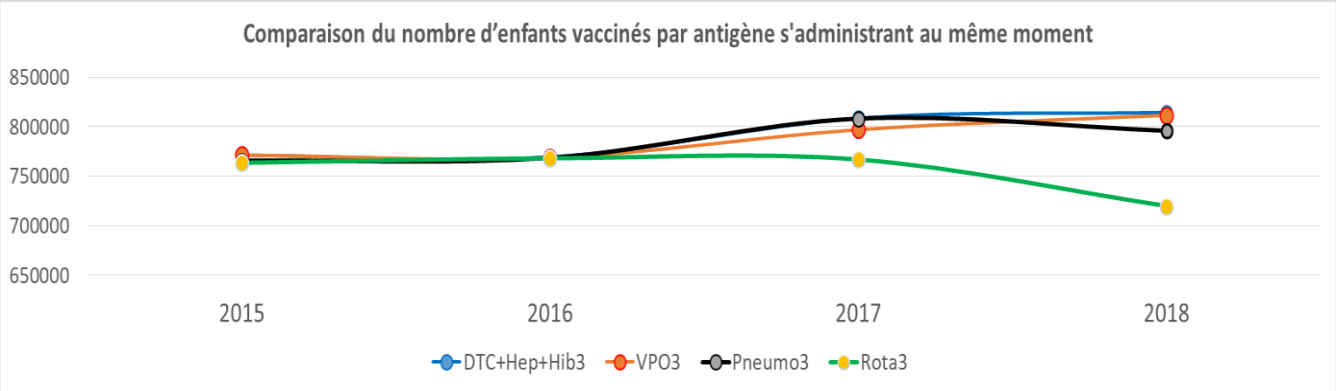
Figure n°5: Situation of children not vaccinated or under-vaccinated with DTP-HepB-Hib3 from 2015 to 2018 by region

The Central Plateau, South Central, East Central and Boucle du Mouhoun regions recorded a large number of children not vaccinated or under vaccinated for 3 consecutive years.

In 2018, the majority of children not or insufficiently vaccinated with DTP-HepB-Hib3 were registered in the Sahel (4789), South Central (3722), East Central (3680), Boucle du Mouhoun (3350), Central Plateau (1383) and Centre (762) regions.

While in 2015 and 2016 the Sahel region had not recorded any children not or insufficiently immunized, there was a significant increase from 402 children in 2017 to 4789 in 2018. This could be due to the problem of insecurity that has led to the displacement of populations and the minimal closure/operation of some health facilities.

Missed vaccination opportunities



Source: Administrative data / MS

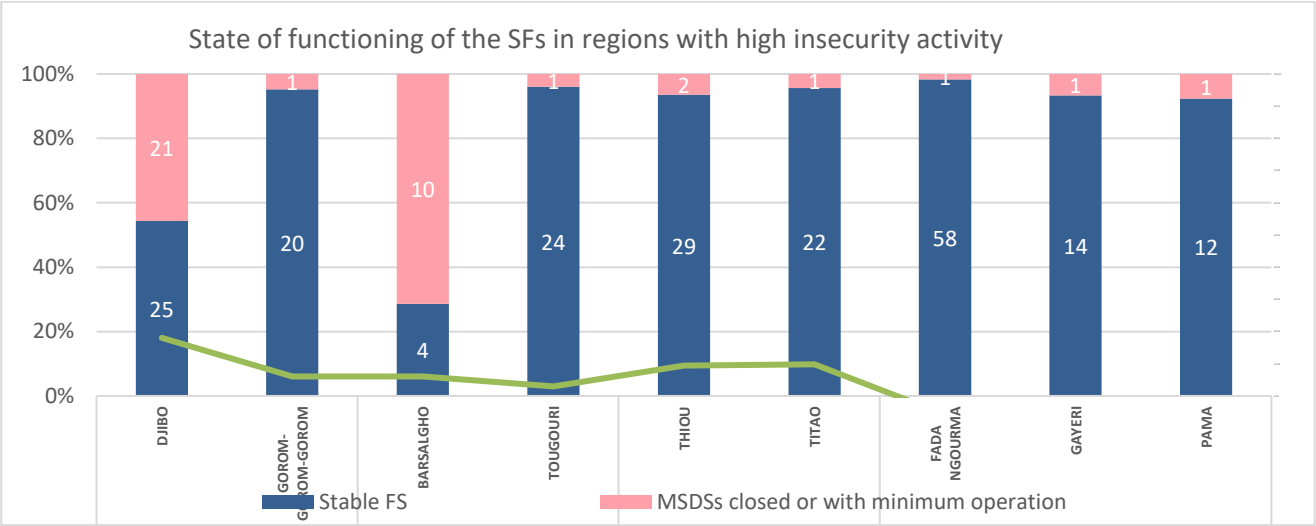
Figure 6: Comparison of the number of children who received DTP+Hep-Hib3, OPV3, Pneumo3 and Rota3 from 2015 to 2018 at the same time

There is a discrepancy between the antigens that are administered at the same time in 2017, especially in 2018 with Rota3. This would be due to international stock shortages.

Some factors associated with coverage

The phenomenon of terrorism characterized by attacks/killings of people, destruction and kidnapping of property have an impact on the accessibility of vaccination services.

The graph below shows the state of functioning of health facilities in regions heavily affected by terrorist attacks in 2018-2019.



Source: survey

Figure 7: Situation of the functioning of the SFs in the context of insecurity in 2018

The security situation is partly due to the decline in vaccination coverage in some districts, particularly in the north of the country.

Theoretical mean action radii (RMATs) of health facilities are decreasing thanks to the opening of new health facilities (from 6.8 km in 2016 to 6.4 km in 2018). It varies from 0.9 (Baskuy) to 13.9 (Pama).

This contributes to reducing the distance between health facilities and the population.

However, in 2018, 49 districts (70%) had an RMAT of more than 5 km for health facilities practising vaccination. Compared to RMAT_PMA, there are MSDSs that do not have cold chain equipment.

Providing these health facilities with cold chain vaccination equipment would help reduce the cost of the advanced routine vaccination strategy to focus on vaccination in spontaneous housing areas and IDP sites.

The table below provides an overview of the reduction in the RMAT between 2016 and 2018

Table I: Evolution of the theoretical range of public and private SFs practising vaccination compared to the theoretical range of action for the LDC in 2018

Year	FS (Public + Private)	RMAT_PMA*	FS_PEV (Public + Private)	RMAT_PEV*
2016	2 334	6,1	1 872	6,8
2017	2 435	6,0	2 017	6,6
2018	2 516	5,9	2 151	6,4

Source: *MS administrative data.*

* RMAT_PEV = theoretical mean radius of action for health facilities performing vaccination
* RMAT_PMA = theoretical mean radius of action for health facilities practicing the minimum package of activities

The theoretical mean range of action (RMAT) of health facilities offering immunization services is being reduced through the opening of new health facilities.

Fairness

- Analysis of vaccine coverage (CV) in DTP-HepB-Hib3 from 2015 to 2018:
  - ✓ Since 2015, most DS have crossed the 90% mark in DTC-HepB-Hib3;

- ✓ However, 2 DS (Sapone and Garango) in 2015 and 6 DS (Sapone, Manga and Kombissiri, Garango, Ziniaré, Djibo) in 2018 recorded administrative CVs of less than 90%;
- ✓ The DS of Sapone and Ziniaré have experienced decreasing CVs over the past 4 years.

❖ Analysis of vaccine coverage (CV) in RR1 from 2015 to 2018:

- ✓ 12 health regions (out of 13) had administrative CVs of more than 90% for RR1 over the last 4 years;
- ✓ Only the South Central region had an administrative CV of less than 90% from 2016 to 2018 and the Sahel region has experienced a decline since 2015 from 111% to 98% in 2018;
- ✓ In 2018, 8 DS (Boromo in the Boucle du Mouhoun, Gourcy in the North, Djibo in the Sahel, Ziniaré in the Central Plateau, Pouytenga in the Centre East, Sapone, Kombissiri and Manga in the Centre South) recorded less than 90% of administrative CV in RR1;
- ✓ However, over the past 4 years, the country has experienced measles epidemics with a peak in 2018: 42 DS have been affected by the epidemic.
- ✓ Also in 2018, of the 1044 samples examined, 720 suspected cases of measles were confirmed, 87% of which were not vaccinated. About 50% of confirmed cases are in the under-5 age group

❖ Analysis of CVs in the second year of life (RR2 and MenA) from 2015 to 2018:

- ✓ Vaccination during the 2nd year of life remains a major challenge for the programme despite the gradual increase in CVs (RR2 and MenA);
- ✓ In 2018, only 29 health districts in the South-West, Mouhoun loop, Cascades, High Basins, West Central, East Central, North, East, Sahel and North Central regions recorded vaccination coverage of 90% or more for RR2

❖ The Central Plateau, South Central, East Central and Boucle du Mouhoun regions have recorded a large number of children not vaccinated or under vaccinated for 3 consecutive years;

❖ In 2018, the majority of children not or insufficiently vaccinated with DTP-HepB-Hib3 were registered in the Sahel (4789), South Central (3722), East Central (3680), Boucle du Mouhoun (3350), Central Plateau (1383) and Centre (762) regions.

- ✓ The Sahel region has seen a significant increase in the number of children not or insufficiently immunized, from 402 in 2017 to 4789 in 2018.

Possible Factors/Determinants

Several factors could explain the lack of equity in immunization in Burkina Faso:

❖ the increase in insecure areas, particularly in the Sahel, Central-North, Eastern and Northern regions. This situation has led to:

- ✓ the closure of certain MSDSs or their minimum operation,
- ✓ the lack of appropriate vaccination strategies in these insecure areas;
- ✓ shortage of health personnel capable of implementing immunization activities;
- ✓ population displacement,
- ✓ difficulties in supplying vaccines to CSPSs,
- ✓ rolling logistics stolen or destroyed by terrorists,....

❖ population movements in border areas;

❖ the lack of control over the populations of spontaneously inhabited areas (unplanned areas, gold panning sites, refugee camps, etc.);

❖ the lack of advanced strategies;

❖ the inadequacy of rolling and ECF logistics;

- ❖ Existence of hard-to-reach populations;
- ❖ Existence of populations living in isolated areas and those who are constantly on the move (nomads, internally displaced persons, etc.)

A more in-depth analysis of immunization equity in the country's 70 ROs is being conducted. The results will be used to propose strategies to eliminate disparities in order to address the concern for equity in the delivery of immunization services across the country.

Surveillance of vaccine-preventable diseases (VPD) and MAPI

- **Measles surveillance: Measles case trends 2015-2018**

Over the past 4 years, the evolution of the number of measles cases has varied dramatically with a peak in 2018.

The table below shows the evolution of suspected and confirmed cases from 2015 to 2018

Table II: Suspected and confirmed cases of measles from 2015 to 2018

Status	Years			
	2015	2016	2017	2018
Suspicious cases	218	376	159	4490
Confirmed cases	83	188	37	720

Source: *MS Administrative Data*

In 2018, 4490 suspected cases of measles were reported nationally, 2011 cases were sampled and 1044 samples were examined. Of the 1044 samples, 720 cases were confirmed, 87% of which were not vaccinated.

- **Measles surveillance: distribution of confirmed measles cases by age and vaccination status in 2018**

Table III: Distribution of confirmed measles cases by age and vaccination status in 2018

Age group	Not vaccinated		1 dose		2 doses plus		Unknown vaccination status		TOTAL	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
0-8 months	30	93,8	0	0,0	0	0,0	2	6,3	32	4,4
9-11 months	29	74,4	9	23,1	0	0,0	1	2,6	39	5,4
1-4 years old	226	83,1	31	11,4	5	1,8	10	3,7	272	37,8
5-9 years	127	91,4	8	5,8	2	1,4	2	1,4	139	19,3
10-14 years old	40	88,9	2	4,4	0	0,0	3	6,7	45	6,3
15 years and over	173	89,6	8	4,1	4	2,1	8	4,1	193	26,8
Total Total	**625**	**86,8**	**58**	**8,1**	**11**	**1,5**	**26**	**3,6**	**720**	**100,0**

Source: MS Administrative Data

About 50% of confirmed cases are in the under-5 age group.

