APPENDIX

Table A1. Institutions and health facilities where interviews were conducted

Country	Central	Region/Province	District	Health facility
		Direction	District de Bogodogo	CMA sector 30 DS Bogodogo
		regional du	<u>District de Bogodogo</u>	CMU sector 15 DS Bogodogo
		<u>centre</u>		CSPS Dassagho
Burkina Faso	DPV Central	225 6 1 1	Distric Sanitaire de Dori	CMU de Dori
		<u>DRS Sahel</u>		CSPS Seytenga
				CSPS Gandahol
		Nord region		CSPS Yatenga
		Easter Region	Afram Plain district	Presbyterian hospital Afram Plain
Ghana	Korle Bu Accra-	<u>Greater Accra</u>	<u>Lekma District</u>	Lekma Hospital
	<u>National</u>	Brong Ahafo Direc.	<u>Techiman district</u>	Holy Family hospital
				Bondo subcounty hospital
	Ministry of Health, Unit of vaccines			Rabuor Health Center
				Rota Dispensary Kisumu
			Siaya	Joo teaching and referral
				<u>hospital</u>
Kenya		Nyanza		Wagai Health Facility Siaya County
				Kisumu county hospital
			<u>Kemsa Kisumu</u>	Nyagoko dispensary Siaya
				County
			EPI-Kisumu County	Railways dispensary-Kisumu county
			EFI-RISUITIU COUTILY	Akala Health Centre
				Manhiça District Hospital
		Province of		Maragra Hospital
		<u>Maputo</u>	<u>Manhiça district</u>	Palmeira
Mozambique	Ministry of Health			Malavela
				Macia District Hospital
		<u>Province of</u>	Bilene-Macia District	Messano
		<u>Gaza</u>		Incaia
				Mwananyamala Hospital
		D 5. C. /	W's and and	Magomeni Health Centre
		<u>Dar Es Salaam</u>	<u>Kinondoni</u>	Sinza Health Centre
Tanzania	Ministry of Health			<u>Kimara dispensary</u>
Tanzama	<u>Dar Es Salaam</u>			Tandahimba hospital
		Mtwara	 Tandahimba	Kitama dispensary
				Namikupa Health Centre
				<u>Mahuta Health Centre</u>

⁴ Interviews took place where institutions are highlighted

5 Table A2. Summary of the incremental quantities of resources needed at each health system level (per country) for the introduction of the RTS,S malaria candidate vaccine

Cost item	Unit	Burkina Faso	Ghana	Kenya	Mozambique	Tanzania
		Natio	nal level			
Cold room space	m3	60	55	25	_	_
Training	no.	3	5	2	2	2
Truming	courses			_		
Mobilization	USD, first	512,260	187,925	99,546	88,553	51,017
	2 years	·				
Human resources	no. people	4	3	4	9	4
	Intermed	liate level (avera	ge across re	gions/provinc	ces)	
Cold room space	m3	2	15	_	_	-
Training	no.	1	3.67	_	2	2
Training	courses	1	3.07		2	2
Mobilization	USD, first 2 years	5,523	12,076	-	8,485	210
Human resources	no. people	0.5	0	_	_	1
Other resources	Figure					
Vaccine carriers	no.	-	500	-	-	-
Fridges	no.	-	0	-	-	-
Motorbikes	no.	-	0	-	-	-
Shelves	no	-	4	-	-	-
Ice packs	no.	-	5,400	-	-	-
Cold boxes	no.	-	225	-	-	-
Car/truck	no.	-	-	-	-	1
	Inte	rmediate level (a	verage acro	ss districts)		
Cold room space	m3	18.7	_		_	-
Cold foolii space	m2	30	9.1		_	_
Training	no.	2	5.33	4	2.5	2
Training	courses	_	3.33	·	2.3	_
Mobilization	USD, first 2 years	3,426	27,569	53,451	1,181	350
Human resources	no. people	1	0.33	11	7	1.5
Other resources						
Vaccine carriers	no.	50	-	-	-	-
Fridges	no.	2.5	2	-	-	-
Motorbikes	no.	8	-	-	-	-
Cold boxes	no.	-	-	10	-	-
Cars	no.	-	-	2	-	-
	Health f	acility level (ave	rage across l	health faciliti	es)	
Training	no.	1.4	2.33	1.67	3	2
	courses					_
Mobilization	USD, first 2 years	828	5,595	8,563	1,527	-
Human resources	no. people	1.4	0.33	4.33	1.57	3
Other resources	по. реоріе	2.1	0.55		1.57	
Vaccine carriers	no.	_	2.67	_	_	_
Cold boxes	no.	_	2.33	_	_	-
Fridges	no.	1.25	1.33	0.88	1	1
Motorbikes	no.	1.25	2.67	1.13	1.6	0.43
Cars	no.	0	0.67	0.5	1.22	0.57

7 no.: number

Table A3. Number of infants to vaccinate from 2015 to 2025, district, region and national levels

