



Annual Progress Report 2008

presented by

The Government of

TOGO

Report for the Year: __2008__

Application for support for the year:

Date of the presentation: 15 May 2009

Deadline for the presentation: 15 May 2009

Please send an electronic copy of the annual progress report and all attachments to the following e-mail address: apr@gavialliance.org

A hard copy can be sent to:

**Secrétariat de GAVI Alliance,
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CH- 1202 Genève,
Switzerland**

For further information, please contact: apr@gavialliance.org or one of the representatives of a partner institution of GAVI. The documents may be made available to the partners of GAVI, their collaborators, and to the public.

Government Signature page for all GAVI support (ISS, INS, NVS, HSS, CSO)

Please note that Annual Progress Reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health and the Minister of Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that the funds have been used in accordance with the GAVI Alliance Terms and Conditions as stated in section 9 of the Application Form.

On behalf of the Government of TOGO

Minister of Health:

Mr. Komlan MALLY

Title: Minister of State, Minister of Health

Signature:

Minister of Finance:

Mr. Adjì Otèth AYASSOR

Title: Minister of Economy and Finance

Signature:

Date:

Date:

This report has been compiled by:

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ICC Signatures page

If the country is reporting on ISS, INS, NVS support

We, the undersigned, members of the Interagency Coordination Committee (ICC), 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 Alliance 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 from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Full name	Title	Agency / Organization	Signature	Date
Mr. Komlan MALLY	Minister of State, Minister of Health	Ministry of Health		
Dr Kadri TANKARI	Resident representative	WHO Togo		
Madame Una McCAULEY	Resident representative	UNICEF Togo		
Dr Koku Sika DOGBE	Secretary general	General Directorate of Health		
M. HOUNGLONOU		Ministry of Economy and Finances		
M. Issaka LAGUEBANDE	Speech writer	Ministry of Development and land-use management		
M. Gbehomilo - Nyelolo TOMECAH	Chairman	National Commission Polio Plus		
M. Joseph BAAH-DWOMOH		World Bank		
M. Olivier BOUCHER		Mission of the French Cooperation		

Mme Rosine Sori COULIBALY	Resident representative	United Nations Development Programme		
Dr Aristide APLOGAN		Agency for Preventive Medicine (AMP)		
M. Adama KOULIBALY	Resident representative	Plan-Togo		
Dr Kuami Guy BATTAH	Coordinator	Togolese Red Cross		
Dr KOMLANGAN Atayi	Director	Directorate of Primary Healthcare		
Dr Afefa Amivi BABA	Director	Directorate of Healthcare Establishments		
Dr Atany NYANSA	Director	Directorate of Pharmacies, Laboratories, and Technical equipment		
M. EDORH Hokameto	Director	Directorate of Planning, Training, and Research		
M. AKPO-GNANDI Okaté	Director	Directorate of Communal Affairs		
Dr Danladi NASSOURY	Coordinating Divisional Head EPI	Division of Epidemiology		
M. Edem KOFFI- KUMA	Head of Department	National Information, Education, and Communication Department		
Dr Kassouta Komlan Tchiguir N'TAPI	Divisional Head	Family Health Division		

Comments from partners:

You may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially.

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Has this report been reviewed by the Regional working group of GAVI? **NO**

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Table A: Latest baseline and annual targets (taken from the most recent data submitted to GAVI)