- **Measles Surveillance: Measles Performance Indicators**

Table IV: Evolution of measles surveillance indicators from 2015 to 2018

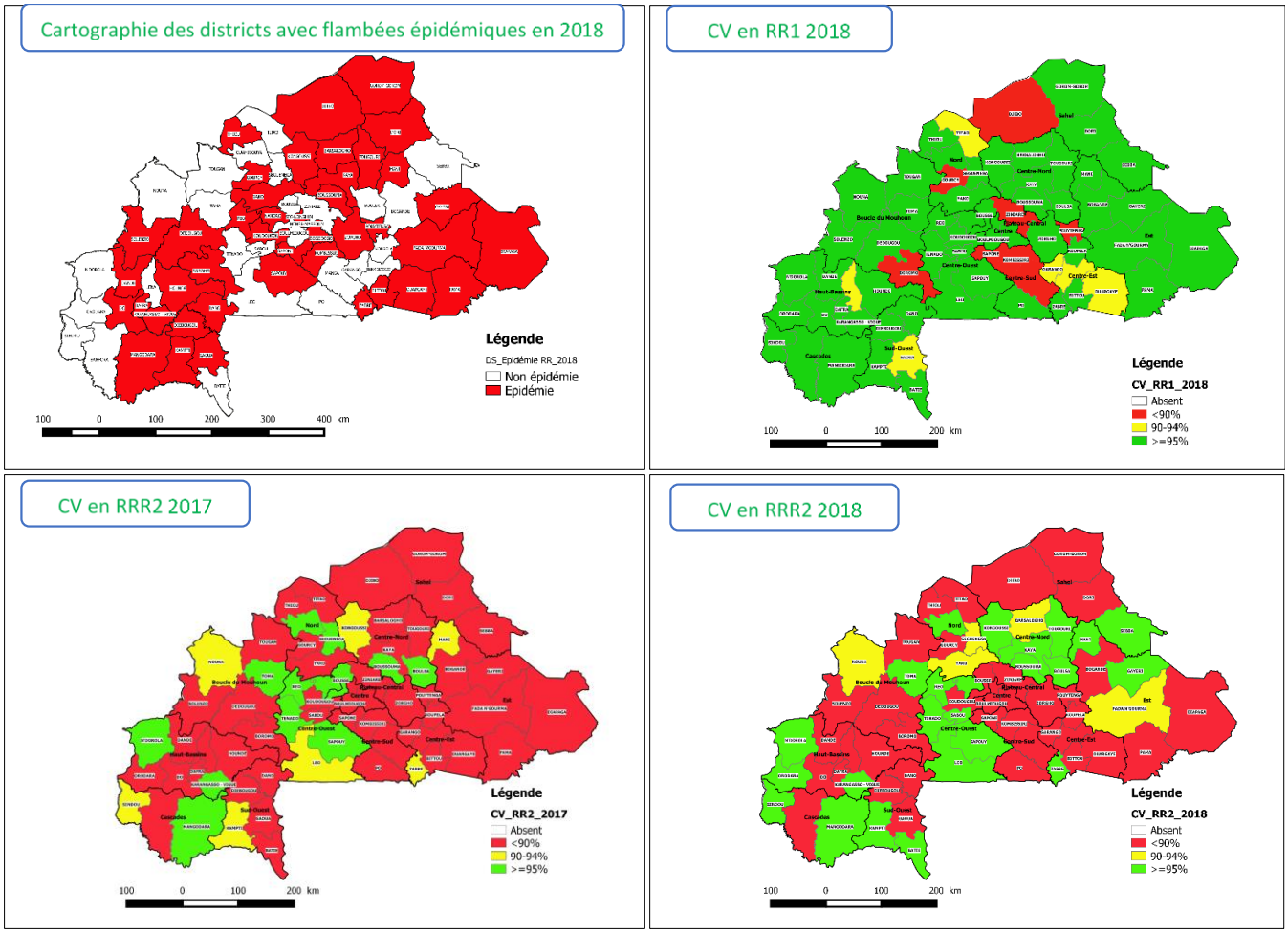
INDICATORS	Standard	2015	2016	2017	2018
of ROs who reported and collected at least 1 suspected case of measles	≥ 80%	76%	66%	74%	97%
of cases sampled	80%	87%	91%	96%	45%
% of confirmed cases	< 10%	38%	50%	20%	36%

Rate of non-measles eruptive febrile diseases	≥ 2 per 100,000	0,73	0,99	0,62	6, 38

Source: MS Administrative Data

From 2017 to 2018, the number of silent districts in the reporting of suspected measles cases increased from 26% to 3%.
The rate of non-measles eruptive febrile fever has also increased from less than 1 in previous years to 6 per 100,000 population in 2018.

- **Measles surveillance: Outbreak triangulation and vaccination coverage**



Source: MS Administrative Data
Figure 8: Mapping of RR1 and RR2 vaccine coverage and measles outbreak in 2018

- **Measles surveillance: Districts and measles outbreaks**

Since 2015, the country has been experiencing measles outbreaks and the largest in the last 5 years is 2018 with 4490 cases.
The table below shows the situation of districts that experienced outbreaks from 2015 to 2018.

Table V: Situation of districts that experienced measles outbreaks from 2015 to 2018

District	2015	2016	2017	2018
Banfora	1	1		
Barsalgho		1		1
Bittou				1
Bogand		1		
Bogodogo				1
Boromo				1

Boussouma				1
Dafra				1
Dande				1
Dano				1
Dedougou				1
Diapaga				1
Diebougou				1
Djibo		1	1	1
Do				1
Dori	1		1	1
Fada Ngourma		1		1
Gaoua	1			1
Gayeri				1
Gorom-Gorom		1		1
Gourcy				1
Houndé				1
Kampti			1	1
Karangasso-Vigué				1
Kaya				1
Kombissiri				1
Kongoussi		1	1	1
Koudougou				1
Mangodara		1		1
Manni		1		1
Nanoro				1
Ouargaye				1
Pama				1
Pouytenga		1		1
Reo				1
Sapone				1
Sapouy			1	1
Seguenega		1		
Sig-noghin				1
Solenzo				1
Tiou				1
Tougouri				1
Yako				1
Zabre				1
Zorgho				1
TOTAL	3	11	5	42

Source: MS Administrative Data

In 2018, 60% of health districts experienced outbreaks of measles cases.

For the past three years, the health districts of Djibo and Kongoussi have experienced consecutive outbreaks.

- **AFP monitoring: Evolution of monitoring indicators**

Table VI: Evolution of tracer indicators for AFP surveillance from 2015 to 2018

INDICATORS	Standard	2015	2016	2017	2018
POLIO					
Non-polio AFP rate per 100,000 children under 15 years of age	>=2	3,21	2,97	3,33	3,80
Percentage of AFP cases with samples collected within 14 days of onset of paralysis	>=80%	91%	92%	90%	89%

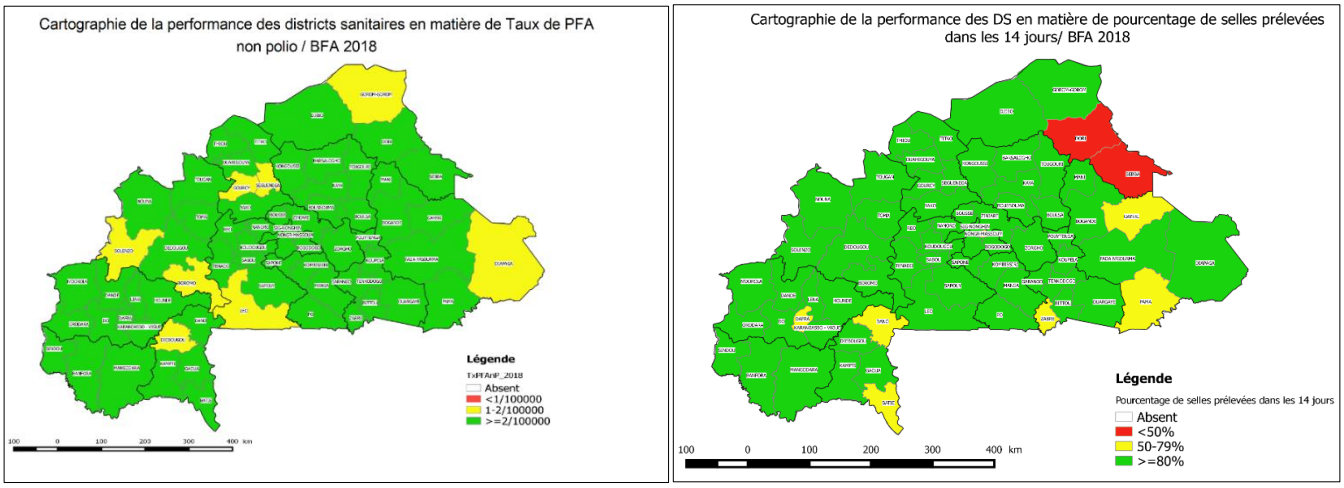
Percentage of health regions that have achieved the two major AFP surveillance indicators	>=80%	97%	100%	92%	92%

Source: MS Administrative Data

The two major AFP surveillance indicators were achieved in 12 of 13 regions in 2017 and 2018 (regions that did not achieve the 2 major indicators: Central Plateau in 2017 and Sahel in 2018). For the Sahel region, the start of the AVADAR project in two health districts has improved the sensitivity of case detection but has had an impact on the time required to collect samples due to the sweep of former cases.
No district remained silent on the notification of AFPs in 2018.

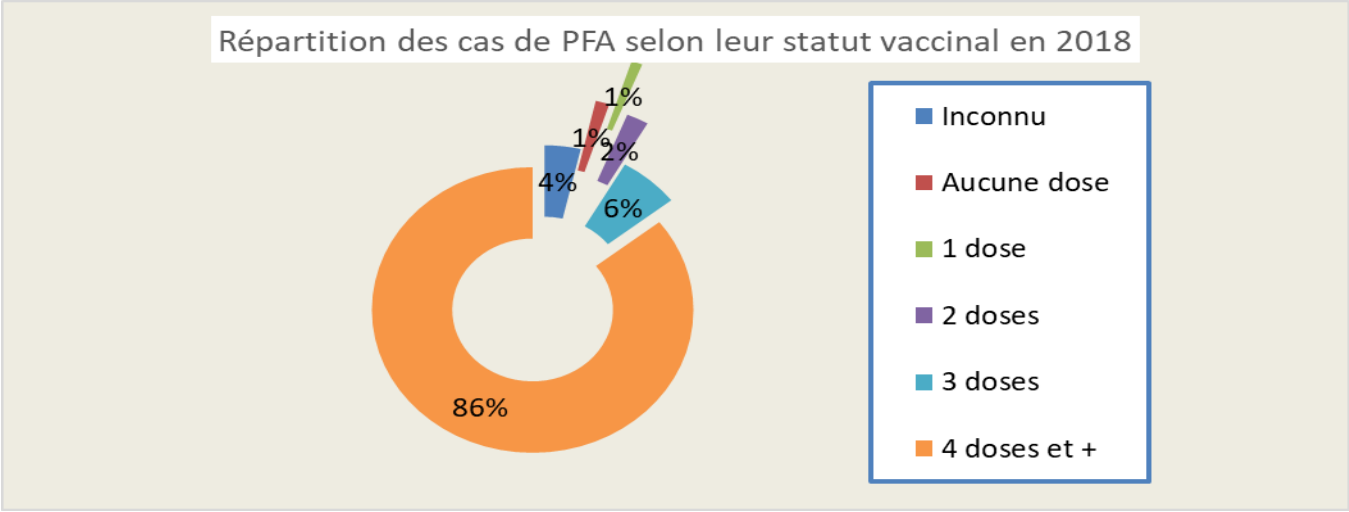
- **AFP monitoring: NFPFP levels and % of stool within 14 days**

The level of DS performance in terms of non-polio AFP rates and the percentage of stool within 14 days is shown in the graph below:



Source: MS Administrative Data
Figure 10: Rate of non-polio AFP and percentage of stool within 14 days by DS in 2018

- **AFP surveillance: Vaccinal status of AFP cases.**



Source: MS Administrative Data
Figure 10: Vaccination coverage of AFP cases in 2018

About 92% of AFP cases received at least 3 doses of OPV through routine vaccination or during polio SIAs.

- **Monitoring of MAPI: MAPI notified by degree.**

The table below shows the evolution of reported MAPI cases by severity level.

Table VII: Evolution of reported MAPI cases by severity level

Indicators	Period of time			
	2015	2016	2017	2018
Total number of minor MAPI cases reported	16 192	15 801	15 218	38407
Number of serious MAPI cases reported	7	1	2	77
Number of serious MAPI cases reported and investigated	7	1	2	4
MAPI reporting ratio per 100,000 surviving infants per year	2 210	2 114	1 997	4 942

Source: MS Administrative Data

There has been a gradual increase in the reporting of minor and serious MAPI cases from 2015 to 2018, and the very high number of serious MAPI cases in 2018 is believed to be due to several reasons, including data entry errors in some ROs (Ouahigouya RO).