Level	Name	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
					Burkina	Faso						
District	District de Bogodogo	30,970	30,970	30,970	30,970	30,970	33,648	33,648	33,648	33,648	33,648	33,648
District	District Sanitaire de Dor	14,063	14,063	14,063	14,063	14,063	15,279	15,279	15,279	15,279	15,279	15,279
	Total districts	45,034	45,034	45,034	45,034	45,034	48,027	48,027	48,027	48,027	48,027	48,027
Region	Direction regional de ??	102,647	102,647	102,647	102,647	102,647	111,521	111,521	111,521	111,521	111,521	111,521
Region	DRS Sahel	52,113	52,113	52,113	52,113	52,113	56,619	56,619	56,619	56,619	56,619	56,619
	Total regions	154,760	154,760	154,760	154,760	154,760	168,140	168,140	168,140	168,140	168,140	168,140
National		742,617	742,617	742,617	742,617	742,617	806,820	806,820	806,820	806,820	806,820	806,820
					Gha	na						
District	Techiman Municipal	7,346	7,346	7,346	7,346	7,346	7,492	7,492	7,492	7,492	7,492	7,492
District	Afram Plain Kwahu ??	7,750	7,750	7,750	7,750	7,750	7,004	7,004	7,004	7,004	7,004	7,004
District	Lekma district	8,095	8,095	8,095	8,095	8,095	8,255	8,255	8,255	8,255	8,255	8,255
	Total districts	23,191	23,191	23,191	23,191	23,191	23,652	23,652	23,652	23,652	23,652	23,652
Region	Easter Region	93,514	93,514	93,514	93,514	93,514	95,370	95,370	95,370	95,370	95,370	95,370
Region	Greater Accra	142,413	142,413	142,413	142,413	142,413	145,239	145,239	145,239	145,239	145,239	145,239
Region	Brong Ahafo Direc.	82,072	82,072	82,072	82,072	82,072	83,701	83,701	83,701	83,701	83,701	83,701
	Total regions	317,998	317,998	317,998	317,998	317,998	324,309	324,309	324,309	324,309	324,309	324,309
National		884,938	884,938	884,938	884,938	884,938	902,502	902,502	902,502	902,502	902,502	902,502
					Ken	ya						
District	Saya	19,148	19,148	19,148	19,148	19,148	20,101	20,096	20,096	20,096	20,096	20,096
District	Kisuma	23,239	23,239	23,239	23,239	23,239	24,396	24,389	24,389	24,389	24,389	24,389
	Total districts	42,386	42,386	42,386	42,386	42,386	44,497	44,485	44,485	44,485	44,485	44,485
National		1,603,963	1,603,963	1,603,963	1,603,963	1,603,963	1,683,819	1,683,366	1,683,366	1,683,366	1,683,366	1,683,366
	Mozambique											
District	Manhica district	9,909	9,909	9,909	9,909	9,909	10,821	10,821	10,821	10,821	10,821	10,821
District	Macia Bilene district	6,415	6,415	6,415	6,415	6,415	7,004	7,004	7,004	7,004	7,004	7,004
	Total districts	16,324	16,324	16,324	16,324	16,324	17,825	17,825	17,825	17,825	17,825	17,825
National		1,125,677	1,125,677	1,125,677	1,125,677	1,125,677	1,229,170	1,229,170	1,229,170	1,229,170	1,229,170	1,229,170

Level	Name	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
	Tanzania											
District	Kinondoni	72,386	72,386	72,386	72,386	72,386	79,419	79,419	79,419	79,419	79,419	79,419
District	Tandahimba	9,278	9,278	9,278	9,278	9,278	10,179	10,179	10,179	10,179	10,179	10,179
	Total districts	81,664	81,664	81,664	81,664	81,664	89,599	89,599	89,599	89,599	89,599	89,599
Region	Dar es Salaam	177,984	177,984	177,984	177,984	177,984	195,278	195,278	195,278	195,278	195,278	195,278
Region	Mtwara	51,825	51,825	51,825	51,825	51,825	56,860	56,860	56,860	56,860	56,860	56,860
	Total regions	229,809	229,809	229,809	229,809	229,809	252,139	252,139	252,139	252,139	252,139	252,139
National		2,162,687	2,162,687	2,162,687	2,162,687	2,162,687	2,372,830	2,372,830	2,372,830	2,372,830	2,372,830	2,372,830

Notes: Number of births minus 1/2 infant mortality, assuming that 1/2 of infants who dies will not even receive one dose whereas those surviving will receive all doses.

Sources: National figures and infant mortality from United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, DVD Editions. District and regional figures from local most recent population censuses. It is assumed that the number of births at the local level is proportionally the same as at the national level.

