



Partnering with The Vaccine Fund

November 2003

# Progress Report

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

by the Government of

**THE UNION OF THE COMOROS**

Date of submission: 8 December 2003

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

( Tick only one ) :

- Inception report
- First annual progress report
- Second annual progress report
- Third annual progress report
- Fourth annual progress report
- Fifth annual progress report

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

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

## **Progress Report Form: Table of Contents**

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

- 1.1 Immunization Services Support (ISS)
  - 1.1.1 Management of ISS Funds
  - 1.1.2 Use of Immunization Services Support
  - 1.1.3 Immunization Data Quality Audit
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
  - 1.2.1 Receipt of new and under-used vaccines
  - 1.2.2 Major activities
  - 1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for introduction of the new vaccine
- 1.3 Injection Safety
  - 1.3.1 Receipt of injection safety support
  - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
  - 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

### **2. Financial Sustainability**

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

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year...
- 3.3 Confirmed/revised request for injection safety support for the year...

### **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**

### **5. Checklist**

### **6. Comments**

### **7. Signatures**

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

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

### 1.1 Immunization Services Support (ISS)

#### 1.1.1 Management of ISS Funds

→ Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).  
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The funds are managed by the Ministry of Social Affairs and Administrative Reforms, which is responsible for health matters, in collaboration with the members of the ICC. The authorized signatories comprise four persons, namely the Minister for Social Affairs and Administrative Reforms, the National Director of Health, the Secretary-General of the Comoros Red Crescent and the WHO Representative in the Comoros. Account transactions require three signatures and the GAVI cheque-book is kept by the National Coordinator of the Expanded Programme on Immunization (EPI). Each disbursement of funds is subject to a prior request to the ICC from the EPI national coordinating office. After ICC approval the funds are released and used directly by the EPI national coordinating office in consultation with the Directors-General for Health of the different islands. The supporting documents are kept at the EPI office after auditing. The funds are used directly from the GAVI Comoros account. A financial report is required after implementation of each activity and at the end of the year. This report is submitted to the ICC members during regular quarterly meetings. An annual work plan has been drawn up by the EPI coordinating office listing the activities to be funded by the partners and the GAVI Fund. The first payment by the fund, amounting to US\$ 13000, was made in November 2001, but the fund was only used in April 2003 for the training of EPI managers on the three islands. This was due to the departure without previous notice of the EPI coordinator, who has not been replaced by the usual deadline because of the national socio-political situation and the ministerial reshuffle resulting in changes affecting authorized signatures/signatories. These reserve funds were intended to finance the strengthening of EPI staff capacity.

## 1.1.2 Use of Immunization Services Support

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

**Funds received during the reporting year:** KMF 7 098 156 (US\$ 13000)

**Remaining funds (carry over) from the previous year:** KMF 7 098 156 (US\$ 13 000) constitutes the first payment into the GAVI Comoros account

N.B. As at November 2001, US\$ 1 = KMF 546.012, whereas in April 2003, US\$ 1 = KMF 457.038. In view of this major fluctuation in the US\$ and the fact that the account was opened in local currency, there has been a corresponding change in the US\$ amount initially paid into the account.

Period	Amount in KMF	KMF exchange rate (for US\$ 1)	Amount in US\$
November 2001	7 098 156	546.012	13000
April 2003	7 098 156	457.038	15530.778

**Table 1 : Use of funds during reported calendar year 2002**

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Regional health department/ autonomous island	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training	14006.82	1015	3143.82	9189	659
IEC / social mobilization					

Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ..... (specify)					
<b>Total:</b>					
<b>Remaining funds for next year: (as at April 2003)</b>	1523.95				

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

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed. 21/01/02 – 04/04/02

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

Activities conducted in 2002

The GAVI funds could only be used in April 2003 for the training of EPI managers. However, other activities funded by UNICEF and WHO were conducted, including the following:

- Revision of the support proposal submitted to GAVI and the Vaccine Fund.
- Evaluation of the cold chain. The evaluation shows that the cold chain is functional at the central and district levels. Supply operations are undertaken biannually at the central level and quarterly at the district level.
- Drawing up of an action plan to improve injection safety and safe disposal of injection supplies.
- Training of regional managers for EPI and epidemiological surveillance of AFP.
- Training of AFP focal points for all health districts.
- Organization of immunization campaigns in Mohéli and Grande Comore (2 visits per island in 2002).

Constraints:

- Definitive departure abroad of the EPI coordinator without previous notice

- Frequent changes in political and administrative hierarchy, resulting in changes with respect to authorized signatures/signatories. This has made it difficult to release funds.