4.2. Main factors for sustainable coverage and equity

*Please briefly summarize the health systems and programmes that determine levels of coverage and equity, based on the main areas indicated below, **focusing on developments and changes since the last joint assessment**. For districts/communities identified as having poor performance, explain the evolution of the main barriers to improving coverage and improving programme sustainability[6]. If there are no updates, please indicate the reason.*

- ***Health personnel:** availability, skills and distribution of health personnel.*
- ***Supply chain: supply chain** integration, planning and forecasting, key results of the latest EVG plan and implementation of the EVG Improvement Plan, as well as progress on the five fundamentals of the supply chain[7]. This section could be documented by the dashboards and tools available, such as the Vaccine Supply Chain Management dashboard, which links the VEM Maturity Scorecard and DISC (Vaccine Supply Chain Dashboard) indicators.*
- ***Service delivery and demand generation[8]:** key results related to service quality improvement and community engagement strategies, access, availability and readiness of primary health care/immunization services, integration and cost-effectiveness strategies, demand generation strategies for immunization services, immunization schedules, etc.*
- ***Barriers related to gender inequality faced by carers[9]:** Please indicate the barriers that caregivers face in getting children vaccinated and in planning or implementing interventions (through Gavi or other funds), in facilitating access to vaccination services for women for their children (e.g. flexibility of vaccination services to adapt to women's working hours, women's health education on the importance of vaccination and social mobilization of fathers, the increasing number of women working in the health sector, etc.).*
- ***Data/information system:** Strengths and challenges related to vaccine data (routine data collection and reporting system, integration with the health information system, regular surveys, targeted surveys, data quality, data use, linkages with surveillance systems) at national and subnational levels.*
- ***Leadership, management and coordination: Drawing** on the results of the programme capacity assessment and/or other evaluations, please describe the main bottlenecks related to the management of the immunization programme. This includes the performance of national/regional/district EPI teams and health teams responsible for managing immunisation (e.g. structural, staff or capacity challenges): use of data for analysis, management and supervision of immunisation services; coordination of planning, forecasting and budgeting, coordination on regulatory aspects, and broader sectoral governance issues.*
- ***Other critical aspects:** any other identified aspects, for example based on the cMYP, EPI review, coverage and equity assessment, post-introduction evaluation, GEV or any other national plan, or the main results from the available independent evaluation reports[10].*

[6] You can find relevant topics for discussion on specific strategic areas in the Programming Tips, available on the Gavi website at: http://www.gavi.org/support/process/apply/additional-guidance/

[7] More information can be found at this address: http://www.gavi.org/support/hss/immunisation-supply-chain/

[8] For advice on how to generate demand, visit https://www.gavi.org/library/gavi-documents/guidelines-and-forms/programming-guidance---demand-generation/

[9] For more program-related tips, visit http://www.gavi.org/support/process/apply/additional-guidance/#gender Barriers related to gender inequality are barriers (to access and use of health services) that arise from social and cultural norms about the roles of men and women. Women often have limited access to health services, and are therefore unable to get their children vaccinated. They may face barriers such as lack of education or decision-making power, low socio-economic status, inability to leave their homes freely, lack of access to medical facilities, negative exchanges with health professionals, lack of involvement of the father in health issues, etc.

[10] Where applicable, full country assessments (relevant for Bangladesh, Mozambique, Uganda and Zambia) and technical assistance assessments (conducted for priority countries at EFP Gavi levels 1 and 2).

Health personnel (availability, skills and distribution of staff)

In terms of health personnel, we can note

Strengths :

- Progress made in training staff on EPI management at all levels: 100% of EPI managers in the regions and districts, 2 agents / health training
- Supervision carried out in 8 low-performance districts
- Implementation of supervision in 10 health districts implementing the strategy to reduce missed immunization opportunities

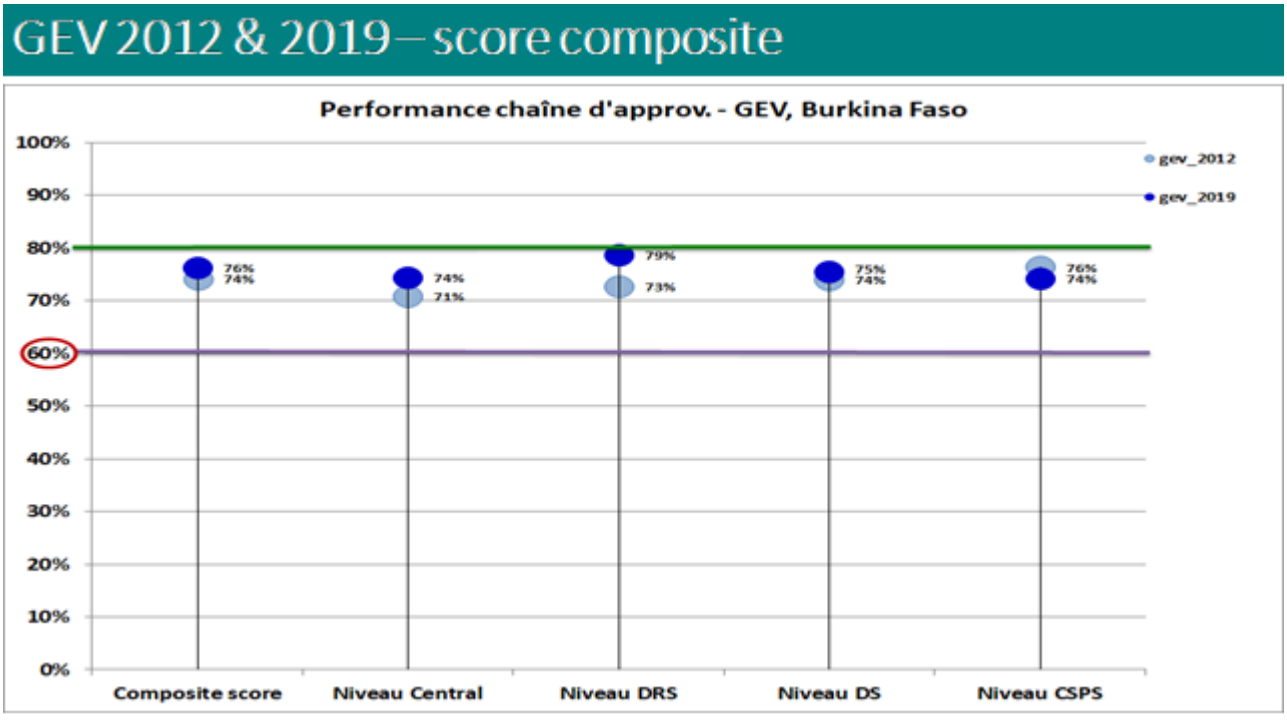
Weaknesses:

- Insufficient implementation of integrated supervision (1/2 in 2018 compared to 2/2 in 2017)
- Decrease in staff availability in health centres (15.2% of health facilities did not meet minimum staff standards in 2018 compared to 9% in 2017)
- Unequal distribution of staff in favour of urban areas at the expense of rural areas.
- Insufficient competence in EPI management at the decentralized level
- Insufficient competence in the use of data for decision-making at the decentralized level
- Insufficient local expertise in equity, monitoring and M&E at all levels
- Insufficient continuous training at all levels

Supply chain management

The planning and forecasting of vaccine and consumable needs is based on the Forecast, which is a tool for estimating vaccination input needs.
For the estimation and planning of cold chain equipment needs, an inventory tool is used.
The country conducted a GEV in 2019 to confirm progress, update the gap improvement plan and assist the country in implementing the CCEOP deployment. Compared to the 2012 GEV, the composite score increased from 74% to 76% in 2018, an increase of 2 points. The graph below summarizes the overall results obtained:

Following the GEV evaluation report, an improvement plan was developed and sent on May 30, 2019 to the country currently being implemented.
Supply chain management has made significant progress in the last two years through the strengthening of the skills of EPI actors (training, supervision and controls) at all levels on inventory management, cold chain and maintenance.
This is reflected in the results of the GEV evaluation in these areas.
Standard Operating Procedures have been developed for EPI actors to improve supply chain management.



Provision of services

Between 2018 and 2019, progress was made in the provision of services. These include, in particular:

- an improvement in the geographical accessibility of services with an average range of action increased from 6.8 to 6.4 between 2015 and 2018;
- the continued implementation of the OMV reduction strategy in 10 SDs contributed to the improvement of vaccine supply;
- the introduction of IPV in routine immunization in July 2018;
- the organization of a measles vaccination response campaign in 26 epidemic health districts in July 2018;
- the organization of a vaccination campaign against *NmC* meningitis in 3 epidemic health districts in 2019 (Diapaga and Gayéri in the Eastern region and Sebba in the Sahel region);
- better participation of all stakeholders in vaccination activities (municipalities-community-civil society...).

As part of the deficiencies:

- Insufficient implementation of advanced strategy vaccination activities related to the security context and insufficient number of motorcycles.
- the insufficient involvement of the ASBCs in vaccination activities, particularly in the organisation of vaccination sessions and the search for those who are lost to follow-up or children absent from vaccination

Demand generation

The programme registered 22849 unvaccinated or under-vaccinated children. This could be explained by the lack of awareness among parents, insufficient implementation of the advanced strategy in some health districts, and the absence of CSOs in the field during the period. In response to these shortcomings in 2018, the Directorate of Vaccination Prevention intensified communication activities in favour of vaccination. These included, in particular,:

- Community involvement in the implementation of immunization activities through community-based health workers (CBHAs), which has contributed to increasing the demand for immunization.
- Cascading training, among others, in interpersonal communication (IPC), rumour management and MAPI for immunization stakeholders, including ASBCs and COGES members during campaigns or when new vaccines are introduced.
- Training of 83 communication officers from 13 regions and 70 districts in Communication for Development (C4D)

STRONG POINTS

- Availability of competent personnel in the regions and health districts to carry out communication activities effectively
- Implementation of after-sales service, which has made it possible to catch up with more than 2000 children
- Production of a Santé Mag program on vaccination
- Community involvement in the implementation of immunization activities
- Capacity building of ASBCs and SMC members in Interpersonal Communication
- Conducted advocacy meetings/visits with 437 community leaders between the last quarter of 2018 and the first quarter of 2019.

  Recruitment of associations for the benefit of certain health districts to carry out population mobilization actions in favour of vaccination
- Development and broadcasting of radio and television spots to inform the population about vaccination-related events
- Development and dissemination of communication tools

LOW POINTS

- Insufficient funding for the implementation of routine communication activities in health regions and districts
- Insufficient collaboration with the media to raise community awareness
- Insufficient funding for the implementation of after-sales service in all 70 districts

- Insufficient educational tools and materials for the EPI in health regions and districts
- Insufficient funding for the implementation of post-training supervision of health workers
- Low capitalisation of communication data
- Persistence of children not or insufficiently vaccinated

Barriers related to gender inequality faced by carers

- Insufficient consideration of women's activities in the planning of vaccination sessions
- Women's weak autonomy in decision-making
- Low male involvement in immunization

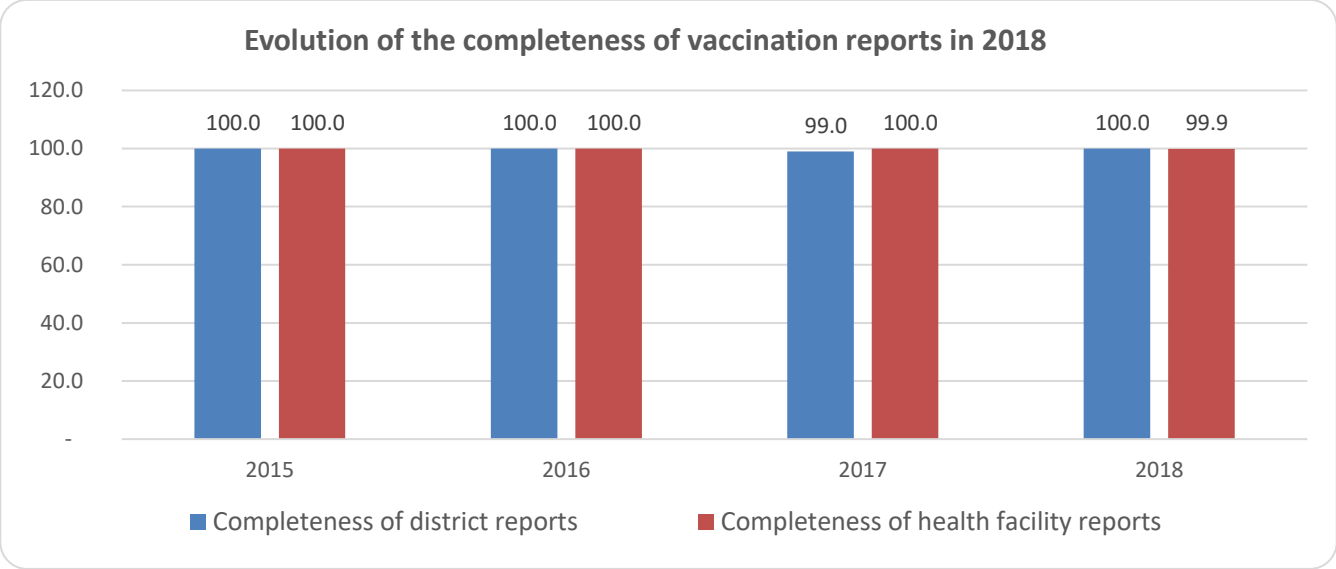
Data/Information System

Data/Information System

Data quality

- **Data quality:** Completeness and timeliness of reports

Evolution of the completeness of reports from 2015 to 2018 at the national level



Source: MS Administrative Data

Figure 11: Completion of vaccination reports in 2018

The completeness of the data is relatively satisfactory (about 100%) over the last 4 years. However, the timeliness of health facility reports remains a challenge (less than 50% in 7 districts: Do (44.7%), Dori (43.5%), Léo (36.7%) Ouargaye (37.6%) Pouytenga (19.2%), Sig-Noghin (37.6%) and Yako (41.2%)).