Table A4. Minimum and maximum estimates of average cost per FVC assuming vaccine price of USD 2 or 10

	Burkir	na Faso	Gh	iana	K	enya	Mozar	mbique	T	anzania
Cost item	USD	% of subtotal	USD	% of subtotal	USD	% of subtotal	USD	% of subtotal	USD	% of subtotal
Non-recurrent costs	•	•	•	•	•	•	•	•	•	
Cold room/equipment										
Min	0,28	14,47	0,36	28,73	0,91	7,23	0,61	18,43	2,29	55,71
Max	0,29	14,60	0,40	18,34	0,91	6,62	0,64	17,04	2,75	51,04
Training										
Min	0,15	7,89	0,29	22,59	0,37	3,00	0,13	4,01	0,22	5,39
Max	016	8,16	0,90	41,89	0,86	6,28	0,17	4,70	0,32	5,90
Mobilization										
Min	0,13	6,44	0,18	14,14	0,14	1,11	0,08	2,56	0,00	0,07
Max	0,14	7,23	0,43	19,67	0,26	1,85	0,13	3,41	0,00	0,07
Human resources										
Min	1,73	90,15	0,58	46,13	13,78	109,87	2,92	87,93	2,57	62,56
Max	1,73	88,86	0,62	28,79	14,50	105,81	3,27	87,67	3,59	66,61
Between levels adjustment (-)										
Min	0,36	18,96	0,15	11,59	2,66	21,22	0,43	12,93	0,97	23,73
Max	0,36	18,84	0,19	8,68	2,82	20,56	0,47	12,82	1,27	23,62
Sub-total										
Min	1,91	100,00	1,27	100,00	12,54	100,00	3,32	100,00	4,10	100,00
Max	1,95	100,00	2,15	100,00	13,71	100,00	3,73	100,00	5,39	100,00
Recurrent costs (vaccine relate	d)	•	•	•	•	•	•	•	•	
Vaccine										
Min	6,75	89,43	7,40	85,37	7,64	88,75	6,55	84,63	7,01	88,16
Мах	33,8	89,43	37,0	85,38	38,18	88,76	32,74	84,63	35,06	88,17
Vaccine wastage										
Min	0,79	10,56	1,27	14,62	0,96	11,23	1,19	15,36	0,94	11,83
Мах	3,98	10,56	6,34	14,62	4,83	11,24	5,94	15,36	4,71	11,83
Air freight										

	Burkin	a Faso	Gha	na	Ke	enya	Mozam	bique	Tar	nzania
Min	0,001	0,010	0,001	0,010	0,001	0,012	0,001	0,010	0,001	0,009
Max	0,002	0,004	0,002	0,004	0,001	0,002	0,001	0,002	0,002	0,003
Out tatal		1 1		1 1		1 1				1
Sub-total	7.55	400.00	0.00	100.00	0.00	400.00	7.70	400.00	7.05	100.00
Min	7,55	100,00	8,68	100,00	8,60	100,00	7,73	100,00	7,95	100,00
Max	37,7	100,00	43,39	100,00	43,01	100,00	38,68	100,00	39,77	100,00
Recurrent costs (four doses at h	nealth facility)	 		 		 				T
Labor										
Min	0,02	4,01	0,04	10,88	0,08	14,40	0,02	7,05	0,16	15,09
Max	0,24	10,31	0,25	10,62	0,09	7,43	0,17	5,19	0,23	19,93
Supplies										
Min	0,30	95,99	0,30	89,12	0,47	85,60	0,38	92,95	0,90	84,91
Max	2,02	89,69	2,08	89,38	1,03	92,57	3,21	94,81	0,90	80,07
Sub-total										
Min	0,31	100,00	0,33	100,00	0,54	100,00	0,40	100,00	1,06	100,00
Max	2,23	100,00	2,33	100,00	1,12	100,00	3,38	100,00	1,12	100,00
Total cost (four doses at health	facility)									
Min	9,78		10,28		21,70		11,46		13,11	
Max	41,95		47,87		57,83		45,80		46,27	
Recurrent costs (three doses at	health facility	, one as outre	each)							1
Labor										
Min	0,07	16,83	0,18	23,64	0,14	22,69	0,25	33,22		
Max	0,97	28,58	0,74	19,22	0,23	17,73	0,38	11,29		
Supplies										
Min	0,03	7,23	0,30	39,12	0,47	76,44	0,38	51,65		
Max	0,40	11,72	2,08	54,04	1,03	81,41	2,84	85,03		
Fuel										
Min	0,30	75,94	0,29	37,24	0,01	0,87	0,11	15,14		•
Max	2,03	59,71	1,04	26,74	0,01	0,86	0,12	3,68		

	Burkina	a Faso	Ghan	ıa	Ke	nya	Mozam	bique	Tan	zania
Sub-total										
Min	0,40	100,00	0,76	100,00	0,61	100,00	0,73	100,00		
Max	3,38	100,00	3,86	100,00	1,27	100,00	3,34	100,00		
Total cost (three doses at health	facility, one a	as outreach)								
Min	9,87		10,71		7,64		11,79			
Max	43,08		49,40		38,18		45,75			

Table A5. Estimated time for reconstruction and administration of 1 dose needle-administered vaccine and for outreach delivery

	Average personnel time for reconstruction and administration 1 dose at the health facility level (minutes)*	Average commuting time for outreach delivery at the health facility level (minutes)**
Burkina Faso	1.53	60.22
Ghana	3.59	120
Kenya	2.00	57.5
Mozambique	4.40	85
Tanzania	4.38	NA

^{*}This estimate was done across self reported time needed for vaccine reconstruction and administration of 1 dose across health facilities per each vaccine similar to RTS,S, that is needle administered vaccines (e.g., polio oral vaccine was not included). Average time per vaccine was, then averaged across the vaccines considered (number and type of vaccines was different across country – e.g., yellow fever was not considered in Mozambique as the country is not endemic, but it was for Burkina Faso).

