



Partnering with The Vaccine Fund

June 2003

Progress Report

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

COUNTRY:

GUINEA

Date of submission: March 2004

Reporting period: 2003 (*Information provided in this report **MUST** refer to the previous calendar year*)

(Tick only one) :

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

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

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

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1. Report on progress made during the previous calendar year

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

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

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

The Inter-Agency Coordinating Committee (ICC) supervises the management of the Immunization Services Support (ISS) funds. Cheques for the disbursement of funds earmarked for the financing of activities planned by the EPI are jointly signed by the President (Secretary-General of the Ministry of Public Health (MPH) and the Vice-President (representative of WHO).

The terms of reference of the ICC include defining the mechanism for distributing, and the system for monitoring the management, of EPI resources. It is for this reason that, when the time comes to examine EPI requests to be financed from GAVI funds and other sources, the ICC calls on the assistance of technicians from the offices of WHO, UNICEF, BASICS and the Ministry of Finance.

Once any amendments have been made, the ICC adopts the requests in plenary.

A committee responsible for taking delivery of equipment purchased for the EPI from GAVI funds is established by the MPH to serve as an interface between the ICC and EPI (the presidency of this committee is provided by WHO, and one of the committee members is UNICEF).

Within the framework of the "reaching every district" approach, the ICC has given impetus to advanced strategy immunization activities and training supervision, while taking care to ensure that resources are distributed in a rational manner. The ICC also made a major contribution to the introduction of AAV in the routine EPI in 2002, as well as to the process leading to the adoption of the national policy on injection safety and its submission to GAVI.

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: USD 643 188

Remaining funds (carry over) from the previous year: 1857

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in USD	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
IEC / social mobilization	7988.77	-	686.84	7301.93	
Office supplies	6951.65	6951.65	-	-	
Organization of regional technical health committees (CTRS)	13352.39	-	13352.39	-	
Equipment at central level	34572.87	34572.87	-	-	
Operations at central level	29495.38	29495.38	-	-	
Supervision	27992.44	3805.56	12739.35	11447.53	
Cold chain fuel and advanced strategies	102180.66	-	18712.04	83468.62	
Restitution of DQA	12601.31	-	-	12601.31	
Purchase of motorcycles	78441.29	-	-	78441.29	
Total:	321 656.95	82905.77	45490.65	193260.63	
Remaining funds for next year:	321531 *				

** It is intended to use these funds for the EPI in the first half of 2004, as approved by the ICC on 18 March 2004*

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.

1. Activities

- strengthening of the advanced strategy in districts with a low level of vaccine coverage
- improvement of the logistical capacity of health centres through the purchase of 62 motorcycles and operation of the cold chain (fuel)
- organization of regional technical health committees
- implementation of the "reaching all districts" approach, focusing on application of the advanced strategy, training supervision and monthly monitoring
- social mobilization: microprogrammes for the dissemination of messages via Guinea's rural radio stations
- monitoring/evaluation: supervision of health centre immunization activities, monitoring
- restitution of recommendations from the DQA pre-test

2. Obstacles

- Social mobilization in favour of the EPI very limited
- Quantitative and qualitative inadequacy of training supervision

3. Constraints

- Human resources poorly redeployed (far too many in urban areas)
- Drop in motivation among health staff
- Existence of numerous areas to which access is difficult

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

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

YES

NO

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

Following the DQA pre-test, recommendations were formulated. To this end, the plan of action drawn up was implemented to the tune of 98%.

Degree of implementation:

- the immunization report in its new format was disseminated among health centres
- the restitution and distribution of the recommendations from the DQA pre-test is being carried out
- feedback is regularly provided to the lower levels through fortnightly decentralized meetings and in the course of meetings held within the districts
- monthly monitoring by antigen is carried out and the diagrams are posted in health centres
- awareness-building sessions for health staff on the occasion of prefectural and regional technical committee meetings and during supervisory sessions

Difficulties encountered in the course of implementation:

- human resources poorly redeployed (far too many in urban areas)
- outdated logistical facilities (vehicle) for supervision in the districts
- low level of motivation among staff
- manual processing of data in the districts (lack of computer tools)

Prospects:

- ICC has sent to GAVI a request for technical support in preparing the next DQA

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).

