

Third annual progress report Fourth annual progress report

Fifth annual progress report

# **Progress Report**

to the Global Alliance for Vaccines and Immunization (GAVI) and The Vaccine Fund

by the Government of

COUNTRY: E	BURKINA FASO	
	Date of submission	n:OCTOBER 2000
	Reporting period:	2003(Information provided in this report MUS) refer to the <u>previous calendar year</u> )
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First annual progress repor Second annual progress re	-	

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

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

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#### 1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

#### 1.1 <u>Immunization Services Support</u> (ISS)

#### 1.1.1 Management of ISS Funds

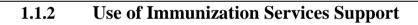
→ Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

In compliance with the GAVI/Vaccine Fund directives, and to ensure transparency in the management of these funds, Burkina Faso created two management committees on July 27, 2001 (Decree No./2001/145/MS concerning the creation, organization and functions of the GAVI fund executive committee and management committee)

- The Executive Committee is headed by the Minister for Health and is made up of the technical directors involved (DGS, SPD), METSS and MEF representatives, as well as heads of partner social and health development agencies (World Bank, WHO, UNICEF, Rotary, the European Union, International Plan, NGOs). They meet every six months and, if necessary, upon its chairman's request.
- The Management Committee, which is headed by the Secretary General and comprises the AFO of the Ministry of Health, the SPD, the Department of Prevention through Immunization, a representative of World Bank, WHO, UNICEF, the European Union, meets on a monthly basis, and the beginning of the meeting period may be adapted to program implementation.
- A technical committee, which consists of technicians from the Department of Prevention through Immunization and from ICC member institutions, assists the Department of Prevention through Immunization in the pursuit of its activities and in preparing the proposals to be presented to the Executive Committee.

In its role of facilitating the rational use of resources, the ICC gives orientations; it thus approved the utilisation plan proposed by the Department of Prevention through Immunization. The problem encountered is basically the long time taken to release funds and to acquire equipment.



In the <u>past year</u>, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year 580 924 US\$ Remaining funds (carry over) from the previous year 617 905 US\$

Table 1: Use of funds during <a href="reported">reported</a> calendar year 2003

			Amount of	funds		
Area of Immunization	Total amount in			<b>PRIVATE</b>		
Services Support	US\$	Central	Central Region/State/Province		SECTOR &	
					Other	
Vaccines	0					
Injection supplies	276 366			276 366 US\$ i.e. 100%		
Personnel	0					
Transportation	91 060	22 765 US\$ i.e. 25%		68 295 US\$ i.e. 75%		

Maintenance and overheads	0			
Training	0			
IEC / social mobilization	40 000	2 000 US\$ i.e. 5%	38 000 US\$ i.e. 95%	
Outreach	0			
Supervision	22 463	22 463 US \$ i.e. 100%		
Monitoring and evaluation	81 818	81 818 i.e. 100%		
Epidemiological surveillance	0			
Vehicles	0			
Cold chain equipment	508 181	50 818 US\$ i.e. 10%	45 736 US\$ i.e. 90%	
Other (specify)				
Total:	1 019 888 US\$			
Remaining funds for next	17 894 US\$			
year:				

1 US \$: 505 CFA

#### Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

The major activities conducted to reinforce immunization in 2003 in accordance with the 2001 - 2005 long-term plan and with the 2003 annual action plan are:

#### Activities conducted with GAVI support

- offering targeted support to the districts on the presentation of their action plan (advanced strategy and training)
- in-depth review of the EPI whose recommendations will help improve the performances
- regular supply of syringes and safety materials
- organising social mobilization workshops in health regions

<sup>\*</sup> commitment made, activity conducted commitment made, activity still in progress

<sup>\*</sup>If no information is available because of block grants, please indicate under 'other'.

#### Activities conducted with the help of State and Partner funds

- providing the regions, districts and all the PHCC with tools used to manage immunization and target illness related data, control vaccine and consumables as well as adverse post-immunization reactions (APIR)
- training regional EPI directors on computerized vaccine management
- equipping 13 regional vaccine and consumables warehouses with computers for vaccine management
- supplying vaccines and gas regularly
- holding decentralized meetings with EPI directors, regional and district statistics managers
- conducting additional immunization activities to eradicate polio and eliminate maternal and neonatal tetanus
- holding statutory ICC meetings

The following problems were encountered while implementing the long-term plan and the 2003 action plan:

- the difficulty in implementing the supervision program (lack of personnel and multiple reports due to a problem of programming)
- the administrative slowness in releasing GAVI funds and in acquiring cold-chain equipment, management tools, and motorcycles; this situation slows down activities in the field.
- the inappropriateness of the equipment provided by some partners
- poor maintenance of cold-chain equipment
- faulty vehicles (motorcycles).

