Appeal from Senegal

To the donors for GAVI support to introduce new vaccines in the countries’ national programmes.
Before 2002, the EPI's immunisation schedule in Senegal consisted of seven antigens. Injection safety was problematic due to an insufficient number of incinerators to manage the waste. Moreover, the use of autodisable syringes is not universal in all of the country's immunisation units.

After this date, and in particular since our country established privileged relations with the GAVI Alliance, substantial results have been obtained in the area of financial support, followed by a rise in indicators.

Thus, between 2002 and 2006, an amount of CFA francs 1,366,510,056 was allocated to immunisation services in our country to introduce new and underused vaccines such as the pentavalent vaccine and the hepatitis B vaccine, using a co-financing system with our government. This support also helped improve the management of immunisation waste and improved injection safety through the universal use of autodisable syringes in all the immunisation units. In addition, incinerators were built in 56 districts. At the same time, support activities such as supervision, training and equipment maintenance were also targeted in this area, which contributed heavily to the rise in certain EPI indicators such as DTP3, which became pentavalent, up from 60 to over 90% coverage in the national plan between 2002 and 2010.

It should also be said that due to a ripple effect, the other antigens increased to a similar extent. Also, our immunisation programme today has increased from seven to nine antigens since July 2005.

Continuing along these lines, in 2009 our two institutions signed an aide mémoire that includes support for Immunisation Services Strengthening and Health System Strengthening.

According to this aide mémoire, our country’s application is approved for strengthening its health system and immunisation services for the amounts of CFA francs 1,613,475,000 and
432,000,000 respectively if we meet our goals between 2009 and 2011.

Moreover, with the GAVI Alliance and its other partners, our country plans to pursue this initiative to introduce other new vaccines such as the pneumococcal vaccine, and later, the rotavirus vaccine, according to a timeline that will be consistent with our health development plan.

For all these reasons, we reiterate our desires to obtain this support from GAVI and donors in order to introduce new vaccines for children on a sustainable basis so that the EPI will make a decisive contribution to achieving the Millennium Development Goals.