^{**}This estimate reflects the scenario in which the fourth dose is delivered in an outreach manner. These average values were calculated across health facility for each vaccine type. As for administration time, average time per vaccine was, then averaged across the vaccines considered. The reported time taken to reach the communities (and back) was then divided by an average speed of cars/motorbikes (assumed as 60km/hour), divided by the number of km per liter of gasoline and multiplied by cost of a liter of gasoline.

Questionnaire for representatives of the Expanded Programme on Immunization

Cost of implementation of malaria vaccination programmes in five select sub-Saharan African countries

(Burkina Faso, Ghana, Kenya, Mozambique, Tanzania)

Country, specify:	
Level of interview (Ministry of Health, district, province, health facility, etc), specify:	
Where relevant provide your feedback specifically in the light of the level that is applying to	
your role and responsibility as per above information	
Questionnaire #(for level specified above):	
MONITORING, EVALUATION AND QUALITY CONTROL OF EPI	
1 Name the systems of monitoring, evaluation and quality control of EPI	HIGH
a	
b	
С.	
VACCINES PROCUREMENT AND GENERAL INFORMATION	
2 In the last 3 years, detail the formulation of each vaccine in EPI and your supplier/producers	HIGH

Vaccine	Formulation	Producer
YF		
BCG		
OPV		
Measles		
VitaminA		
Rotavirus		
Td		

MR	
DTwPHibHepB	
Pneumo_conj	

Please, verify whether EPI schedule provided applies to your country:

YF=Yellow fever vaccine; BCG=Bacille Calmette-Guérin vaccine; OPV=Oral polio vaccine; Measles=Measles vaccine; VitaminA=Vitamin A supplementation; TT=Tetanus toxoid; Pneumo_conj=Pneumococcal conjugate vaccine; DtwPHibHepB=Diphtheria and Tetanus and Pertussis and Haemophilus influenzae and Hepatitis B; IPV=Inactivated polio vaccine; Rotavirus=Rotavirus vaccine; HPV=Human Papillomavirus vaccine

(cross the countries that are not applicable)	Antigens	Schedules	Provide information in this column if deviating from information in previous column	Comments
Burkina Faso	YF	9 months;		
	BCG	birth;		
	OPV	birth; 8, 12, 16 weeks;		
	Measles	9 months;		
	TT	1st contact pregnancy; +1 month; +1, +2, +3 years;		
	Pneumo_conj	8, 12, 16 weeks;		
	DTwPHibHep B	8, 12, 16 weeks;		
	Rotavirus	8, 12, 16 weeks;		
Ghana	YF	9 months;		
	BCG	birth;		
	OPV	birth; 6, 10, 14 weeks;		
	Measles	9, 18 months;		
	VitaminA	6, 12, 18, 24, 30, 36 months;		

	Rotavirus	6, 10 weeks;		
	Td	1st contact; +1, +6 months; +1 year;		
	MR	9 months;		
	DTwPHibHep B	6, 10, 14 weeks;		
	Pneumo_conj	6, 10, 14 weeks;		
Kenya	YF	9 months;		
	BCG	birth;		
	OPV	6, 10, 14 weeks;		
	Measles	9 months;		
	VitaminA	6-11, 12-59 months;	0.	
	TT	1st contact pregnancy; +1, +6 months; +1, +1 year;		
	Pneumo_conj	6, 10, 14 weeks;		
	DTwPHibHep B	6,10,14 weeks;		
	IPV			
	Rotavirus			
	HPV			
Mozambique	BCG	birth;		
	OPV	6, 10, 14 weeks;		
	Measles	9 months;		
	VitaminA	6, 12, 18, 24, 30, 36 months;		
	TT	1st contact; +1, +6		

		months; +1, +1 year;			
	Pneumo_conj	6, 10, 14 weeks;			
	DTwPHibHep B	6, 10, 14 weeks;			
	HPV	10 years;			
Tanzania	BCG	birth;			
	OPV	Birth; 6, 10, 14 weeks;			
	Measles	9 months;			
	ТТ	1st contact; +1, +6 months; +1, +1 year;			
	Pneumo_conj	6, 10, 14 weeks;			
	DTwPHibHep B	6, 10, 14 week;			
	Rotavirus	, 10 weeks;			
In the last 3	3 years, what v	was the avera	age frequency in s	supplying each v	accine?
YF: _	_ a year	BCG: _	_ a year	OPV: _ _	a year
Measles:	_ a ye	ear Vitamin	A : _ a	year TT : _	a year
Pneumo conj	j: _ _ _	a year DTw	/PHibHepB: _	a year	
HPV: _	_ a year	Rotavirus	:: a y	rear	
Can you es	timate the me	an rate of va	ccine wastage (al	l causes includin	g e.g. expiry,
rupture of o	cold chain) at	all levels bas	ed on experience	with current EP	I
	-	-	minimum and a i		ider all level,
from centra	al up to local c	or only the le	vel you are respo	nsible for .	
Central level:	: %	min	% max	_ %	