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

The DQA has not yet been implemented in the Comoros.

→ *Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?*

*If yes, please attach the plan.*

N/A

YES

NO

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

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

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

## 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**

No new vaccines were received in 2002. The new Hep B vaccines arrived on 20 May 2003.

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

Not applicable (N/A): the vaccines only arrived in May 2003.

### 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.

- Drawing up and adoption of an injection safety policy
- Training in injection safety and safe disposal of injection supplies
- Training of technicians in cold chain maintenance
- Construction of incinerators in health districts
- Training in incinerator use and maintenance
- Provision of vaccines and immunization supplies
- Training of IEC district focal points
- Organization of immunization campaign in the context of eradication of polio and elimination of measles and tetanus in Grande Comore
- Creation of an immunization liaison bulletin
- Survey on vaccine coverage
- District evaluation on elimination of NNT
- Drawing up and monitoring of financial sustainability plan
- Construction of storage depot for EPI supplies

### **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.*

The first tranche of the fund, amounting to US\$ 13000, was received in November 2001 and was only used in April 2003 for the training of EPI managers, owing to the definitive departure of the EPI coordinator without previous notice and frequent changes in political and administrative personnel who are authorized signatories for the GAVI Comoros account. This made it difficult to release funds in 2002.

## 1.3 Injection Safety

### 1.3.1 Receipt of injection safety support

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

During 2002 the Comoros did not receive any auto-destruct (AD) syringes. Injection supplies and incineration boxes were only received in 2003, as provided for in the injection safety plan.

### 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
1. Existence of a national policy document on injection safety by end of 2001 2. Introduction of AD syringes in routine immunization by end of 2002	<ul style="list-style-type: none"> <li>• Draw up national policy document for injection safety</li> <li>• Train health workers in use of AD syringes</li> <li>• Order AD syringes and safety boxes in next UNICEF vaccine order</li> <li>• Build suitable incinerators in districts</li> <li>• Community information campaign on injection safety and benefits of AD syringes</li> <li>• Ongoing supervision/monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• An action plan for improving injection safety and safe disposal of injection supplies has been drawn up</li> <li>• Since September 2001 and throughout the Comoros, only AD syringes are used in EPI and mass campaigns, except for the BCG vaccine, which is administered with single-use injection supplies. Safety boxes (5 litres) are supplied at the same time as the</li> </ul>	<ul style="list-style-type: none"> <li>• Even though the need for incinerators has been expressed, they have still not been built in the districts</li> <li>• Injection supplies are not always disposed of under the required conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Construct incinerators in the districts</li> <li>• Organize training on injection safety and safe disposal of injection supplies</li> </ul>

	of health workers	injection supplies <ul style="list-style-type: none"> <li>• AD syringes are generally accepted by the population</li> </ul>		
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### 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

N/A
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## 2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Report :	Report progress on steps taken and update timetable for improving financial sustainability <u>Submit</u> completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
Second Annual Progress Report :	Append financial sustainability action plan and describe any progress to date. Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
Subsequent reports:	Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible. Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values.

Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gaviff.org> under FSP guidelines and annexes).

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

The financial sustainability plan for the country, with its various sections, is being finalized. It will be sent by 15 December.

### 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. Up-dated immunization targets

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

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

**Table 2 : Baseline and annual targets**

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
<b>DENOMINATORS</b>	541597	552429	563477	574747	586242	597967	609926	622734
Births	16248	16573	16903	17242	17587	17939	18298	18682

Infants' deaths	959	978	997	1017	1038	1058	1080	1102
Surviving infants	15289	15595	15907	16225	16550	16881	17218	17580
<b>Infants vaccinated with DTP3 *</b>								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	11131	12422	10498					
<b>NEW VACCINES</b>	N/A	N/A	N/A					
Infants vaccinated with DTP *(use one row per new vaccine)	11131	12422	10498					
Infants vaccinated with HepB (the HepB vaccine was administered from May 2003 onwards) *(use one row per new vaccine)	N/A	N/A	N/A					
Wastage rate of ** DTP HepB ( new vaccine)	N/A	N/A	N/A					
<b>INJECTION SAFETY</b>								
Pregnant women vaccinated with TT (to date, the national strategy has targeted women of child-bearing age but not pregnant women)	Not given	Not given	Not given					
Infants vaccinated with BCG	12944	14036	13998					
Infants vaccinated with Measles	10917	10977	11135					

\* Indicate actual number of children vaccinated in past years and updated targets