- Cold chain inventory in July 2003

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.

1.2.2 **Major activities**

-
- *Adapting the management tools consisted in the introduction of new parameters (AAV, calculation of wastage, APIR management) in the reporting form*
 - *restitution of the DQA pre-test*
 - *introduction of AAV in the EPI in the Conakry health centres*
 - *strengthening of the logistical capacity (motorcycles) of health centres*
 - *inventory of logistical facilities*
 - *provision of fuel for cold chains*
 - *strengthening of the advanced strategy*
 - *the construction of incinerators in the districts will commence in 2004*

1.2.3 Use of GAVI/The Vaccine Fund financial support (USD 100,000) for the introduction of the new vaccine

→ Please report on the proportion of USD 100,000 used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

The following main sectors of activity were financed with the support of GAVI / The Vaccine Fund:

Immunization services sector

Total amount in USD

Transport
9178.77

Vehicle maintenance and overheads
6856.77

Training
76 863.28

IEC / social mobilization
5157.27

Bank charges
86.36

Monitoring and surveillance
0

Available
1857.55

Total
100 000

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

Guinea has not yet received injection safety support from GAVI. A national policy document has been drawn up, adopted by the ICC and signed by the Government.

The request for injection safety support submitted to GAVI was accepted by the October 2003 session.

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

→

Indicators	Targets	Achievements	Constraints	Updated targets
NOT APPLICABLE				

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

→ NOT APPLICABLE

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

NOT APPLICABLE

3. Request for new and under-used vaccines for year 2004, 2005 and 2006 (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	2008
DENOMINATORS									
Births	320069	329030	338243	347714	357450	367459	377748	388325	399198
Infants' deaths	31365	32245	33148	31295	32172	33072	32109	31066	35928
Surviving infants	288702	296785	305095	316419	325278	334387	345639	357259	363270
Infants vaccinated with DTP3 *									
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	183 399	210579	195 101	216416	276 494	284 229	293 836	321 533	326943
NEW VACCINES									
Infants vaccinated with AAV * (use one row per new vaccine)	0	0	19404	149389	211 431	234 071	259 267	285 807	293810
Wastage rate of ** (new vaccine)									
INJECTION SAFETY									
Pregnant women vaccinated with TT	151232	192890	200392	226741	276 386	281 484	310 045	339 493	348999
Infants vaccinated with BCG	227248	246378	240594	272949	310 982	323 36	336 19	349 493	359278
Infants vaccinated with Measles	190120	196365	207298	234598	276 494	284 229	293 836	321 533	330536

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

** Indicate actual wastage rate obtained in past years

*** Aggregate number of vaccines from January to July

→ 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.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for the year** (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 AAV (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004
A	Number of children to receive new vaccine		* 211 431
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	65 %
C	Number of doses per child		1
D	Number of doses	$A \times B/100 \times C$	137430
E	Estimated wastage factor	(see list in table 3)	1,6
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	219888
G	Vaccines buffer stock	$F \times 0.25$	54972
H	Anticipated vaccines in stock at start of year		
I	Total vaccine doses requested	$F + G - H$	274860
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	213566
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	27486
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2676

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 (indicate forthcoming year)

Table 4.1: 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)

Table 6.1: Estimated supplies to ensure safe injections with BCG

		Formula	2003	2004	2005	2006
A	Target of children for BCG vaccination (for TT : target of pregnant women) ¹	<i>Make agree with the Table 4 objectives</i>	299 034	310 982	323 364	336 196
B	Number of doses per child	#	1	1	1	1
C	Number of BCG doses	A x B	299 034	310 982	323 364	336 196
D	AD syringes (+10% wastage)	C x 1.11	331 928	345 190	358 934	373 178
E	AD syringes buffer stock ²	D x 0.25	82 982	0	0	0
F	Total AD syringes	D + E	414 910	345 190	358 934	373 178
G	Number of doses per vial	20	20	20	20	20
H	Vaccine wastage factor ³	<i>Either 2 or 1.6</i>	2	2	2	2
I	Number of reconstitution ⁴ syringes (+10% wastage)	$C \times H \times 1.11 / G$	33 192	34 519	35 893	37 317
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4481	4215	4382	4556