Regional level:	% min % max %
Local level:	_ % min % max %
In the last 3 y	years, which were the main funders for each type of vaccine?
Vaccine	Funders
YF	
BCG	
OPV	
Measles	
VitaminA	
Rotavirus	
Td	
MR	
DTwPHibHep B	
Pneumo_conj	
In the last 2 x	years, what was the mean share of national health budget dedicated to
_	u also establish a minimum and a maximum?
·	
_ %	over the whole national health budget min _ % max _ %
What is the a	average budget projected for the EPI for the next 5 years at the national
level or the le	evel that applies to you? If there is not such projection, can you estimate
it?	
_ _ _	_ _ _ currency
min _	_ max _ _ _ _ _ _
2 Which are:	the most recent estimates on the average coverage (min and may) of each vaccine

at the level that applies to you?

YF	%	min _ %	max %	
BCG	%	min _ %	max %	
OPV	%	min _ %	max %	
Measles	%	min _ %	max _ %	
Vitamin A	%	min _ %	max %	
тт	%	min _ %	max %	
Pneumo conj	%	min _ %	max _ %	
HPV	%	min _ %	max _ %	
DTwPHibHepB	_ %	min %	max %	
Rotavirus	_%	min %	max %	
4 How many doses of each vaccine on average entered and many were distributed to the lower level (HIGH, MEDIUM) last year?				
YF : IN _		OUT _	_ _ _	
If IN ≠ OUT please specify reason				
BCG: IN _	_ _	_ OUT <u> </u>	_ _ _ _	
If IN ≠ OUT pleas	se specify reason			
OPV: IN _	_	_ OUT <u> </u>	_ _ _	

If IN ≠ OUT please specify reason	
Measles: IN _ _ _ _ OUT _ _	_ _ _
If IN ≠ OUT please specify reason	
Vit A: IN _ _ _ _ _ OUT _ _ _ _	_ _
If IN ≠ OUT please specify reason	
TT: IN _ _ OUT _ _ _ _	
If IN ≠ OUT please specify reason	
Pneumo conj: IN _ _ _ _ OUT _ _	_ _ _
If IN ≠ OUT please specify reason	
HPV: IN _ _ _ _ OUT _ _ _ _ _	_ _
If IN ≠ OUT please specify reason	
DtwPHibHepB: IN _ _ _ _ OUT _ _	_ _ _
If IN ≠ OUT please specify reason	
Rotavirus: IN _ _ _ _ _ OUT _ _ _	II
If IN ≠ OUT please specify reason	

What are the current social mobilization activities in place for immunization (e.g. posters, T shirts, radio)? Can you estimate the total costs of each of them?

		cost _ _ _ _ currency min _ _ _ _ _ _ max _ _ _
	b.	cost _ _ _ _ _ _ currency min _ _ _ _ _ _ _ max _ _ _
	c.	
	d.	cost _ _ _ _ _ currency min _ _ _ _ _ _ max _ _ _ _
5	for	w much additional fund can you estimate are needed for sensitization activities the introduction of an additional vaccine (first 2 years)?
	st _ n _	_ _ _ _ _ _ _ currency
6	□у	here a surveillance system in place for vaccine preventable diseases in the country? es, in the whole country yes, in some areas only
7	□ N	no manages the surveillance system in place? Ministry of Health esearch institutions IGOs

□ Other
8 Which is the annual costs of running such a surveillance system (or can you estimate how much it may cost each year?)
cost _ _ _ _ currency
min _ _ _ max _ _ _ _ _
CUSTOM CLEARANCE
Concerning the air freight (including insurance), what is the cost or tariff per m ³ ?
_ local currency/m ³
What is the freight volume?
Small scale: liters
Medium scale: liters
Large scale: liters
What is the number of freights a year?
Small scale: freights
Medium scale: freights
Large scale: freights
What is the number of freights a year?
Small scale: _ freights

Medium scale: freights
Large scale: _ freights
What is the average transit time?
hours
COLD CHAIN STORAGE
What is the tariff per m³ a month?
_ _local currency
What is the storage volume?
Small scale: _ liters
Medium scale: _ liters
Large scale: _ liters
What are on the average the months of storage a year?
Small scale: months
Medium scale: _ months
Large scale: _ months
SUPPLY CHAIN MANAGEMENT
Where is your central storage located?