Table VIII: Completeness and timeliness of reports in 2018

Nb.	Measurement	National Rate	Districts with a rate below the threshold	
			Number of people	%
1a	Completeness of district reports	100,0%	0	0%
1b	Promptness of district reports	97,4%	6	8,6%
1c	Completeness of health facility reports	99,9%	6	8,6%
1d	Promptness of health facility reports	82,1%	32	45,7%

Source: MS Administrative Data

Completeness is almost 100% for health centres and districts. However, 6 districts (Barsalgho, Bogandé, Djibo, Koupela, Léo, Séguénéga) have health facilities whose reports for some months are not received/ seized in time at the district.
In addition, 6 other districts (Do, Gaoua, Koudougou, Ouargaye, Sig-Noghin, Titao) were late in entering reports into DHIS2.

Measure 2a: Identification of outliers

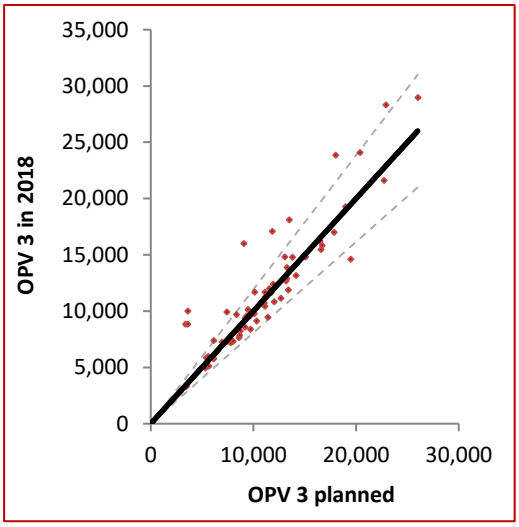
- **Data quality:** Internal consistency of reported data

Measure 2a.1: Extremely outliers (≥3 standard deviations of the mean)				**2018**
The program and the indicator	National Score	Districts with outliers extreme in relation to the average		
	%	No.	%	District Names
Immunization - OPV 3	0,1%	1	1,4%	SHOW SLIDE
Immunization - DTP-HepB-Hib 3	0,0%			-
Immunization - VAA	0,0%			-

Measure 2b: Consistency of data from year to year

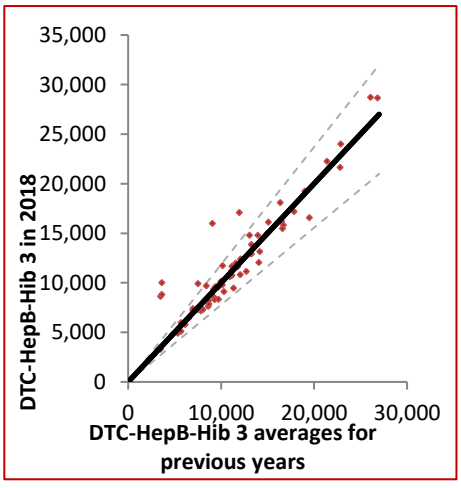
- **Data quality:** Consistency of data from year to year

2b1: Consistency of OPV data 3	
Year	2018
Expected trend	Growing
Compare the districts to:	Expected outcome
Threshold: % maximum difference between the district ratio and the national ratio	20%
Ratio of the 2018 national value to the average national value for the previous 3 years	101%
Number of districts with diverging scores	11
of districts with diverging scores	16%
Names of districts with diverging scores	
BOGANDE, BOGODOGO, BOULSA, DIAPAGA, DJIBO, GAYERI, KAYA, ORODARA, OUAHIGOUYA, POUYTENGA, REO	



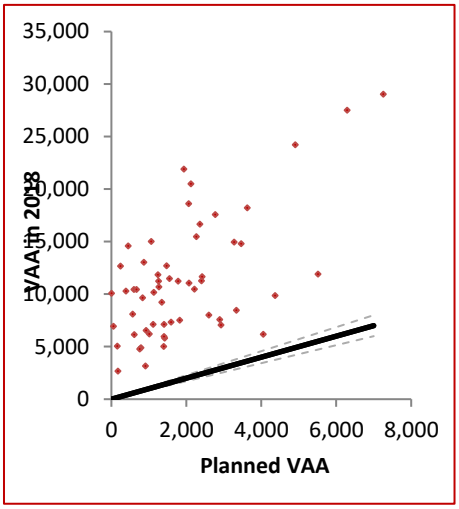
- **Data quality:** Consistency of data from year to year

2b2: Consistency of DTC-HepB-Hib 3 data	
Year	2018
Expected trend	Growing
Compare the districts to:	Expected outcome
Threshold: % maximum difference between the district ratio and the national ratio	20%
Ratio of the 2018 national value to the average national value for the previous 3 years	104%
Number of districts with diverging scores	10
of districts with diverging scores	14%
Names of districts with diverging scores	
BOULSA, BOUSSOUMA, DJIBO, KAMPTI, N'DOROLA, REO, SABOU, TENADO, THIOU, TOUGOURI	



- **Data quality:** Consistency of data from year to year

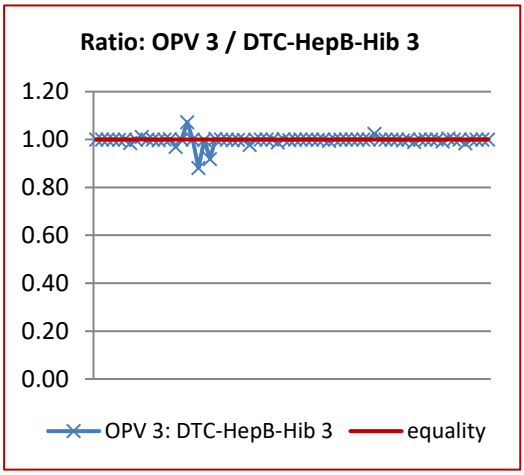
2b3: Consistency of VAA data	
Year	2018
Expected trend	Growing
Compare the districts to:	Expected outcome
Threshold: % maximum difference between the district ratio and the national ratio	20%
Ratio of the 2018 national value to the average national value for the previous 3 years	767%
Number of districts with diverging scores	69
of districts with diverging scores	98,6%
Names of districts with diverging scores	
BANFORA, BARSALGHO, BASKUY, BATIE, BITTOU, BOGANDE, BOGODOGO, BOROMO, BOULMIOUGOU, BOULSA, BOUSSE, BOUSSOUMA, DAFRA, DANDE, DANO, DEDOUGOU, DIAPAGA, DIEBOUGOU, DJIBO, DO, DORI, FADA NGOURMA, GAOUA, GARANGO, GAYERI, GOROM-GOROM, GOURCY, KAMPTI, KARANGASSO-VIGUE, KAYA, KOMBISSIRI, KONGOUSSI, KOUDOUGOU, KOUPELA, LENA, LEO, MANGA, MANGODARA, MANNI, NANORO, N'DOROLA, NONGR-MASSOM, NOUNA, ORODARA, OUAHIGOUYA, OUARGAYE, PAMA, PO, POUYTENGA, REO, SABOU, SAPONE, SAPOUY, SEBBA, SEGUENEGA, SIG-NOGHIN, SINDOU, SOLENZO, TENADO, TENKODOGO, THIOU, TITAO, TOMA, TOUGAN, TOUGOURI, YAKO, ZABRE, ZINIARE, ZORGHO	



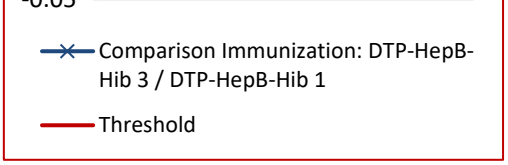
Measure 2c: Consistency between the associated indicators

- **Data quality:** Consistency between associated indicators

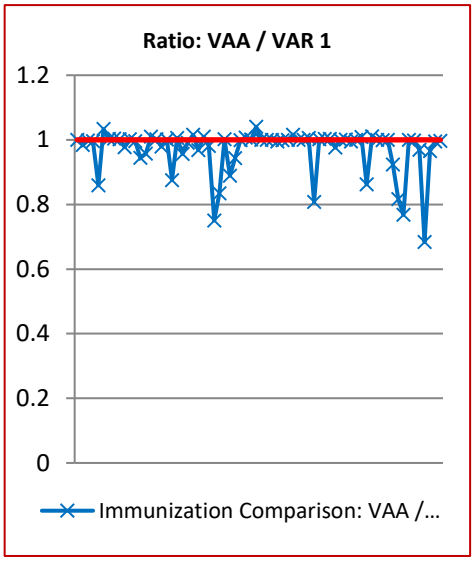
2c1: Comparison Immunization: OPV 3 / DTP-HepB-Hib 3	
Year	2018
Expected relationship	ind 1 > ind 2
Compare the districts to:	National result
Threshold: % maximum difference between the actual and expected ratio	20%
Ratio of the national value of OPV 3 to the national value of DTP-HepB-Hib 3	100%
Number of districts with diverging scores	24
of districts with diverging scores	34,3%
Names of districts with diverging scores	
BITTOU, BOGODOGO, BOROMO, BOUSSOUMA, DANO, DJIBO, DO, DORI, GAYERI, GOROM-GOROM, GOURCY, HOUNDE, KAYA, KONGOUSSI, KOUPELA, MANNI, N DOROLA, OUAHIGOUYA, SEBBA, SIG-NOGHIN, TENKODOGO, THIOU, TOUGOURI, YAKO	



2c2: Comparison Immunization: DTP-HepB-Hib 3 / DTP-HepB-Hib 1	
Year	2018
Expected relationship	Dropout rate
Compare the districts to:	National result
Threshold: % maximum difference between the actual and expected ratio	20%
Ratio of the national value of DTP-HepB-Hib 3 to the national value of DTP-HepB-Hib 1	3%
Number of districts with diverging scores	7
of districts with diverging scores	10%
Names of districts with diverging scores	
BOGAND, BOUSSOUMA, KOMBISSIRI, LEO, OUAHIGOUYA, PO, SAPONE	



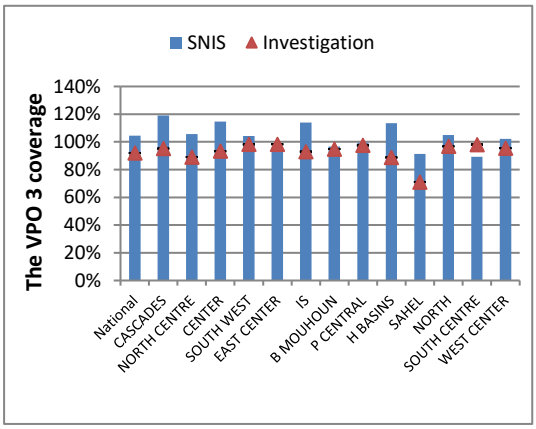
2c3: Comparison Immunization: VAA / VAR 1	
Year	2018
Expected relationship	ind1 > ind2
Compare the districts to:	Expected outcome
Threshold: % maximum difference between the actual and expected ratio	20%
Ratio of the national value of VAA to the national value of VAR 1	97%
Number of districts with diverging scores	36
of districts with diverging scores	51%
Names of districts with diverging scores	
BARSALGHO, BASKUY, BATIE, BITTOU, BOULSA, BOUSSOUMA, DAFRA, DANDE, DIAPAGA, DJIBO, DORI, FADA NGOURMA, GARANGO, GOROM-GOROM, GOURCY, HOUNDE, KARANGASSO-VIGUE, KAYA, KOMBISSIRI, MANGODARA, MANNI, NOUNA, OUAHIGOUYA, POUYTENGA, SAPONE, SEGUENEGA, SOLENZO, TENKODOGO, THIOU, TITAO, TOUGAN, TOUGOURI, YAKO, ZABRE, ZINIARE, ZORGHO	