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

² The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

³ 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 Only for lyophilized vaccines. Write zero for other vaccines

Table 6.2: Estimated supplies to ensure safe injections with DTP

		Formula	2003	2004	2005	2006
A	Target of children for DTP vaccination	<i>Make agree with the Table 4 objectives</i>	253 135	276 494	284 229	293 836
B	Number of doses per child	#	3	3	3	3
C	Number of DTP doses	A x B	759 405	829 482	852 687	881 508
D	AD syringes (+10% wastage)	C x 1.11	842 940	920 725	946 483	978 474
E	AD syringes buffer stock ⁵	D x 0.25	210735	0	0	0
F	Total AD syringes	D + E	1053675	920725	946483	978474
G	Number of doses per vial	#	10	10	10	10
H	Vaccine wastage factor ⁶	<i>Either 2 or 1.6</i>	1,6	1,6	1,6	1,6
I	Number of reconstitution ⁷ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	11 696	10 220	10 506	10 861

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

⁶ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

⁷ Only for lyophilized vaccines. Write zero for other vaccines

Table 6.3: Estimated supplies to ensure safe injections with TT

		Formula	2003	2004	2005	2006
A	Target of pregnant women for TT vaccination ⁸	<i>Make agree with the Table 4 objectives</i>	391 178	402 131	413 391	424 966
B	Number per woman for TT	#	2	2	2	2
C	Number of TT doses	A x B	782 356	804 262	826 782	849 932
D	AD syringes (+10% wastage)	C x 1.11	868 415	892 731	917 728	943 425
E	AD syringes buffer stock ⁹	D x 0.25	217 104	223 183	229 432	235 856
F	Total AD syringes	D + E	1 085 519	1 115 914	1 147 160	1 179 281
G	Number of doses per vial	#	10	10	10	10
H	Vaccine wastage factor ¹⁰	<i>Either 2 or 1.6</i>	1,6	1,6	1,6	1,6
I	Number of reconstitution ¹¹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	12 049	12 387	12 733	13 090

⁸ GAVI / The Vaccine Fund 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).

⁹ 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.

¹⁰ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

¹¹ Only for lyophilized vaccines. Write zero for other vaccines

Table 6.4: Estimated supplies to ensure safe injections with MEAS

		Formula	2003	2004	2005	2006
A	Target of children for MEAS vaccination	<i>Make agree with the Table 4 objectives</i>	253 135	276 494	284 229	293 836
B	Number of doses per child	#	1	1	1	1
C	Number of MEAS doses	A x B	253 156	276 494	284 229	293 836
D	AD syringes (+10% wastage)	C x 1.11	280 980	306 908	315 494	326 158
E	AD syringes buffer stock ¹²	D x 0.25	70 245	0	0	0
F	Total AD syringes	D + E	351 225	306 908	315 494	326 158
G	Number of doses per vial	#	10	10	10	10
H	Vaccine wastage factor ¹³	<i>Either 2 or 1.6</i>	1.6	1.6	1.6	1.6
I	Number of reconstitution ¹⁴ syringes (+10% wastage)	$C \times H \times 1.11 / G$	44 961	49 105	50 479	52 185
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4 398	3 952	4 062	4 311

¹² 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.