9	Diagos deseribe in b	ound logistics /sl	and all that applies	١.	
HIGH					
a.	How is the central stor	age equipped?			
□ With	trucks from the airport	t and number	;		
□ With	trucks from the port a	nd number ;			
□ Eve	ry month, otherwise Ev	ery			
What	is your current capac	ity of the central/	intermediate storag	e system?	
	MEDIUM	-	_		
b.	Effective storage volur	me (m³)		_ Tariff/m3 <u> </u> _	
c. d.	yearly average utilized inventory turnover rate				
e.	OR average duration a			al warehouse	
(days)					
10	How many personne	I work at the cent	ral/intermediate sto	rage, by role, and	
how n	nany EPI vaccines sto	ored/handled on t	he average?	HIGH/MEDIUM	
Role_		Number	Annual salary	#	
vaccin	es				
Role _		Number	Annual salary	#	
vaccin	es				
Role _		Number	Annual salary	#	
vaccin	es				
Role _		Number	Annual salary	#	
vaccines					
11	Other costs (annual)	at the central/into	ermediate storage		
HIGH/	MEDIUM				
Electri	city	currency			
Rent_		currency			
Mainte	enance	currency			
Other		currency			
Other		currency			

12 Would the storage sys an incremental vaccine with HIGH/MEDIUM	_	at your level be ready to accommodate ources?
□ Yes, the estimated space ca	apacity is	m3
□ No, because		
13 If no, please detail the	additional resour	ces needed
Personnel:		
Role	Number	-
Role	Number	
Role	Number	_
Role	Number	
Role	Number	_
Durable goods:		
□ More space M ²		
□ More cold room space M ³		
□ Other		
Other		
14 How often does the di	stribution of vacci	nes from central/intermediate storage
to the other country levels to		· ·
HIGH/MEDIUM		
□ weekly		
□ monthly		
□ Other, specify:		
= oo., op		
15 What kind of rule regu	ılates vaccine dist	ribution?
HIGH/MEDIUM		
	ased on predeterm	ned rules and not depending on request
from lower levels of the system		incu raics and not depending on request
□ pull (distribution happens up	,	ver levels of the system)
	on request from low	or levels of the system,
□ Other		

HIGH/MEDIUM
□ Through transportation (mean of transportation owned by the government) directly
organized by the government
□ Transportation and distribution out-sourced to private companies
□ Other
What is your current capacity of the transportation system organized by the
government? HIGH/MEDIUM
How many trucks/cars? _ _ _
Number of cold boxes _ _
Effective transportation volume capacity (m³) _ _
17 Which are on average (min, max) the annual transportation costs for vaccine
distribution? HIGH/MEDIUM
Personnel _ _ _ _ currency
min _ _ max _ _ _
Fuel _ _ _ _ _ currency
min _ _ max _ _
Maintenance _ _ _ _ _ currency
min _ _ _ max _ _ _ _
Other _ _ _ _ _ _
currencymin _ _ _ _ max _ _ _ _
What is the approximate distance between this storage place and the next level?
HIGH /MEDIUM
Average _kilometers min _ % max _ %

What is the availability of cold boxes?

Aver	age number _ _ cold boxes	min max _ _
Wha	at is the estimated capacity of a co	old box?
Aver	age liters	min _ max _
Acto	ors involved in supply chain and r	oles (public/partnership public-
priv	ate/private/non-governmental org	anizations)
HIGI	H/MEDIUM	
Publi	ic	
	S	
Partr	nership public-	
priva	ite	Roles
NGO	s	Roles
HUN	IAN RESOURCES AT EPI FACILIT	Y (VACCINE ADMINISTRATION)
Ном	, many amployage at this layel - H	lealth facility delivering EPI?per type of role
	nagers, nurse, etc.)?	leantifiacinty derivering Li 1: per type of fole
liiai	nagers, nurse, etc.):	
•	How many managers?	_ _ _
•	How many nurses?	_ _ _
•	How many physicians?	_ _ _
•	Other	_
•	Other	
•	Other	
		1111

How	many additional employees (roles and average salaries per role) would be	
need	ded for the introduction of the new vaccine?	
•	How many <u>additional</u> managers? _ (EPI) _ (outside EPI)	
•	yearly salary currency	
•	How many additional nurses? _ _ _ yearly salary _ _ _ _	
curre	ency	
•	How many additional physicians? _ yearly salary _ _ _	
curre	ency	
•	Other yearly salary	
curre	ency	
•	Other yearly salary _ _ _	
curre	ency	
•	Other _ _ _ _ _ yearly salary _ _ _ _	
curre	ency	
TRA	INING	
youi	many training courses organized in the last 3 years for EPI nationally or at revel) and for how many days each course on the average (min, max)?	ALL
Num	ber of days min _ max _	
	nber of participants (and roles), resources used and costs typically in junction with the introduction of a new vaccine	ALL
• min	· · · · · · · · · · · ·	
•	<u>organizers</u> ; average cost perdiems min _ _ _	