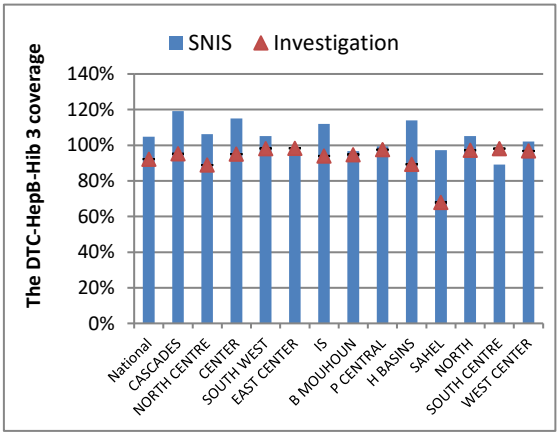
Indicator 3a: Comparison of routine data with survey values of populations from the same period

- **Data quality:** External comparison

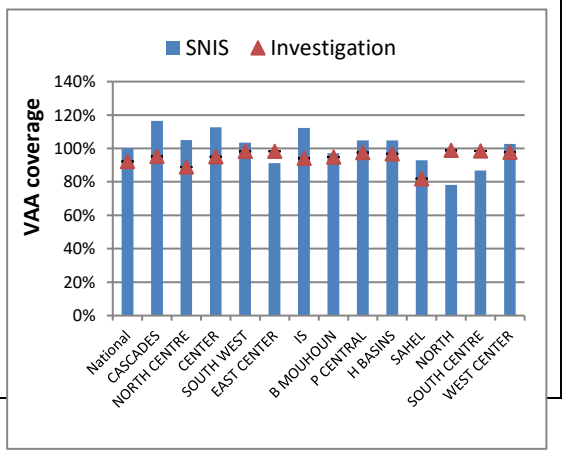
3a1: Consistency between 2018 OPV 3 coverage based on 2018 OPV 3 and 2015 survey coverage	
Year	2018
Threshold: % difference between estimates	10%
National coverage based on SNIS data / National coverage measured by the survey	114%
Number of regions with diverging estimates	6
of regions with diverging estimates	46,2%
Names of regions with different estimates:	
WATERFALLS, NORTH CENTER, CENTER, EAST, H BASINS, SAHEL	



3a2: Consistency between coverage based on 2018 DTP-HepB-Hib 3 and 2015 survey coverage	
Year	2018
Threshold: % difference between estimates	10%
National coverage based on SNIS data / National coverage measured by the survey	114%
Number of regions with diverging estimates	6
of regions with diverging estimates	46,2%
Names of regions with different estimates:	
WATERFALLS, NORTH CENTER, CENTER, EAST, H BASINS, SAHEL	



3a3: Consistency between 2018 VAA-based coverage and 2015 survey coverage	
Year	2018
Threshold: % difference between estimates	10%
National coverage based on SNIS data / National coverage measured by the survey	105%
Number of regions with diverging estimates	7
of regions with diverging estimates	53,8%
Names of regions with different estimates:	
WATERFALLS, NORTH CENTRAL, CENTRAL, EAST, SAHEL, NORTH, SOUTH CENTRAL	



Leadership, management and coordination
There is a clear political commitment to

- the positioning of vaccination as one of the strategies for achieving the objectives of the PNDES through the "pact to accelerate the reduction of maternal and infant mortality and to promote adolescent health".
- the acceptance of the President of Faso as Global Immunization Champion, thus reflecting the interest in immunization
- the commitment of the Burkinabe Head of State to promote vaccination during the second year of life.
- Support of the Head of State during the introduction of IPV in routine immunization
- Laying the first stone of the construction of the EPI warehouse
- Satisfactory functioning of the statutory consultation frameworks:
  - Inter-Agency Coordination Committee (IACC): regular meetings (2018: 7 meetings held)
  - The EPI Technical Support Committee (CTA - EPI): holding of meetings: 2017 : 8/12; 2018 : 7/12
  - Governing Council: regular meetings: 2016 : 12/12 ; 2017 : 12/12 ; 2018 : 11/12
- Better involvement of TFPs in the preparation and implementation of statutory frameworks
- Involvement of municipalities in the management of traveller vaccination and the EPI.

Weaknesses:

- Weak involvement of some SD and CSPS managers in the management of the programme
- Inadequate use of vaccination and surveillance data for decision-making
- Failure to hold decentralized meetings
- Insufficient quantitative and qualitative supervision at all levels
- Insufficient allocation of resources for optimal functioning of the NITAG

Other critical aspects

4.3. Financing of immunisation[11]

Please provide a brief overview of the main issues related to the planning, budgeting, allocation, disbursement and implementation of health and immunization funds. Please take into account the following aspects:

- ***Availability of timely and accurate information for planning/budgeting (e. g. quantification of vaccine needs** and price data), availability of **annual** and **medium-term immunization operational plans and budgets**, indicating whether they fit into the broader national plan/ budget, their link to micro-planning processes and how they are reflected in national public health financing frameworks.*
- ***Allocation of sufficient resources in national health budgets for immunization programmes/services**, whether for Gavi or other vaccines, as well as operational and service delivery costs. Explain to what extent the national health plan/budget incorporates these costs, which partners could provide funding for traditional vaccines and any measures taken to increase national resources allocated to immunization. In the event of a co-financing default in the past three years, describe the mitigation measures implemented to avoid any further such default in the future.*
- ***Timely disbursement and implementation of resources:** to what extent are funds allocated for immunization activities (including immunization and other costs) made available and allocated on time at all levels (e. g. country, provincial, district)?*

[11] Further information and advice on immunisation financing is available on the Gavi website: https://www.gavi.org/support/process/apply/additional-guidance/#financing

- ***Adequate reporting on*** *health and immunization financing and reliable information on financing available in a timely manner to improve decision-making.*

5. PERFORMANCE OF GAVI DGESS + PADS SUPPORT

5.1. Performance of Gavi's HSS support (for the countries concerned)

Provide a brief analysis of the performance of Gavi support for HSS during the reporting period.

- ***Progress in the implementation of the HSS grant against*** *objectives, budget and work plan, and significant deviations from plans (e.g. implementation delays, low expenditure rates, etc.),* ***using the table below****.*

Objective 1: Strengthen coordination, monitoring and evaluation of the health system from 2018 to 2022	
Objective of the HSS grant (in accordance with HSS proposals or PSR)	
Priority geographical/population groups or coverage and equity constraints addressed by the objective	
of activities carried out/ budget usage	55% of the budget was used to implement the activities under this objective
Main activities implemented and review of progress in implementation, including key successes and results/ activities not implemented or delayed/ financial absorption	- Support the operation of the Grant Management Unit (GMDU) in 2018 - Carry out quarterly monitoring outputs on the implementation of GAVI'HSS activities in 2018 - Support the implementation of the financing sessions of the annual action plans of the Ministry of Health structures in 2018 - Contribute to the payment of salaries of PADS staff from March to May 2018
Main activities planned for the coming period (indicate significant changes/reallocations of the budget and related **changes in technical assistance**)**Error! Bookmark not defined.**	- Conduct an internal mid-term evaluation of the proposal in 2020 - Organize a meeting of the framework for dialogue between civil society, the private health sector and the Ministry of Health as part of the strengthening of immunization activities in 2019
Goal 2: Improve immunization service delivery by increasing the proportion of districts with 100% of children fully immunized from 55.5% to 90% by the end of 2022	
Objective of the HSS grant (in accordance with HSS proposals or PSR)	
Priority geographical/population groups or coverage and equity constraints addressed by the objective	
of activities carried out/ budget usage	87% of the budget was used to implement the activities under this objective
Main activities implemented and review of progress in implementation, including key	- Support biannually the implementation of specific supervision on the EPI at the DRS, DS and private health care structures level in 2018

successes and results/ activities not implemented or delayed/ financial absorption	- Carry out advanced strategy vaccinations in 990 CSPSs in 28 districts with low vaccination coverage and 7 new DS (gold panning and refugee sites, cropping hamlets, cross-border areas, markets,...) in 2019 - Organize in 03 5-day sessions of 5 days a training course for EPI and CISSE managers of DRS and DS on the management of the EPI in 2018 - Conduct IEC/CCC sessions for populations in the 28 low-performing health districts and the 7 new districts on immunization in 2019 - Promote vaccination during the 2nd year of life
Main activities planned for the coming period (indicate significant changes/reallocations of the budget and related **changes in technical assistance**)[Error! Bookmark not defined.]	- Organize quarterly an ordinary session of the National Vigilance Commission and the Vigilance Committee for Vaccines and Other Biological Products in 2019, 2020 and 2022 - Conduct 2 immunization advocacy meetings with religious, customary and community leaders from 28 low-performing health districts and 7 new health districts in 2019 - Acquire 08 supervision vehicles (2 car stations and 6 double cab pickup trucks) for the benefit of the DPV (2), the DS (5) and civil society (1) in 2020
Objective 3: Increase the concordance index of routine immunization data from 93.6% to 97% by the end of 2022	
Objective of the HSS grant (in accordance with HSS proposals or PSR)	
Priority geographic/population groups or coverage and equity constraints addressed by the objective	
of activities carried out/ budget usage	74% of the budget was used to implement the activities under this objective
Main activities implemented and review of progress in implementation, including key successes and results/ activities not implemented or delayed/financial absorption	- Train 15 new officers from each district in filling out SNIS tools in a 3-day session in 2018 - Develop an operational plan for improving data quality in 2018 - Achieve an integrated QRAD at the national level in 2018
Main activities planned for the coming period (indicate significant changes/reallocations of the budget and related **changes in technical assistance**)[12]	- Carry out a semi-annual DQS at the level of DRS and DS in 2019 - Ensure the reproduction of SNIS and EPI data collection supports and tools at the health district level in 2019, 2020 and 2022
Objective 4: Strengthen vaccine, consumables and logistics supply chain management at all levels	
Objective of the HSS grant (in accordance with HSS proposals or PSR)	
Priority geographic/population groups or coverage and equity	

[12] When technical assistance needs are specified, it is not necessary to include elements related to requests in terms of resources. These will be discussed as part of the planning for targeted country assistance (TCA). The planning of the TCA will be documented by the needs identified in the JA. However, technical assistance needs should describe, to the extent then known, the type of assistance required (staff, consultants, training, etc.), the technical assistance provider (main/extended partner), a measure of the assistance required in quantity/duration, its modalities (integrated, subnational, management, etc.) and any relevant deadlines or time frames. JA teams are reminded to adopt a retrospective (technical assistance that has not been provided in full or was ineffective in the past) and prospective (upcoming vaccine introductions, campaigns, major HSS activities, etc.) approach, informing technical assistance priorities for the coming year. The Technical Assistance Support menu is available for reference.

constraints addressed by the objective	
of activities carried out/ budget usage	4% of the budget was used to implement the activities under this objective. The low rate is due to the fact that no acquisitions were completed in 2018.
Main activities implemented and review of progress in implementation, including key successes and results/ activities not implemented or delayed/financial absorption	- Organize a study tour to Côte d'Ivoire to see the EPI depot in 2018 - Strengthen the skills of 2 agents in the logistics department of the DPV in 2018 - Develop the ECF deployment plan in 2018
Main activities planned for the coming period (indicate significant changes/reallocations of the budget and related **changes in technical assistance**)[Error! Bookmark not defined.]	- Acquire 13 motorcycles for the benefit of civil society in 2019 - Acquire 13 motorcycles for the benefit of civil society in 2019 - Acquire 312 TCW40 SDD refrigerators/freezers for the benefit of health facilities in 2019 - Acquire 2 generators for the DPV and 13 solar energy kits for the DRS cold rooms in 2019 - Acquire 2 trucks for the DPV in 2019 - Build and equip a warehouse and offices for the Central EPI

Briefly describe, in the box below:

- ***Achievements against agreed targets**, as specified in the Grant Performance Framework (GPF), and key results. For example, by comparing the number of supplementary and under-vaccinated children vaccinated in districts receiving support from the SSR grant with other districts not receiving support or national targets. What indicators in the GPF have been achieved/ affected by the activities implemented?*
- *How can Gavi's support help to mitigate the main factors behind low vaccination rates?*
- *Does the **selection of activities remain relevant**, realistic and properly prioritized in the light of the analysis of the situation that has been conducted and the financial absorption and implementation rates?*
- *Planned **budget reallocations** (please attach the revised budget, using the Gavi budget template).*
- *If applicable, briefly describe how the country's **performance-based funding was** used and its results. What Grant Performance Framework (GPF) indicators will be used to track progress?*
- ***Complementarity and synergies with the support of other donors** (e.g. Global Fund, Global Finance Facility).*
- **Role of public-private partnerships**, including INFUSE initiatives and contributing to the resolution of key factors governing coverage and equity. *Please indicate the source (e.g. Gavi HSS, WEP and other donors) and amount of funding.*
- ***Partnerships with the private sector and INFUSE as** well as key results (e.g. increasing capacity building and demand, improving service delivery and data management) Please provide information on the sources (private sector contribution, Gavi counterpart fund, Gavi main funding - HSS/ WEP) and the amount of funding.*
- ***Involvement of civil society organizations (CSOs)** in service delivery and funding modality (i.e. whether support is provided by the Gavi HSS or funded by other donors).*

- ***Achievements against agreed targets**, as specified in the Grant Performance Framework (GPF), and key results. For example, by comparing the number of supplementary and under-vaccinated children vaccinated in districts receiving support from the SSR grant with other districts not receiving support or national targets. What indicators in the GPF have been achieved/ affected by the activities implemented?*

Number of additional children vaccinated (year-on-year)

- *How can Gavi's support help to mitigate the main factors behind low vaccination rates?*

GAVI support makes it possible to mitigate through the following actions:

- strengthening the skills of staff,
- the availability of vaccines and consumables,
- strengthening wheelchair logistics and the cold chain.

These actions will be carried out by targeting districts and/or population groups at lower coverage levels (including spontaneous housing areas, gold panning sites, etc.).

- *Does the **selection of activities remain relevant**, realistic and properly prioritized in the light of the analysis of the situation that has been conducted and the financial absorption and implementation rates?*

Yes, the activities are relevant because their implementation has led to significant results with a physical completion rate of 89%. It should be noted that the achievements at the operational level are over 90%. As for activities at the central level, particularly those relating to investments, they did not start to be carried out in 2018 and this drove the overall level of physical implementation down. The overall financial absorption rate is 35.04%, a significant result because in 2018, more than half of the resources are earmarked for investments that have not been made.

- *Planned **budget reallocations** (please attach the revised budget, using the Gavi budget template).*
  The initial budget has been reallocated to take into account the activity "Promoting vaccination in the second year of life". The cost of the construction activity of the new EPI has been increased by using part of the savings made after reviewing the initial budget.

  The revised budget has already been sent to the GAVI Secretariat.

- ***Complementarity and synergies with the support of other donors** (e.g. Global Fund, Global Finance Facility).*

The PADS is the fiduciary management unit for external funds of the Ministry of Health. As such, it is the structure that ensures the financial management of Gavi's grants and all other funds provided by partners. In its operation, the PADS ensures that there are no parallel or duplicate funding in activities but promotes complementarity.
The funding mechanism of the PADS is as follows: the operating structures and programmes submit their annual action plans, which are financed through implementation agreements signed for this purpose.
Overall, although the financial management system of the PADS is satisfactory, it could be improved by preparing separate reports by fund type for SNV funds. This difficulty will be overcome with the opening of an account dedicated to GAVI grants and the software used (TOM²PRO) will be configured according to this requirement.
Among the achievements we can note the acquisition of motorcycles, computer and peri-informatics equipment, ECF equipment, the strengthening of the skills of staff in charge of vaccination at all levels of the system...
Among the relevant initiatives not supported by Gavi, we note the support of the AMP in the OMV reduction strategy, Unicef in immunization coverage and equity, WHO/CDC in the surveillance of vaccine-preventable diseases, CDC in the conduct of studies.

- ***Involvement of civil society organizations (CSOs)** in service delivery and funding modality (i.e. whether support is provided by the Gavi HSS or funded by other donors).*

CSOs that are a monitoring structure benefit from financial support from GAVI'HSS and other partners such as the Global Fund. These funds allow them to facilitate their participation in the delivery of health services through awareness and other activities.

5.2. Vaccine support performance

*Provide a brief analysis of the performance of Gavi grants, focusing on **recently introduced (last two years**) or expected to be introduced **vaccines**, campaigns, supplementary immunization activities, demonstration programs, MACs and changes in vaccine presentation. This section should include the following information:*

- ***Vaccine-related issues that may have been identified during vaccine renewals**, such as inventory management issues (overstocking, stock-outs, significant variations in consumption, etc.), wastage rates, target assumptions, annual consumption trend, triangulation of quantification data, etc. and **plans to address them**.*
- ***Introductions and changes of NVS**: If the country has recently introduced or changed products or the presentation of an existing vaccine, it is requested to highlight the performance (coverage) and lessons to be learned from the introductions/changes, the main implementation problems and the next actions to address them.*
- ***Campaigns/ AVS:** provide information on recent campaigns (since the last JA) and the main results of the post-campaign survey, including the coverage achieved. If the coverage achieved was low, indicate the reasons. Present other key lessons learned and next actions to address them. If no post-campaign investigation has been conducted, highlight the reasons for the delay and the expected timelines. Are there any important remarks about how the support for operational costs was spent? Explain to what extent the*

campaign has contributed to strengthening routine immunization, e. g. by identifying children who have not received any doses and lessons learned.

- *Update the **measles and rubella situation analysis** (using the most recent surveillance and vaccination coverage data for measles, rubella and congenital rubella syndrome at the national and subnational levels[13]) and update the measles and rubella plan over 5 years (e.g. indicating the next dates of introduction of RR and VVR2, follow-up campaigns, etc.).*
- ***Describe the main actions in support of Gavi's vaccines in the coming year** (e. g. decisions on vaccine introduction, upcoming applications, planning and implementation of introduction/campaign measures or decisions to change vaccine product, presentation or programme) **and related changes in Errore technical assistance**Error! Bookmark not defined.*

- **Vaccine-related problems that may have been identified during vaccine renewals**

Single-dose PCV13/ multi-dose PCV13 switch

Multi-dose PCV13 (4 doses) was introduced into routine vaccination from April 2018. It was preceded by a cascade training. This introduction has increased the storage space. The country did not encounter any particular difficulties during the switchover.

Introduction of IPV

Gavi's support enabled the introduction of IPV in July 2018. As part of this introduction, the programme obtained the commitment of the highest authorities in favour of vaccination, through a launching ceremony under the high patronage of the Head of State. Technical and financial partners also provided support. Supervision by the Central level and the DRS made it possible to assess the quality of the implementation of the introduction.

The main difficulty identified was related to communication and documentation of the administration of the vaccine. The coverage obtained at the end of the year is 45%. The post-introduction evaluation is in progress. In addition, the introduction of VPI was made two years after the switch (VPOt/VPOb). However, no catch-up campaign has been organised to catch up with children who have only received OPVb.

Campaigns/ AVS

In 2018, in view of the epidemiological situation, the country organized a reactive measles vaccination campaign in 26 health districts. This campaign resulted in an administrative coverage of 110.02%. Independent monitoring revealed 96.5% vaccination coverage and 1425 children vaccinated at zero dose during the campaign among the 12072 children surveyed.

The main shortcoming was related to the late implementation of the campaign. The difficulties encountered in the implementation of the campaign are logistical, programmatic and financial:

- inaccessibility of certain localities,
- rupture of vaccination cards,
- failure of refrigerators in some health facilities,
- late arrival of financial resources etc.
- Lack of financial resources for communication activities at the intermediate and peripheral level.

Among the lessons learned are the following:

- the rainy season is a barrier to the geographical accessibility of certain areas
- the late organisation of the campaign did not allow for rapid control of the epidemic
- the late arrival of resources in health facilities does not ensure better implementation of campaign activities
- the implementation of specific strategies is necessary to achieve targets in peri-urban and hard-to-reach areas

- ***Update the situation analysis for measles and rubella***

The analysis of the measles situation is provided in the appendix (data analysis guide).

[13] For more information on the expected measles and rubella analyses, you can consult the JA guidance and analysis document.

- ***Describe the main actions in support of Gavi's vaccines in the coming year***
  For the year 2019 the country will bid for the introduction of the HPV vaccine and will organize a follow-up campaign against measles and rubella.

5.3. Performance of support to the POECF in Gavi (for the countries concerned)

If your country receives support for the POECF in Gavi, provide a rapid update of information on the following elements:

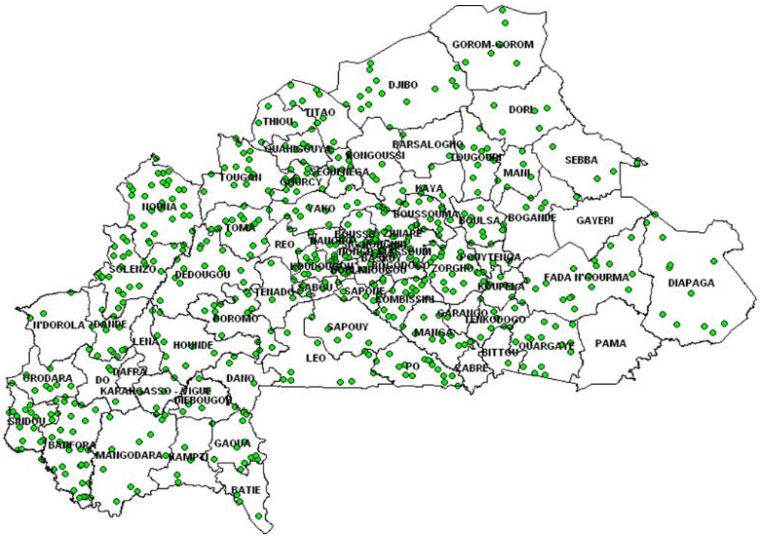
- ***Performance against** five mandatory POECF indicators and other related intermediate outcomes - achievements against agreed targets, as specified in the Grant Performance Framework (GPF), by analysing successes, problems and solutions to achieve the objectives.*
- ***Implementation status** (number of equipment/standby facilities installed, user comments on preventive maintenance training, refrigerator efficiency, etc.) including any problems/lessons learned;*
- *POECF's **contribution** to the performance of the immunization system (e.g., how POECF contributes to improved coverage and equity);*
- ***Changes in technical assistance during the** implementation of support for POECFErrore*.

Note: An inventory of ECFs must accompany the application for renewal of POECF support.

Burkina Faso's request for submission was accepted in 2017 by the committee of independent experts. An operational equipment deployment plan was drawn up following the evaluation visits to the 605 selected sites and sent to Unicef Copenhagen's Supply Division (SD), which approved it. These 605 pieces of equipment were actually delivered to the country during the second quarter of 2019 and installed in the 605 health facilities identified. The CCEOP platform will undoubtedly contribute to improving the availability and conservation of EPI inputs in health centres.

Within the framework of the CCEOP, it was planned to acquire 2624 pieces of equipment over 3 years (2018-2020). For the first phase, 605 TCW 40 SDD solar refrigerators were received out of the 2624 planned for the entire program. There is a shortfall of 2019 equipment. The country requests technical and financial assistance for the continuation of the platform.

The map below shows the distribution of the 605 solar ECFs in the country.



5.4. Financial management performance

Provide a brief review of the financial management performance of Gavi's cash grants (for all cash grants, such as HSS, performance-based funding, vaccine introduction grants, campaign operational cost grants, change grants, transition grants, etc.). Please take into account the following aspects:

- *Financial **absorption** and utilization rate of all separately listed Gavi cash support grants[14].*

[14] If, in your country, significant amounts of Gavi grants are managed by partners (e. g. UNICEF and WHO), it is also recommended to review the use of funds by these agencies.

- ***Compliance with*** *financial reporting and audit requirements for each grant (indicating in a separate list the compliance with each cash support grant, as indicated above);*
- *Status of high priority show stopper actions arising from Grant Management Imperatives and other issues (such as misuse of funds and repayment status) arising from review missions (e.g. audits of Gavi cash programmes, annual external audits, internal audits, etc.)*
- *[15]Financial management* ***systems****.*

The absorption rates are respectively for HSS 35.04% or USD 1 330 608 spent on USD 3 794 705.10, for IPV 78.54% or USD 432 660 spent on USD 550 868 and for HPV 99.99%. The poor performance of HSS is mainly due to the fact that not all procurement activities, which represent 53.14% of the 2018 budget, could be carried out. This failure can be explained by the late start of the subsidy in the second half of 2018. An agreement on the contractualization of acquisitions with UNICEF is being prepared and will be signed in 2019 to accelerate the implementation of the activities of this component.