#### **1.1.3 Immunization Data Quality Audit (DQA)** (If it has been implemented in your country)

→ Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
<u>If yes, please attach the plan.</u>

YES	✓	NO

If yes, please attach the plan and report on the degree of its implementation.

The following procedures were used to implement the recommendations:

- developing performance indicators, with the activities to be conducted at each level
- organizing workshops at the regional level to circulate the DQA results and break down the performance indicators
- preparing standard data management tools
- multiplying and distributing materials to all the health centers
- organizing assessment sessions for the implementation of the recommendations contained in the performance indicators

The report on the implementation of the recommendations has been appended to this document.

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

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

#### In-depth studies conducted on EPI issues in 2003:

- EPI Program management
- Funding of the program
- Logistics
- Communication and social mobilisation
- Training and supervision
- Activity monitoring system

-	Epidemi	ological	surveillance
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- Study of immunization cover	erage
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#### 1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

#### 1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

After compilation and transmission of the plan on the introduction of new vaccines in September 2003, the GAVI Executive Secretariat wrote a letter to the Ministry of Health specifying that Burkina Faso would be approved when the following conditions have been fulfilled: *providing an inventory on the cold chain; working out a cold-chain rehabilitation plan, working out and presenting a new plan on the introduction of new vaccines.* 

#### 1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

Not applicable
1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine  Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.
Not applicable

1.3 <u>Injection Safety</u>

#### 1.3.1 Receipt of injection safety support

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

Burkina Faso was provided with the following materials in 2003 within the framework of GAVI support:

#### Supplies from GAVI

- 661 636 auto-destruct BCG syringes
- 3 413 648 auto-destruct syringes
- 66 164 reconstitution syringes
- 83 572 reconstitution syringes for MEAS
- 41 786 reconstitution syringes for AAV
- 47 362 safety boxes

#### Supplies from the Department of Prevention through Immunization

- 661 700 auto-destruct BCG syringes
- 3 417 200 auto-destruct syringes
- 113 500 reconstitution syringes
- 47 362 safety boxes

There is re	egular supply	of materials to	the health estal	lishments. Th	e fact that s	yringes are	provided free	of charge ha	s increased	people's	visits to
the immun	ization centre	S.									

## 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
Percentage (%) of children and mothers vaccinated with auto-destruct syringes	1. Ensuring regular supply to the immunization centres, of auto-destruct syringes, dilution syringes and safety boxes for waste material disposal	According to the June 2003 EPI review which took into account the data from January to May, - 80% of the health establishments have auto-destruct syringes and dilution syringes - 97% of the health establishments have safety boxes - 26% of the health establishments have an incinerator - 50% of the personnel are trained on injection safety  In March 2003, 100% of the health establishments had AD-syringes and safety boxes.	The difficulty encountered in the control of availability or adequate distribution of injection materials can be explained by the recent change from sterilizable injection materials to disposable injection materials and which imply continued renewal of this material	1. Ensuring regular supply of autodestruct syringes to all the immunization centres  2. Ensuring regular supply of safety boxes to all the immunization centres  3. Developing a plan for collecting and destroying wastes per health district  4. Ensuring wide circulation of the directives on Adverse Post-Immunization Reactions (APIR)  5. Training the remaining 50% of health officials on injection safety

#### 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

Support was received in form of syringe and safety box supplies as indicated above

#### 2. Financial sustainability

Inception Report: Outline timetable and major steps taken towards improving financial sustainability and the development of a

financial sustainability plan.

First Annual Report: Report progress on steps taken and update timetable for improving financial sustainability

Submit completed financial sustainability plan by given deadline and describe assistance that will be needed

for financial sustainability planning.

Second Annual Progress Report: Append financial sustainability action plan and describe any progress to date.

Describe indicators selected for monitoring financial sustainability plans and include baseline and current

values for each indicator.

Subsequent reports: Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how

challenges encountered were addressed. Include future planned action steps, their timing and persons

responsible.

Report current values for indicators selected to monitor progress towards financial sustainability. Describe

the reasons for the evolution of these indicators in relation to the baseline and previous year values.

Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools

used for the development of the FSP (latest versions available on http://www.gaviftf.org under FSP guidelines

and annexes).

Highlight assistance needed from partners at local, regional and/or global level

NB: The FSP control indicators will be presented in the reviewed financial sustainability plan which will be sent to GAVI latest by July 15, 2004.	

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

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

#### 3.1. <u>Up-dated immunization targets</u>

Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with <u>those reported in the WHO/UNICEF Joint Reporting Forms</u>. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10). Targets for future years **MUST** be provided.

Table 2: (Planned) sources of finance for the new DTP-Hib and Hepatitis B vaccine

Proportion of vaccines financed by				Annua	l proportion	of vaccines	5	
Proportion of vaccines infanced by	2004	2005	2006	2007	2008	2009	2010	
Proportion of vaccines financed by GAVI/FV (%)		100	97.99	97.99	98	98	97.99	
Proportion of vaccines financed by the Government and through other sources (%)		0	2.01	2.01	2	2	2.01	
Total financing for (new vaccine) * DTP 3		80%	85%	87%	89%	90%	90%	

NB: In the first scenario, the 2003 situation report and the Financial Sustainability Plan were supposed to be sent to the GAVI Secretariat General latest by May 28, 2004. Considering the time devoted to preparing and conducting the NID of May 2004, Burkina Faso obtained that the FSP submission deadline be shifted to July 15, 2004. The points which must be explained in subsequent reports are part of the corrections required by GAVI on the FSP. They will be sent to GAVI at the same time as the FSP.

**Table 3 : Baseline and annual targets** 

Number of				E	Baseline and	d targets			
Number of	2002	2003	2004	2005	2006	2007	2008	2009	21
DENOMINATORS									
Births	547 673	560 500	573 840	587 497	601 479	615 795	630 451	645 456	661 032
Infants' deaths	57 670	58 852	60 253	61 687	63 155	64 658	66 197	67 773	69 408
Surviving infants	490 003	501 647	513 586	525 810	538 324	551 136	564 524	577 683	591 624
Infants vaccinated/to be vaccinated with the 1 <sup>st</sup> dose of DTP (DTP1)*(coverage)	89.03%	103.57	91%	92%	93%	94%	95%	95%	95%
Infants vaccinated/to be vaccinated with the 1 <sup>st</sup> dose of DTP (DTP1)*(number of children)	460 352	519 573	467 363	483 745	500 641	518 068	536 298	548 799	562 043
Infants vaccinated/to be vaccinated with the 3 <sup>rd</sup> dose of DTP (DTP3)*(coverage)	69%	83.99%	80%	85%	87%	89%	90%	90%	90%
Infants vaccinated/to be vaccinated with the 3 <sup>rd</sup> dose of DTP (DTP3)*(number of children)	357 465	421 368	410 869	446 939	468 342	490 511	508 072	519 915	532 461
NEW VACCINES	SO	SO	SO	SO	SO	SO	SO	SO	
Infants vaccinated with the 1 <sup>st</sup> dose of * (use one row per new vaccine)	SO	SO	S0	SO	SO	SO	SO	SO	
Wastage rate of ** (new vaccine)		]			]	]	]	]]	
INJECTION SAFETY****									
Pregnant women vaccinated with TT	197 855	321 744	459 072	499 372	517272	535 741	580 910	594 735	
Infants vaccinated with BCG	449 184	464 512	522 194	540 497	559 376	578 847	598 928	613 183	
Infants vaccinated with Measles	311 087	382 493	410 869	446 938	468 342	490 511	510 406	522 819	

<sup>\*</sup> Indicate actual number of children vaccinated in past years and updated targets

\*\* Indicate actual wastage rate obtained in past years

Fixed at 75% for DTP 3 in 2003, the objective was attained and sometimes exceeded. Considering the introduction of new vaccines as from 2005, the predefined objectives will be maintained.

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

The data used is RGPH\* data of 1996 (the 1996 population was 10 312 609 inhabitants, with a growth rate of 2.38%, it is estimated at 13 357 799 inhabitants in 2007) and EDS \*data of 1998 to 1999 (gross birth rate is 46.1 p. 1000, whereas infant mortality rate is 105 p. 1000). This information is reflected in the EPI Financial Sustainability Plan.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year ..... (indicate forthcoming year) On GAVI recommendation, the plan for introducing new vaccines examined by the Secretariat General must be reviewed and submitted in September 2005.