¹³ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

¹⁴ Only for lyophilized vaccines. Write zero for other vaccines

Table 6.5: Estimated supplies to ensure safe injections with the yellow fever vaccine

		Formula	2003	2004	2005	2006
A	Target of children for yellow fever vaccination	<i>Make agree with the Table 4 objectives</i>	189 851	211 431	234 071	259 267
B	Number of doses per child	#	1	1	1	1
C	Number of doses of yellow fever vaccine	$A \times B$	189 851	211 431	234 071	259 267
D	AD syringes (+10% wastage)	$C \times 1.11$	210 735	234 688	259 819	287 786
E	AD syringes buffer stock ¹⁵	$D \times 0.25$	52 684	0	0	0
F	Total AD syringes	$D + E$	263 419	234 688	259 819	287 786
G	Number of doses per vial	#	10	10	10	10
H	Vaccine wastage factor ¹⁶	<i>Either 2 or 1.6</i>	1,6	1,6	1,6	1,6
I	Number of reconstitution ¹⁷ syringes (+10% wastage)	$C \times H \times 1.11 / G$	33 718	37 750	41 571	46 046
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	3 298	3 024	3 345	3 706

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

ITEM		2004	2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	345 190	358 934	
	for other vaccines	2 578 235	2 688 956	
Total of reconstitution syringes		121 374	127 943	
Total of safety boxes		33 798	35 028	

¹⁵ 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.

¹⁶ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

¹⁷ Only for lyophilized vaccines. Write zero for other vaccines

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

Indicators	Targets	Achievements	Constraints	Updated targets
1. DTP3 rate	80%	68.8%	<ul style="list-style-type: none"> • Human resources poorly redeployed (far too many in urban areas) • Drop in motivation among health workers • Existence of numerous areas to which access is difficult • Vaccine stock outages 	
2. Proportion of districts having increased level of immunization coverage	80%	63% for DTP3 83% for MEAS		
3. Proportion of districts having integrated AAV into the routine EPI	100%	100%		

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 USD 100,000	X	
Injection Safety Reported on	n/a	Guinea had not yet received support in the area of injection safety
FSP Reported on (progress against country FSP indicators)	n/a	Financial sustainability plan not yet submitted
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:*

Guinea's vision of the EPI is that of the African Region set forth in its plan of action for 2000-2004. It is for this reason that all the activities carried out from 2000 to 2003 have been geared towards improving child health through the eradication of poliomyelitis and the combating of other immunization-preventable diseases within the context of strengthening of the health system.

As part of this process, the ICC, seeking as always to exercise its regulatory role with respect to the implementation of immunization activities, has been involved both upstream and downstream, above all in regard to EPI activities financed from GAVI funds.

It is along these lines that the ICC has been strongly encouraging the revitalization of the advanced strategy within the framework of the "reaching every district" approach, and it can currently be said that the activities carried out in this regard have significantly contributed to increasing the immunization coverage rates for all EPI antigens in 2003.

The desire for transparency in regard to the management of GAVI funds has led the ICC to set up a committee for the receipt of equipment purchased for the EPI. Within this committee there is a representative from WHO, from UNICEF and from other ministries.

The prospects for 2004 have mainly to do with strengthening the EPI to increase the rates of immunization coverage for all antigens and ensure the quality of the relevant data, but also with implementing activities aimed at avoiding the problems encountered in 2003, namely: very limited social mobilization in favour of the EPI, the high dependence of integrated surveillance and of the EPI on external funding, the poor redeployment of human resources (far too many in urban areas).

7. Signatures

For the Government of

Signature: Professor Amara Cissé

Title: Minister of Public Health

Date: 19 March 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/Organization	Name/Title	Date	Signature	Agency/Organization	Name/Title	Date	Signature
Ministry of Public Health	Dr Momo Camara Secretary-General			EPI	Dr Djénou Somparé Director		
WHO	Khadidiatou Mbaye Representative			Ministry of Territorial Administration and Decentralization	Mr Marcel Simbiano Chief, Support Unit		
UNICEF	Marcel RUDASINGWA Representative			Ministry of Public Health	Dr Mahi Barry ND Public Health		
EPI / PHC / EM	Dr Abdourahmane Shérif Coordinator			Ministry of Economics and Finance			

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