currency_____

max|__|_|_|

•	_ attendants; average hotel cost _ _ currency
min _	_ max _ _ _
•	Average travel cost currency
min _	_ max _ _ _
•	Average cost refreshment currency
min _	_ max _ _ _
•	Average cost training material currency
min _	_ max _ _
•	Average cost stationary _ _ _ currency
min _	_ max _ _
•	Average cost other, specify: _ _ _ _
curren	cy
min _	_ max _ _
•	Average cost other
min _	_ max _ _
How r	many additional training courses at this level would be needed for the ALL
	many additional training courses at this level would be needed for the ALL duction of a new vaccine (during the first 2 years of introduction)?
introd	
introd Addition	uction of a new vaccine (during the first 2 years of introduction)?
Addition SPEC	uction of a new vaccine (during the first 2 years of introduction)?
Addition SPEC	uction of a new vaccine (during the first 2 years of introduction)? onal courses _ _ IFIC TO HEALTH FACILITIES (LOW LEVEL)
Addition SPEC	uction of a new vaccine (during the first 2 years of introduction)? IFIC TO HEALTH FACILITIES (LOW LEVEL) are your current capital resources: How many refrigerators? spare capacity: _
Addition SPEC What	uction of a new vaccine (during the first 2 years of introduction)? IFIC TO HEALTH FACILITIES (LOW LEVEL) are your current capital resources: How many refrigerators? spare capacity: _
Addition SPEC What	duction of a new vaccine (during the first 2 years of introduction)? IFIC TO HEALTH FACILITIES (LOW LEVEL) are your current capital resources: How many refrigerators? _ spare capacity: _ _ es)
Addition SPEC What	uction of a new vaccine (during the first 2 years of introduction)? IFIC TO HEALTH FACILITIES (LOW LEVEL) are your current capital resources: How many refrigerators? _ _ _ spare capacity: _ _ _ es) Total capacity _ _ _ m³

Цали	any additional ratifica	rotoro	1 1 1
	any additional refrige	rators? _	-
Total ad	dditional capacity	l	m³
How ma	any additional vehicle	es used for EPI?	
Cars	_ _ _		
Motorbi	kes		
/hat is the n	umber of doses suլ	oplied and delivered o	of each vaccine last ye
2014)?			
Vaccine	Doses supplied	Doses delivered	Main reasons why doses supplied <doses delivered<="" th=""></doses>
YF			
BCG			
OPV		101	
Measles			
VitaminA			
Rotavirus			
Td			
MR			
DTwPHibHep			
В			

How many personnel work at the immunization department in your health facility?

Role	Number	Annual salary				
Role	Number	Annual salary				
Role	Number	Annual salary				
Role	Number	Annual salary				
Would the health facility	be ready to accomi	modate an increment	tal vaccine with n			
additional resources?						
□ Yes □ No						
If yes, what is the estimat	ed spare capacity in t	erms of # doses?				
18 If no, what is the	estimated additional	resourcing needed?				
Personnel:						
Role	Number	(EPI) Number	(outside EPI)			
Role	Number	(EPI) Number	(outside EPI)			
Role	Number	(EPI) Number	(outside EPI)			
Role	Number	(EPI) Number	(outside EPI)			
Role	Number	(EPI) Number	(outside EPI)			
Durable goods:						
□ More refrigeration space	e M ³					
□ Other	Quantity					
□ Other	Quantity					

Can you please state which are the modalities of delivering vaccination for each type of vaccine (whether outreach or at the health facility or which percentage is outreach and which is at the health facility)?

Vaccine	Modality
YF	Outreach% Health facility%
BCG	Outreach% Health facility%
OPV	Outreach% Health facility%
Measles	Outreach% Health facility%
VitaminA	Outreach% Health facility%

Rotavirus	Outreach% Health facility%
Td	Outreach% Health facility%
MR	Outreach% Health facility%
DTwPHibHep B	Outreach% Health facility%
Pneumo_conj	Outreach% Health facility%

19 Resources used and costs associated with the administration of 1 dose including reconstitution at the health facility

Vaccine	Resources			
YF	Personnel: Health personnel involved			
	Minutes of administration	min%	max%	
	Number of Syrings used	Costs	Wastage9	6
	Number syringes/cold box	_ Costs _		
	Other materials used, specify		Costs 1	Costs 2
BCG	Personnel: Health personnel involved			
	Minutes of administration	min%	max%	
	Number of Syrings used	Costs	Wastage%	6
	Number syringes/cold box	Costs	·	
	Other materials used, specify		Costs 1	_Costs 2
OPV	Personnel: Health personnel involved			
	Minutes of administration	min%	max%	
	Number of Syrings used	Costs	Wastage_	%
	Number syringes/cold box	Costs		
	Other materials used, specify		Costs 1	_Costs 2
Measles	Personnel: Health personnel involved			
	Minutes of administration	min%	max%	

Number syringes/cold box	Costs		
Other materials used, specify		Costs 1	_Costs 2
Personnel: Health personnel involved			
Minutes of administration	min%	max%	
Number of Syrings used	Costs	Wastage_	%
Number syringes/cold box	Costs		
Other materials used, specify		Costs 1	Costs 2
Personnel: Health personnel involved			
Minutes of administration	min%	max%	
Number of Syrings used	Costs	Wastage_	%
Number syringes/cold box	Costs		
Other materials used, specify		Costs 1	Costs 2
Personnel: Health personnel involved			
Minutes of administration	min%	max%	
Number of Syrings used	Costs	Wastage_	%
Number syringes/cold box	Costs		
Other materials used, specify		Costs 1	Costs 2
Personnel: Health personnel involved			
Minutes of administration	min%	max%	
Number of Syrings used	Costs	Wastage_	%
Number syringes/cold box	Costs		
Other materials used, specify		Costs 1	Costs 2
	Personnel: Health personnel involved Minutes of administration Number of Syrings used Number syringes/cold box Other materials used, specify Personnel: Health personnel involved Minutes of administration Number of Syrings used Number syringes/cold box Other materials used, specify Personnel: Health personnel involved Minutes of administration Number of Syrings used Number of Syrings used Number syringes/cold box Other materials used, specify Personnel: Health personnel involved Minutes of administration Number of Syrings used Number syringes/cold box Minutes of administration Number of Syrings used Number of Syrings used Number of Syrings used Number syringes/cold box	Personnel: Health personnel involved Minutes of administration	Personnel: Health personnel involved Minutes of administration