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

According to GAVI executive secretariat observations, the plan for introducing new vaccines must be reviewed and presented in 2004. Just like for the existing vaccines and consumables, the information shall be communicated to UNICEF.

**Table 4: Estimated number of doses of DTP Hib vaccine (specify for one presentation only):** (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund)

As indicated in the plan for introducing new vaccines, the new vaccines will be introduced in 50% of the districts and must concern 60% of the target population in the first year (2005), i.e. 48% of the target, and has to be extended to the entire target population as from 2006.

		Formula	For year 2005
A	Number of children to receive the Ist dose of the new vaccine		252 388
В	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
С	Number of doses per child		3
D	Number of doses	A x B/100 x C	757 164
E	Estimated wastage factor	(see list in table 3)	1.33
F	Number of doses ( incl. wastage)	A x C x E x B/100	1 007 028
G	Vaccines buffer stock	F x 0.25	251 757
Н	Anticipated vaccines in stock at start of year		
I	Total vaccine doses requested	F+G-H	1 258 785
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	(D+G-H) x 1.11	1 119 902
L	Reconstitution syringes (+ 10% wastage)	I/J x 1.11	139 724
M	Total of safety boxes (+ 10% of extra need)	(K+L)/100 x 1.11	13 981

#### Remarks

- <u>Phasing:</u> Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- Wastage of vaccines: The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- <u>Buffer stock:</u> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F number of doses (incl. wastage) received in previous year ] \* 0.25.
- Anticipated vaccines in stock at start of year......: It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

**Table 5: Estimated number of doses of Hepatitis B vaccine** (specify for one presentation only): (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Number of children to receive new vaccine		252 388
В	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
С	Number of doses per child		3
D	Number of doses	A x B/100 x C	757 164
Е	Estimated wastage factor	(see list in table 3)	1.33
F	Number of doses ( incl. wastage)	A x C x E x B/100	1 007 028
G	Vaccines buffer stock	F x 0.25	251 757
Н	Anticipated vaccines in stock at start of year		
I	Total vaccine doses requested	F+G-H	1 258 785
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	(D+G-H) x 1.11	1 119 902
L	Reconstitution syringes (+ 10% wastage)	I/J x 1.11	139 724
М	Total of safety boxes (+ 10% of extra need)	(K+L)/100 x 1.11	13 981

#### Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- Wastage of vaccines: The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- <u>Buffer stock:</u> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F number of doses (incl. wastage) received in previous year ] \* 0.25.
- Anticipated vaccines in stock at start of year.....: It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- <u>AD syringes:</u> A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- Safety boxes: A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3: Wastage rates and factors

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

<sup>\*</sup>Please report the same figure as in table 3.

#### Confirmed/revised request for injection safety support for the year ..... (indicate forthcoming year)

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

		Formula	For year 2006	For year 2007
Α	Target of children for BCG vaccination <sup>1</sup>	#	559 376	578 847
В	Number of doses per child	#	1	1
С	Number of BCG doses	AxB	559 376	578 847
D	AD syringes (+10% wastage)	C x 1.11	620 907	642 520
Е	AD syringes buffer stock <sup>2</sup>	D x 0.25	0	0
F	Total AD syringes	D+E	620 906	642 520
G	Number of doses per vial	#	20	20
Н	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6	2	2
I	Number of reconstitution <sup>3</sup> syringes (+10% wastage)	C x H x 1.11/G	62 090	64 252
J	Number of safety boxes (+10% of extra need)	(F+I)x1.11/100	7 581	7 845

<sup>&</sup>lt;sup>1</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

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

<sup>&</sup>lt;sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

Table 7: Estimated supplies for safety of vaccination for the next two years with DTP ..... (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2006	For year 2007
Α	Target of children for DTP vaccination (for TT : target of pregnant women) <sup>4</sup>	#	468 342	490 511
В	Number of doses per child (for TT woman)	#	3	3
С	Number of DTP doses	AxB	1 405 026	1 471 533
D	AD syringes (+10% wastage)	C x 1.11	1 559 578	1 633 401
Е	AD syringes buffer stock <sup>5</sup>	D x 0.25	0	0
F	Total AD syringes	D+E	1 559 578	1 633 401
G	Number of doses per vial	#	20	20
Н	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6	0	0
I	Number of reconstitution <sup>6</sup> syringes (+10% wastage)	C x H x 1.11/G	0	0
J	Number of safety boxes (+10% of extra need)	(F+I)x1.11/100	17 311	18 130