- Financial reports comply with audit requirements.

- The conclusions of the 2017 audit of the accounts led to an unqualified certification (see audit report). The 2018 audit report is not yet available.

The financial management of GAVI grants is ensured by the PADS (external funds trust management unit of the Ministry of Health) by keeping regular accounts via the TOM²PRO software with half-yearly financial reports. These accounts are kept in accordance with SYSCOHADA and IFRS standards. The operating structures and programmes submit their annual action plans, which are financed through implementation agreements signed for this purpose. During 2018, an account dedicated exclusively to GAVI grants was opened as recommended during the last evaluation and the TOM²PRO software was configured for maintaining GAVI accounts.

5.5. Monitoring of the transition plan (applies if the country is in an accelerated transition phase)

If your country is in transition to end Gavi's support, please specify whether it has a transition plan in place. In the absence of a transition plan, please describe the plans necessary to develop one or more actions to prepare for the transition.

- *If a transition plan has been put in place, please provide a brief overview of the following:*
  - *Progress in the implementation of planned activities;*
  - *Implementation bottlenecks and corrective measures;*
  - *Timeliness: are activities being carried out on time or postponed and, if postponed, please indicate the expected completion date;*
  - *Transition Grant: Please specify and explain the significant changes proposed for the activities funded by Gavi through the transition grant (e.g., abandoning an activity, adding a new activity or changing the content/budget of an activity);*
  - *If changes are required, submit a revised consolidated version of the transition plan.*

SO

5.6. Technical Assistance (TA) (Progress made in the current targeted country assistance plan)

- *Describe the strategic approach to providing technical assistance to improve coverage and equity, with the aim of reaching under- and unvaccinated children (e.g. integrated support, subnational support, support for extended partners, etc.)*
- *On the basis of reports on the stages and functions of the EFP, provide a summary of partners' progress in providing technical assistance.*
- *Highlight the progress and challenges related to the implementation of the targeted assistance plan in the country.*
- *Indicate any amendments/changes to the technical assistance you are currently planning for the remainder of the year.*

[15] If any changes have been made or are planned to the financial management arrangements, please indicate them in this section.

The current approach focuses on supporting extended partners. In order to sustain progress in terms of coverage, equity and monitoring of programme performance, there is a need to develop integrated support through the strengthening of the skills of EPI Directorate staff and the sharing of experiences. This involves the development of expertise in the following areas: immunization equity, data quality and monitoring and evaluation. In addition, in the current context of insecurity, the programme would need support for the development of crisis communication strategy.

Summary of partner progress

In 2018, Burkina Faso received technical assistance through the WHO/Unicef TCA plan in the area of demand promotion, cold chain and management. The main achievements of this technical assistance are:

- Support for the implementation of the 7th edition of the African Immunization Week (AIDW), which has enabled more than 2000 children to be caught up with various antigens
- Conducting the evaluation of effective vaccine management and developing the GEV improvement plan
- Support for the acquisition and installation of 604 solar ECFs in health facilities
- Support for the implementation of a CAP study on vaccination in 4 D: Diapaga (DRS East), Titao (DRS North), Sabou (DRS West Central) and Do (DRS Upper Basin).
- Support for training on communication techniques for 150 health promotion officers of DRS and DS in C4D
- An immunization equity analysis will be conducted in 62 health districts in 2019.

In addition to this technical assistance, Burkina Faso also benefited from PATH assistance in 2019, which was more oriented towards the introduction of the HPV vaccine in the country. PATH's involvement has included the development of the application for submission to GAVI.

6. UPDATE OF THE RESULTS OF THE PREVIOUS JOINT EVALUATION

Provide the status of the prioritized strategic actions identified in the previous joint assessment[16] and any other significant recommendations of the Independent Review Committee or High Level Review Panel (if applicable).

Prioritized actions from the previous joint evaluation	Current status	Observations
1. Establish a more effective mechanism for coordinating and monitoring activities under Gavi funding in order to ensure better absorption of financial resources.	Realized	- Designation of focal points - Holding of periodic meetings
2. Conduct a national study on vaccination equity.	In progress	- Recruitment of consultants - Orientation of DRS - Training of DRS and ECD teams
3. Elaborate a plan for capacity building of the actors involved in the management of the EPI at all levels to be presented to the next ICC.	Realized	Development of the plan during a working session
4. Present the immunization equity analysis report at the next ICC.	Unrealized	Activity in progress
Significant additional IRC/HLRP recommendations (if any)	**Current status**	
None None		

[16] Please refer to the section "Prioritization of country needs" in the previous year's Joint Assessment Report

If the results have not been addressed and/or actions following these results have not been implemented, please provide a brief explanation and clarify whether they will be considered as priorities in the new action plan (see section 7 below).

The actions that have not been carried out and are still relevant will be repeated. The reasons for their non-realization are listed in the observation column

Evaluation of the implementation of the main activities in 2018

Main activities selected in 2018	Deadline	Current status	Observations
1. Development and implementation of the EPI management training plan (MLM) for the staff of the DPV; DRS; SLM, MCD; ICP; EPI managers (district and region); CSPS vaccinators	2019	In progress	It is planned to train a pool of 10 actors in charge of vaccination at the central level
2. Supervise health workers once a semester on the management of the EPI (specific supervision)	2018-2019	Partially achieved	In 2018 ½ supervisions were carried out in 2018 Integrated into VPI supervision
3. Ensure preventive and curative maintenance of equipment at central and regional level.	Continuous	Realized	The funds were made available to each DRS to ensure this maintenance according to their needs
4. Acquire relay groups to connect the cold rooms of the central depot	T1 2019	In progress	Agreement sent to UNICEF
5. Acquire voltage regulators for cold rooms at central and regional level	T1 2019	In progress	Agreement sent to UNICEF
6. Acquire a 10T refrigerated truck for the central depot	T4 2019	In progress	Agreement sent to UNICEF
7. Acquire a 10T truck for the transport of consumables	T4 2019	In progress	Agreement sent to UNICEF
8. Acquire 485 motorcycles for the advanced strategy	T4 2019	In progress	Agreement sent to UNICEF
9. Build a new warehouse for the storage of vaccines and consumables at central level	T4 2019	In progress	Agreement sent to UNICEF
10. Ensure the installation of the 70 solar refrigerators	T4 2019	Realized	
11. Organize site evaluation trips	T2 2019	Realized	
12. Develop the operational deployment plan	T2 2019	Realized	
13. Organize a workshop to develop the Forecast 2019	T3 2019	Realized	
14. Provide health facilities with fuel for advanced strategy and active search for the lost to follow-up.	2018-2019	Realized	
15. Organize catch-up activities in specific areas (undeveloped areas - gold panning sites)	2018-2019	Realized	
16. Recruit OBCEs to implement immunization support activities in low-performing districts	2018-2019	Realized	
17. Organize a national advocacy workshop with municipalities, civil society, the private sector and potential local philanthropists for immunization	2018-2019	Unrealized	Provided for in the additional funds
18. strengthen communication capacities at all levels (DPV, DRS, districts)	2018-2019	Unrealized	
19. provide structures with educational and other communication tools	2018-2019	Unrealized	
20. build the capacity of NITAG members	2018-2019	In progress	
21. implement the NITAG action plan	2018-2019	In progress	

22. Organize a joint planning workshop each year	2018-2019	Realized	
23. Organize 2 joint programme monitoring outings	2018-2019	Unrealized	
24. Organize 2 joint half-yearly review workshops	2018-2019	Unrealized	
25. Train district EPI managers on the management of vaccination data and surveillance of vaccine-preventable diseases.	2019	Realized	
26. Hold a data validation workshop at district and regional level	2019	Unrealized	
27. Train EPI managers on the analysis of vaccination data	2019	Unrealized	
28. Develop the electronic vaccination register	2019	In progress	Reflection meeting organized Proposals under study
29. Ensure the transport of samples of diseases under surveillance	2019	Realized	Contractualization process for the ongoing transport
30. Implementation of innovative and targeted approaches, particularly in areas of insecurity (ISS, e-surveillance, AVADAR).	2019	In progress	ISS training for districts in the Sahel region AVADAR in implementation in the DS of Dori and Sebba
31. Hold monthly meetings of the unit responsible for monitoring the supply of immunization inputs	Continuous	Unrealized	
32. Advocacy for an increase in the budget line allocated to vaccine procurement	Continuous	Realized	Advocacy made at the level of the National Assembly and the Arbitration Commission
33. Ensure the supply of vaccine to the regions	Continuous	Realized	
34. Develop a rationale for the creation of budget lines for support activities	2019	Realized	
35. Develop and implement an annual operational plan for vaccine waste management	2019	Unrealized	
36. To destroy as soon as possible the vaccine waste from previous campaigns accumulated in the districts	2019	In progress	Agreement in the process of being signed with Unicef
37. Conduct working visits to each region	2019	Unrealized	Lack of funding
38. Train regional directors and district chief medical officers on immunization management and global routine immunization strategies and practices (GRSPs)	2019	Unrealized	Lack of funding

7. ACTION PLAN: SUMMARY OF RESULTS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT EVALUATION

*Briefly summarize the **main activities to be implemented next year with the** Gavi grant, including, where applicable, any **introduction of** vaccines for which the application has already been approved, preparation of **new applications**, preparation of **investment applications for** other vaccines and/or plans for HSS and POECF grants, etc.*

*As part of these planned activities, and based on the analyses provided in the previous sections, please describe the five **main priority findings and actions to be implemented in order to improve the impact of Gavi's support or to mitigate future risks that may affect the performance of the programme and grants**.*

*Please indicate if any **changes to** the support of Gavi will be required (indicating the rationale and main changes), such as :*

- *Changes to the country's targets, as previously established, either as part of the Grant Performance Framework (GPF) or as part of the SVN renewal application submitted on May 15;*
- *Plans to modify any presentation or type of vaccine;*
- *Plans to use available opportunities to reallocate budgeted funds to focus on identified priority areas.*

Overview of the main activities planned for next year and changes to Gavi's support required:

1. Preparation for the introduction of the HPV vaccine;
2. Implementation of the vaccination strategy in compromised security areas and other specific areas (spontaneous housing areas, gold panning sites,...);
3. Implementation of the vaccination platform during the second year of its life (elaboration of guidelines, development of tools, training of actors, monitoring of implementation);
4. Review the EPI
5. Elaborate the PPAC 2021-2025
6. Develop the strategic plan for measles elimination and rubella control (2020-2025)
7. Implement the updated DQAP
8. Implement the GEV improvement plan.

This table builds on the previous sections of the joint evaluation and summarizes the main conclusions and agreed actions, as well as the necessary resources and support, such as technical assistance needs[17].

Health personnel	
Main result 1	**The skills of EPI staff are strengthened at all levels**
Current reaction	1. Insufficient local expertise in equity, monitoring and M&E at all levels 2. Insufficient continuous training at all levels 3. Insufficient competence in EPI management at the decentralized level 4. Insufficient competence in the use of data for decision-making at the decentralized level 5. Insufficient specific supervision EPI
Agreed country activities	1. Continue the training of executives in EPI management (MLM) for the staff of the DRS; SLM, MCD 2. Ensure post-training supervision of executives in EPI management 3. Supervise health workers once a semester on the management of the EPI (specific supervision for the central level, DRS and DS) 4. Train a pool of trainers of 10 central level staff in programme monitoring and evaluation 5. Strengthen the skills of DRS and DS agents in programme monitoring and evaluation 6. Train 2 VPD officers in vaccinology 7. Train 4 agents in economic evaluation of vaccination (TVEE) 8. Train 2 logistics service officers in EPI supply chain management 9. Enroll 5 VPD agents in the DHIS2 continuous training cycle

Based on the action plan above, please provide information on any request for a specific innovation or technology that can be met by private sector entities or new innovative entrepreneurs.

[17] The needs identified in the joint evaluation will inform the planning of targeted assistance in Canada. However, when technical assistance needs are specified, it is not necessary to include elements related to requests in terms of resources. These will be discussed as part of the planning for targeted country assistance (TCA). However, technical assistance needs should describe, to the extent then known, the type of assistance required (staff, consultants, training, etc.), the technical assistance provider (main/extended partner), a measure of the assistance required in quantity/duration, its modalities (integrated, subnational, management, etc.) and any relevant deadlines or time frames. The Technical Assistance Support menu is available for reference.