	Minutes of administration	min%	max%	
	Number of Syrings used	Costs	Wastage	%
	Number syringes/cold box	Costs		
	Other materials used, specify		Costs 1	_Costs 2
Pneumo_conj	Personnel: Health personnel involved			
	Minutes of administration	min%	max%	
	Number of Syrings used	Costs	Wastage_	_%
	Number syringes/cold box	Costs	/	
	Other materials used, specify		Costs 1	_Costs 2

20 Resources used and costs associated with the administration of 1 dose outreach including reconstitution

Vaccine	Resources				
YF	Personnel: Health personnel involved				
	Minutes of administration		min%_	max%	
	Number of Syrings used	2	_Costs _		
	Other material used, specify:			_Costs 1	Costs
	Average commute time	_ Min%		_max%	
BCG	Personnel: Health personnel involved				
	Minutes of administration		min%_	max%	
	Number of Syrings used		_Costs _		
	Other material used, specify:			_Costs 1	Costs
	Average commute time	_ Min%		_max%	
OPV	Personnel: Health personnel involved				

	Minutes of administration		min%_		_max%	
	Number of Syrings used		_Costs _			
	Other material used, specify:2			_Costs	1	Costs
	Average commute time	Min%		_max%	D	
Measles	Personnel: Health personnel involved					
	Minutes of administration					
	Number of Syrings used		_Costs _			
	Other material used, specify:					Costs
	Average commute time	Min%		_max%		
VitaminA	Personnel: Health personnel involved					
	Minutes of administration		min%_		_max%	
	Number of Syrings used		_Costs _			
	Other material used, specify:			_Costs	1	Costs
	Average commute time	_ Min%		_max%		
Rotavirus	Personnel: Health personnel involved					
	Minutes of administration		min%_		_max%	
	Number of Syrings used		_Costs _			
	Other material used, specify:			_Costs	1	Costs
	2					
	Average commute time	Min%		_max%	, D	
Td	Personnel: Health personnel involved					
					_,	
	Minutes of administration		min%_		_max%	
	Number of Syrings used		_Costs _			
	Other material used, specify:			_Costs	1	Costs
	2					

	Average commute time	_ Min%		_max%_		
MR	Personnel: Health personnel involved					
	Minutes of administration					
	Number of Syrings used		_Costs _		·	
	Other material used, specify:2			_Costs 1		_Costs
	Average commute time	_ Min%		_max%_		_\
DTwPHibHep B	Personnel: Health personnel involved			_		
	Minutes of administration		_ min%_	n	nax%	
	Number of Syrings used		_Costs _			
	Other material used, specify:2		X	_Costs 1		_Costs
	Average commute time	_ Min%		_max%_		
Pneumo_conj	Personnel: Health personnel involved					
	Minutes of administration	<u> </u>	_ min%_	n	nax%	
	Number of Syrings used		_Costs _			
	Other material used, specify:2			_Costs 1		_Costs
	Average commute time	_ Min%		_max%_		

STROBE Statement—Checklist

The costs of implementing vaccination with the RTS,S malaria vaccine in five sub-Saharan African countries

> Item No

Recommendation

Where

Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	Abstract - Methods
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	Abstract - Results/Conclusion
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	Introduction - 4 first paragraphs
Objectives	3	State specific objectives, including any prespecified hypotheses	Introduction - last paragraph
Methods			
Study design	4	Present key elements of study design early in the paper	Detailed in methods
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Methods - data collection
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants	Methods - data collection ; Perpective and scope
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Methods - Cost components
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Methods - Data collection; Cost components
Bias	9	Describe any efforts to address potential sources of bias	Discussion
Study size	10	Explain how the study size was arrived at	Methods - data collection
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Methods
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	NA
		(b) Describe any methods used to examine subgroups and interactions	NA
		(c) Explain how missing data were addressed	NA
		(d) If applicable, describe analytical methods taking account of sampling strategy	NA

(\underline{e}) Describe any sensitivity analyses

Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	NA (cost study)
		(b) Give reasons for non-participation at each stage	NA (cost study)
		(c) Consider use of a flow diagram	NA (cost study)
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	NA (cost study)
		(b) Indicate number of participants with missing data for each variable of interest	NA (cost study)
Outcome data	15*	Report numbers of outcome events or summary measures	Results
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	Results
		(b) Report category boundaries when continuous variables were categorized	Results
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	Results
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	NA
Discussion			
Key results	18	Summarise key results with reference to study objectives	Discussion
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Discussion - 8th paragraph
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Discussion

Generalisability	21	Discuss the generalisability (external validity) of the study results	Discussion
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Declaration of Conflicting Interests

^{*}Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.