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

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

Please indicate the reasons for those changes and eventually the related modifications of targets of children, wastage rate and type of vaccine. Indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes. Summarise the related modifications of the activities and of the budgets of the

*work-plan for introduction of new vaccines and. Indicate the date of the ICC meeting when the changes have been endorsed.*

An error occurred in the transcription of the figures for the number of surviving children in our WHO/UNICEF Joint Reporting Form and for the population estimate based on the first proposal of November 2000. The projections made were low projections, and this actually results in an overestimation of the population. In the present report, all estimates derive from the intermediate population projection based on the 1991 general population and housing census, which forecasts an annual population growth rate of 2% for 1996-2001 and of 2.1% for 2001-2011. Hence the data in the WHO/UNICEF Joint Reporting Form for 2002 will be subject to modification, particularly as regards the target population and the number of surviving children. The number of deaths of infants under 1 year of age was calculated according to the infant mortality rate, which is 59 per 1000. The vaccine forecasting data will also be adjusted in line with this report. Data on DTP3 for the island of Anjouan were not available for 2002 owing to the unstable socio-political situation, so the coverage indicated in this report is incomplete (only for Grande Comore and Mohéli). For routine EPI, national policy is targeted at women of child-bearing age, not pregnant women. Consequently, data for pregnant women who had been vaccinated were not available in 2002.

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

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

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

		Formula	For year 2004
<b>A</b>	<b>Number of children to receive new vaccine</b>		14067
<b>B</b>	<b>Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan</b>	%	100%
<b>C</b>	<b>Number of doses per child</b>		3
<b>D</b>	<b>Number of doses</b>	$A \times B/100 \times C$	42201
<b>E</b>	<b>Estimated wastage factor</b>	(see list in table 3)	1.25
<b>F</b>	<b>Number of doses (incl. wastage)</b>	$A \times C \times E \times B/100$	52751
<b>G</b>	<b>Vaccines buffer stock</b>	$F \times 0.25$	13188
<b>H</b>	<b>Anticipated vaccines in stock at start of year ....</b>		18950
<b>I</b>	<b>Total vaccine doses requested</b>	$F + G - H$	46989
<b>J</b>	<b>Number of doses per vial</b>		10
<b>K</b>	<b>Number of AD syringes (+ 10% wastage)</b>	$(D + G - H) \times 1.11$	40447
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage)</b>	$I/J \times 1.11$	0
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need)</b>	$(K + L) / 100 \times 1.11$	449

### Remarks

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

**Table 3 : Wastage rates and factors**

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

*\*Please report the same figure as in table 1.*

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

**Table 4.1: Estimated supplies for safety of vaccination for the next two years with .....** (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

	<b>TABLE 4.1.1</b>	<b>Formula</b>	<b>For year 2004</b>	<b>For year 2005</b>
<b>A</b>	<b>Target of children for BCG vaccination</b>	#	14067	14855
<b>B</b>	<b>Number of doses per child</b>	#	1	1
<b>C</b>	<b>Number of ..... doses</b>	A x B	14067	14855
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	15614	16489

<b>E</b>	<b>AD syringes buffer stock <sup>1</sup></b>	$D \times 0.25$	3904	4122
<b>F</b>	<b>Total AD syringes</b>	$D + E$	19518	20611
<b>G</b>	<b>Number of doses per vial</b>	#	20	20
<b>H</b>	<b>Vaccine wastage factor <sup>2</sup></b>	<i>Either 2 or 1.6</i>	2	2
<b>I</b>	<b>Number of reconstitution <sup>3</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	1561	1649
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	234	247
	<b>TABLE 4.1.2</b>			
<b>A</b>	<b>Target of children for DTP vaccination</b>	#	14067	14855
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#	3	3
<b>C</b>	<b>Number of ..... doses</b>	$A \times B$	42201	44565
<b>D</b>	<b>AD syringes (+10% wastage)</b>	$C \times 1.11$	46843	49467
<b>E</b>	<b>AD syringes buffer stock <sup>4</sup></b>	$D \times 0.25$	11711	12367
<b>F</b>	<b>Total AD syringes</b>	$D + E$	58554	61834
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>5</sup></b>	<i>Either 2 or 1.6</i>	1.25	1.25
<b>I</b>	<b>Number of reconstitution <sup>6</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	650	686
	<b>TABLE 4.1.3</b>			
<b>A</b>	<b>Target of children for measles vaccination</b>	#	14067	14855
<b>B</b>	<b>Number of doses per child</b>	#	1	1
<b>C</b>	<b>Number of ..... doses</b>	$A \times B$	14067	14855
<b>D</b>	<b>AD syringes (+10% wastage)</b>	$C \times 1.11$	15614	16489
<b>E</b>	<b>AD syringes buffer stock <sup>7</sup></b>	$D \times 0.25$	3904	4122
<b>F</b>	<b>Total AD syringes</b>	$D + E$	19518	20611

<sup>1</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>2</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.