	10. Train 6 VPD officers on the Strategic Training Executive Program (STEP)
Associated calendar	2020
Expected outputs/ results	Local expertise is available for the management of the EPI
Technical assistance needs	
Service delivery and generation of immunization demand	
Main result 1	**The service offer and popular acceptance of vaccination services and products is improved**
Current reaction	1. Insufficient implementation of advanced strategy vaccination activities related to the security context and insufficient number of motorcycles. 2. the insufficient involvement of the ASBCs in vaccination activities, particularly in the organisation of vaccination sessions and the search for those who are lost to follow-up or children absent from vaccination 3. Insufficient strategies used to reach children in compromised and other specific areas 4. Failure to meet CV targets for vaccines administered in the second year of life and lack of guidelines for vaccination in the second year of life
Agreed country activities	1. Provide health facilities with fuel for advanced strategy and active search for the lost to follow-up. 2. Implement the national vaccination strategy in specific areas (unplanned gold panning sites, compromised security areas) 3. Develop an implementation plan for the recommendations resulting from the immunization equity analysis 4. Implement the recommendations of the immunization equity analysis 5. Develop the vaccination platform during the second year of life (development of guidelines, development of tools, training of actors, monitoring of implementation) 6. Support the implementation of communication plans at decentralized levels 7. Conduct a study to assess immunization coverage and identify the reasons for poor immunization performance in the South Central region 8. Organize the African Immunization Week at the national level
Expected outputs/results	Reduction of children not or incompletely vaccinated
Main result 2	**Demand for vaccination is increasing**
Current reaction	1. Insufficient implementation of IEC activities in support of communication 2. Insufficient educational tools and materials for the EPI in health regions and districts 3. Insufficient funding for the implementation of post-training supervision 4. Low capitalisation of communication data 5. Persistence of children not or insufficiently vaccinated
	11. Organize a national advocacy workshop with municipalities, civil society, the private sector and potential local philanthropists for immunization 12. Supervise the actors in charge of communication in the regions and districts 13. Produce a play on vaccination for the benefit of health facilities 14. Organize open days on the EPI

	15. Prepare and make available to health regions and districts appropriate and sufficient educational materials 16. Strengthen the communication capacities of actors in peripheral health facilities 17. Conduct a community satisfaction survey on immunization 18. Establish a platform for reflection and action involving civil society to research and reach the 10% of children who have not been vaccinated 19. Establish the network of national champions for routine immunization 20. Carry out a study and experience sharing trip on local mobilization of resources for immunization (AfriVac Senegal Experience) 21. CSO activities (to be linked to SPONG)
Expected outputs/results	Reduction of children not or incompletely vaccinated
Associated calendar	2020
Technical assistance needs	Yes/ Vaccination coverage study in the South Central region
Leadership, management and coordination	
Main result 1	**Institutional and operational capacities are improved**
Current reaction	1. Inadequate functioning of the NITAG 2. PPAC (2016-2020) expired 3. Last in-depth review of the EPI carried out in 2015 4. Failure to hold decentralized meetings 5. Weak involvement of some SD and CSPS managers in the management of the programme 6. Inadequate use of vaccination and surveillance data for decision-making 7. Insufficient quantitative and qualitative supervision at all levels 8. Insufficient material and logistical resources at all levels
Agreed country actions	1. build the capacity of NITAG members on the development of the recommendation note 2. implement the NITAG action plan 3. Elaborate the PPAC 2021-2025 4. Carry out an in-depth review of the EPI 5. Hold an annual workshop to evaluate the performance of the EPI (document review, field survey, preparation of the performance report) 6. Annual document review of data quality 7. Prepare the joint WHO-UNICEF report (JRF) 8. Organize 4 decentralized meetings to review the performance of the program 9. Evaluate the strategic plan for the elimination of measles 2016-2020 10. Develop the strategic plan for measles elimination and rubella control 2020 - 2025 11. Implement the electronic immunization registry 12. Organize a campaign to catch up with children with the VPI **Acquisition for the program** 13. Acquire 10 laptops for the DPV 14. Acquire 2 pick-up vehicles for the management of logistical emergencies of the DPV 15. Acquire 20 pickup vehicles for the benefit of the DRS and DS 16. Acquire 10 stand-alone video projectors for the (DPV 5, PADS 2, DGESS 3) 17. Acquire 13 stand-alone video projectors and 13 laptops and 13 printers for the benefit of the 13 DRS 18. Acquire 70 laptops and 70 printers for the benefit of the 70 DS 19. Acquire 2 multifunction printers (printer-photocopier-scan-fax...) for the DPV

Associated calendar	2020
Expected outputs/ results	the operational capacities of the programme are optimised
Technical assistance needs	Yes / for the formation of the NITAG Yes/ Development of the cMYP Yes/ Evaluation of the measles strategic plan and development of the 2020-2025 strategy Yes/JRF
Main result 4	**The implementation of the activities financed by Gavi is carried out jointly by all the actors involved.**
Current reaction	Insufficient coordination of activities
Agreed country actions	1. Organize a joint planning workshop at the national level each year 2. Organize a joint planning workshop with DRS and DS 3. Organize 2 joint programme monitoring outings 4. Organize 2 joint half-yearly review workshops
Associated calendar	2020
Expected outputs/ results	Monitoring and coordination of Gavi-funded activities are improved
Technical assistance needs	Yes / LMC Technical Assistance to support the coordination of the EPI, NITAG, the Gavi MOE Monitoring Committee for Physical and Financial Activities and the ICC
Main result 5	**The quality of vaccination and surveillance data is improved**
Current reaction	1. Discrepancy between different data sources (administrative, WHO/UNICEF estimates and surveys) with gaps of about 10 points; *2.* Insufficient resources for the regular organization of periodic data validation meetings at all levels.
Agreed country actions	1. Supervise the agents on the filling of the supports 2. Conduct an annual documentary review of SNIS data 3. Hold a national workshop for the integration of the EPI DQAP into the NISS DQAP 4. Conduct a mid-term evaluation of the DQAP 5. Hold a workshop to validate EPI data at district and regional level 6. Hold a national workshop to validate EPI data 7. Train regional and SD actors on the collection, analysis and use of health data/ vaccination and surveillance of SRMs 8. Supervise surveillance actors (e-Surv, ISS, SE, Rota/IIA sentinel sites, Norovirus) 9. Implement the electronic surveillance expansion plan 10. Conduct a nationally representative coverage survey
Associated calendar	2020
Expected outputs/results	The quality of administrative CV data is improved
Technical assistance needs	Yes/ PAQD Yes/Monitoring
Supply chain management	
Main result 6	**A calibration/calibration test of all cold rooms in the VPD depot, regions and refrigerated vehicles is carried out**
Current reaction	Calibration test not performed
Agreed country actions	1. Acquire calibration equipment 2. Train VPD staff on the cold room calibration system 3. Train and conduct calibration tests at the DRS level 4. Conduct the calibration test
Expected outputs/ results	The calibration/calibration test of all cold rooms in the VPD depot, regions and refrigerated vehicles is carried out
Associated calendar	T4 2019
Resources/ support and technical assistance required	Yes/for the training and conduct of the calibration test

Main result 7	**the cold rooms at the central level and in the regions have remote temperature monitors (BIONWIRELES)**
Current reaction	Absence of remote temperature monitors in the cold rooms of the program
Agreed country actions	1. Acquire 23 remote temperature monitors for cold rooms 2. Train VPD staff on the installation and use of monitors 3. Train regional staff on the use of monitors 4. Install the monitor in the cold rooms at the central and regional level
Expected outputs/ results	The cold rooms at the central and regional levels are equipped with a remote temperature monitor (BIONWIRELES)
Associated calendar	T1 2020
Resources/ support and technical assistance required	Yes/ for the installation of monitors
Main result 8	**Acquire 2500 Fridge-tag 2 for district and CSPS depots to monitor vaccine storage temperatures**
Current reaction	Most of the fridge-Tags of the CSPS and Districts are out of date
Agreed country actions	1. Analyze the temperature readings of solar refrigerators 2. Acquire 2500 Fridge-tag 2 for district and CSPS depots to monitor vaccine storage temperatures
Expected outputs/ results	Temperature monitoring in EPI refrigerators is improved
Associated calendar	T1 2020
Resources/ support and technical assistance required	Yes
Main result	Supply chain performance is improved
Current reaction	1. Insufficient coolers for the transport of vaccines at CSPS level
Actions	1. Acquire and Use continuous temperature recorders when distributing vaccines with refrigerated vehicles 2. Carry out a complete temperature mapping study of all EPI cold rooms twice a year 3. Organize periodic evaluation meetings for key logistics indicators (temperatures, alarms, vaccine losses, distributions) 4. Acquire 2500 coolers for the benefit of districts and CSPSs 5. Build and equip dry warehouses of at least 240 m^3 in 5 regions and at least 160 m3 in 25 districts identified for the storage of consumables 6. Hold a workshop to review logistics tools (temperature readings, refrigerated vehicle temperature readings, maintenance specifications, damaged product specifications, order form, inventory sheet) 7. Train 199 DRS and DS VPD officers on safe working conditions in a cold room and fire management 8. Organize a workshop to update the maintenance plan of the CDF and rolling logistics 9. Organize a capacity building workshop for 13 regional EPI managers and 70 district EPI managers on preventive maintenance 10. Acquire 10,000 gel indicators for temperature control during transport of gel-sensitive vaccines 11. Supervise at least twice a year the logistics managers at central, regional, district and CSPS level on the implementation of the principles of good EPI management. 12. Periodically update exhaustive inventories of CDF equipment and transport in all structures 13. Organize two annual meetings to evaluate the implementation of the GEV Improvement Plan
Expected outputs/results	Vaccines are of good quality at all levels
Vaccine waste management	

Current reaction	
Actions	1. Status report on the situation of vaccine waste 2. Functional incinerators are available for the destruction of vaccine waste 3. Establish incinerators in the country's 70 health districts
Expected outputs/results	Vaccine waste management is improved
Technical assistance	
	For current and future technical assistance, this must be notified

8. JOINT ASSESSMENT PROCESS, APPROVAL BY THE NATIONAL COORDINATION FORUM (CCIA, CCSS OR EQUIVALENT) AND ADDITIONAL COMMENTS

- *Does the National Coordination Forum (ICC/CCSS or equivalent body) meet Gavi's requirements (please see http://www.gavi.org/support/coordination/ for requirements)?*
- *Briefly describe how the joint assessment was reviewed, discussed and approved for the relevant National Coordination Forum (ICC, ICC or equivalent), including the main discussion points, participants, main recommendations and decisions and whether a quorum was reached. Alternatively, attach the minutes of the meeting highlighting these points.*
- *If applicable, provide any additional comments from the Ministry of Health, Gavi Alliance partners or other stakeholders.*

The achievements of the joint evaluation were reviewed and approved by a meeting of the ICC held on 4 July 2019. The report is attached as an annex

9. APPENDIX: Compliance with Gavi's reporting requirements

Please confirm the status of the reports to Gavi, indicating whether the following reports have been uploaded to the Country Portal. ***Please note that, in the event that the main reporting requirements (marked with an *) are not met, Gavi support will not be evaluated for renewal.***

	Yes	No	Not applicable
Year-end stock level report (to be submitted by 31 March)*	x		
Grant Performance Framework (GPF)* Reports on all mandatory indicators	x		
Financial reports*			
Periodic financial reports			
Annual financial statement			
Annual financial audit report			
Campaign reports*			
Technical report on supplementary immunization activity	x		
Report on surveys on campaign coverage	x		
Information on financing and expenditure related to immunisation	x		
Data quality reports and survey reports			
Annual document review of data quality	x		
Data Improvement Plan (DIP)			
Progress report on the implementation of data improvement plans			
In-depth data assessment (conducted over the past five years)			
Representative national coverage survey (conducted over the past five years)			
Updating the annual progress report on the plan to improve effective vaccine management (EVM)	x		
(POECF): updated inventory of ECFs	x		
Post-introduction evaluation (PPE) (specify vaccines)			
Situation analysis and five-year measles-rubella plan			
Operational plan for the vaccination programme	x		
HSS End-of-Grant Evaluation Report			
Outcome of the HPV vaccine demonstration program	x		
Coverage survey	x		
Cost analysis	x		
Adolescent Health Assessment Report	x		
Partner reports on the functions of the CAW and EFP	x		

However, if any of the requested reports are not available at the time of the joint assessment, please indicate when the missing document/information will be available.