<sup>&</sup>lt;sup>4</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>5</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>6</sup> Only for lyophilized vaccines. Write zero for other vaccines
4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

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

		Formula	For year 2006	For year 2007
Α	Target of children for MEAS vaccination <sup>7</sup>	#	468 342	490 511
В	Number of doses per child	#	1	1
С	Number of BCG doses	AxB	468 342	490 511
D	AD syringes (+10% wastage)	C x 1.11	519 859	544 467
Е	AD syringes buffer stock <sup>8</sup>	D x 0.25	0	0
F	Total AD syringes	D + E	519 859	544 467
G	Number of doses per vial	#	20	20
Н	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6	1.6	1.6
I	Number of reconstitution <sup>9</sup> syringes (+10% wastage)	C x H x 1.11 / G	41 588	43 557
J	Number of safety boxes (+10% of extra need)	(F+I) x 1.11/100	6 232	6 527

<sup>&</sup>lt;sup>7</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

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

<sup>9</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

Table 9: Estimated supplies for safety of vaccination for the next two years with TT ..... (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2006	For year 2007
Α	Target of children for TT vaccination	#	517 272	535 741
В	Number of doses per child	#	2	2
С	Number of TT doses	AxB	1 034 544	1071 482
D	AD syringes (+10% wastage)	C x 1.11	1 148 343	1 189 345
Е	AD syringes buffer stock <sup>10</sup>	D x 0.25	0	0
F	Total AD syringes	D + E	1 148 343	1 189 345
G	Number of doses per vial	#	20	20
Н	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6	0	0
I	Number of reconstitution <sup>11</sup> syringes (+10% wastage)	C x H x 1.11 / G	0	0
J	Number of safety boxes (+10% of extra need)	(F+I) x 1.11/100	12 746	13 201

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

Only for lyophilized vaccines. Write zero for other vaccines

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

# 4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
Indicators  DTP3 coverage rate	Targets  2003 targets  * children aged 0 to 11 months 75% for DTP 3  * pregnant women 70% TT2	Achievements The results attained in 2003:  * children aged 0 to 11 months  - BCG: 82.36% - DTP3: 83.99% - MEAS: 76.26% - AAV: 71.15%  * pregnant women - TT2: 50.31%	<ul> <li>Organization of NIDs which disturb routine activities</li> <li>Absence of EPI related training for new officials</li> <li>The difficulty in implementing supervision programs</li> <li>The administrative slowness in releasing GAVI funds and in acquiring cold-chain equipment,</li> <li>the inappropriateness</li> </ul>	Updated targets In 2004:  * children aged 0 to 11 months  - BCG: 91% - DTP3: 80% - MEAS80% - AAV: 80%  * pregnant women - TT2: 70%
			- the	
			partners - poor maintenance of cold–chain	

	equipment - faulty vehicles	
	(motorcycles).	

#### 5. Checklist

Checklist of completed form:

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

#### 6. Comments

► ICC comments:

2003 was characterized by an intensification of the activities aimed at reinforcing the systematic EPI, with emphasis on improving the major indicators, i.e. the rate of DTP3 coverage which had increased from 69% in 2002 to 83.99% in 2003, and the reduction of the drop-out rate from 22.35% in 2002 to 19% in 2003.

The development of an EPI Financial Sustainability Plan, the planning and conducting of activities were monitored by the different ICC bodies.

However, the administrative procedures introduced to enhance the release of GAVI funds in a transparent manner met with some difficulties and thus
delayed the acquisition of certain equipment and materials. The said difficulties will be examined in order to improve the situation in 2004.
delayed the acquisition of certain equipment and materials. The said difficulties will be examined in order to improve the situation in 2004.

#### 7. Signatures

or the Gov	rernment ofBurkina Faso
Signature:	
Title:	Secretary General for HealthOfficial stamp: Burkina Faso. Ministry of Health Secretariat General
Date:	May 25, 2004

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date Signature	Agency/Organisation	Name/Title	Date S	Signature
	Pr Agr. GJ OUANGO					
Ministry of Health	Secretary General	May 25, 2004			]	
	Dr M. Hacen	May 25, 2004				
WHO	WHO representative					
	Mrs Joan French					
UNICEF	UNICEF					
	representative				]	
	Dr Hamidine	May 2-, 2004				
FED – ARIVA	Mahamane					
Project	Coordinator					

~ End ~