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

<sup>4</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>5</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.

<sup>6</sup> Only for lyophilized vaccines. Write zero for other vaccines.

<sup>7</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.

<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>8</sup></b>	<i>Either 2 or 1.6</i>	1.33	1.33
<b>I</b>	<b>Number of reconstitution <sup>9</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	2077	2193
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	240	253
<b>TABLE 4.1.4</b>				
<b>A</b>	<b>Target of pregnant women for TT vaccination (for TT : target of pregnant women)<sup>10</sup></b>	#	29312	29898
<b>B</b>	<b>Number of doses per woman</b>	#	2	2
<b>C</b>	<b>Number of ..... doses</b>	A x B	58624	59796
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	65073	66374
<b>E</b>	<b>AD syringes buffer stock <sup>11</sup></b>	D x 0.25	16268	16594
<b>F</b>	<b>Total AD syringes</b>	D + E	81341	82968
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>12</sup></b>	<i>Either 2 or 1.6</i>	1.25	1.18
<b>I</b>	<b>Number of reconstitution <sup>13</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	903	921

**Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.**

ITEM		For the year 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	19518	20611	All estimates are based on the intermediate population projection made by the 1991 general population and housing census, which forecasts an annual population growth rate of 2% for 1996-2001 and of 2.1% for 2001-2011.
	for other vaccines	159413	165413	
Total of reconstitution syringes		2077	2193	
Total of safety boxes		2027	2109	

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

<sup>8</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.

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

<sup>10</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>11</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>12</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.

<sup>13</sup> Only for lyophilized vaccines. Write zero for other vaccines.

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**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
DTP3 coverage rate	- Year 2002: DTP3 coverage rate = 65%	- Year 2002: DTP3 coverage rate = 66%	Data for the autonomous island of Anjouan were not supplied. This island comprises nearly 40% of the total population of the Comoros	- Year 2003: DTP3 coverage rate = 80%

**5. Checklist**

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	08/12/2003	
Reporting Period (consistent with previous calendar year)	2002	
Table 1 filled-in	Yes	
DQA reported on	No	
Reported on use of 100,000 US\$	Yes	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	No	To be submitted on 15 December 2003
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	

Revised request for injection safety completed (where applicable)	Yes	
ICC minutes attached to the report	No	
Government signatures	Yes	
ICC endorsed	Yes	

## 6. Comments

→ *ICC comments:*

The data contained in this report are verified by the ICC Technical Committee and reflect actual conditions in the field. Frequent changes in senior ministerial personnel responsible for health matters have had a negative impact on the speed of implementation of public health programmes, including immunization programmes.

The process of changing authorized signatures/signatories involving the outgoing minister and the current Minister of State, Minister for Social Affairs, has been lengthy and as a result the funds earmarked for the training of EPI managers were not released in 2002. It was necessary to wait until April 2003.

It is encouraging to note that despite current political problems arising from the conflict of competence between the institutions of the Union of the Comoros and the institutions of the islands, there is close cooperation between the national Expanded Programme on Immunization and the island health departments, which supervise implementation of the programme in all the health districts.

At the programme level, the EPI is systematically incorporated into the annual action plans of the respective island health departments. The development partners – in this case, the United Nations agencies – have joint annual action plans at both national and island level. These plans reflect the contributions of all players in the field of EPI and other public health programmes. This innovation at programme level facilitates coordination of activities supported by the partners and enables the national component to be more effective and efficient.



## 7. Signatures

For the Government of the UNION OF THE COMOROS, MR ALI MOHAMED SOILIH

Signature: .....

Title: Minister of State, Minister for Social Affairs and Administrative Reforms

Date: .....

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

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

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
World Health Organization (WHO)	Dr Kalambay Kalula, WR/Comoros			United Nations Children's Fund (UNICEF)	Dr Aloys KAMURAGIYE, Delegated Representative		
United Nations Population Fund (UNFPA)	Ms Batoul OUSSEIN, Assistant to the Representative			<i>Coopération française</i> [French Cooperation]			
Comoros Red Crescent							

~ End ~