Number	Outcomes as per Joint Reporting Form for immunisation activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	251 820	258 177	264 529	271 036				
Infant deaths	12 037	11 458	10 907	10 382				
Surviving infants	239 783	246 719	253 622	260 654				
Pregnant women	251 820	258 177	264 529	271 036				
Target population vaccinated with BCG	232 930	247 850	253 947	262 905				
BCG Coverage*	92%	96%	96%	97%				
Target population that has received the 3 doses of OPV	210 564	222 048	230 796	247 622				
Coverage with the three doses of OPV**	88%	90%	91%	95%				
Target population that has received the 3 doses of the DTP vaccine***	213 006							
DTP3 coverage**	89%							
Target population that has received one dose of the DTP vaccine***	220 109							
DTP1 coverage**	92%							
Wastage rate during the baseline year and planned thereafter	13%							
Duplicate these columns for each new vaccine requested								
Target population vaccinated with the 1 st dose of YFV	188 102	204 777	215 578	234 589				
YFV coverage	78%	83%	85%	90%				
Wastage rate ¹ during the baseline year and planned thereafter	27%	20%	20%	20%				
Target population vaccinated with the 3 rd dose of DTP-HepB-Hib	57 287	222 048	230 796	247 622				
Coverage of DTP-HepB-Hib 3 **	48%	90%	91%	95%				
Target population vaccinated with the 1 st dose of DTP-HepB-Hib	105 122	234 383	240 941	247 622				
Coverage of DTP-HepB-Hib 1 **	88%	95%	95%	95%				
Wastage rate ¹ during the baseline year and planned thereafter	0%	5%	5%	5%				
Target population vaccinated with the 1 st dose of the measles vaccine	184 352	204 777	215 578	234 589				
Target population vaccinated with the 2 nd dose of the measles vaccine								
Coverage of the measles vaccine**	77%	83%	85%	90%				
Pregnant women that have received tetanus antitoxin (TAT+)	212 993	227 196	235 430	243 932				
Coverage of TAT+****	85%	88%	89%	90%				
Vitamin A supplementation	Mothers (<6 weeks prior to delivery)	133 709	?	?	?			
	Infants (<6 months)	202 856	?	?	?			
Annual drop-out rate for the DTP vaccine [(DTP1-DTP3)/DTP1] x100	3%	5%	4%	0%				
Annual drop-out rate for the measles vaccine (for countries requesting the yellow-fever vaccine)	21%	17%	15%	11%				

- * Number of infants vaccinated per total number of births
- ** Number of infants vaccinated per number of surviving infants
- *** Indicate the total number of children vaccinated either with the DTP vaccine alone or combined
- **** Number of pregnant women vaccinated with TAT+ per total number of pregnant women

Table B: Updated baseline and annual targets

Number of	Reporting Form for immunisation activities	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	251,820	257,895	264,060	270,405				
Infant deaths	12,037	12,327	12,622	12,925				
Surviving infants	239,783	245,568	251,438	257,480				
Pregnant women	251,820	257,895	264,060	270,405				
Target population vaccinated with BCG	232,930	242,421	253,498	262,293				
BCG Coverage*	92%	94%	96%	97%				
Target population that has received the 3 doses of OPV	210,564	221,011	228,809	244,606				
Coverage with the three doses of OPV**	88%	90%	91%	95%				
Target population that has received the 3 doses of the DTP vaccine***	213,006							
DTP3 coverage**	89%							
Target population that has received one dose of the DTP vaccine***	220,109							
DTP1 coverage**	92%							
Wastage rate during the baseline year and planned thereafter								
Duplicate these columns for each new vaccine requested								
Target population vaccinated with the 1 st dose of YFV	188,102	203,821	213,722	231,732				
YFV coverage	78%	83%	85%	90%				
Wastage rate ¹ during the baseline year and planned thereafter	27%	20%	20%	20%				

Target population vaccinated with the 3 rd dose of DTP-HepB-Hib		57,287	221,011	228,809	244,606				
Coverage of DTP-HepB-Hib 3**		48%	90%	91%	95%				
Target population vaccinated with the 1 st dose of DTP-HepB-Hib		105,122	233,289	238,866	247,180				
Coverage of DTP-HepB-Hib 1**		88%	95%	95%	96%				
Wastage rate ¹ during the baseline year and planned thereafter		0%	5%	5%	5%				
Target population vaccinated with the 1 st dose of the measles vaccine		184,352	203,821	213,722	231,732				
Target population vaccinated with the 2 nd dose of the measles vaccine									
Coverage of the measles vaccine**		77%	83%	85%	90%				
Pregnant women that have received tetanus antitoxin (TAT+)		212,993	226,948	235,013	243,365				
Coverage of TAT+****		85%	88%	89%	90%				
Vitamin A supplementation	Mothers,(<6,weeks,prior,to,delivery)	133,709							
	Vitamin,A,coverage,of,mothers	53%	80%	83%	85%				
	Infants,(<6,months)	202,856							
	Vitamin,A,coverage,of,infants,under,6,weeks,of,age	85%	90%	91%	92%				
Annual drop-out rate for the DTP vaccine [(DTP1-DTP3)/DTP1] x100		3%	5	4	1				
Annual drop-out rate for the measles vaccine (for countries requesting the yellow-fever vaccine)		21%	16	16	12				

* Number of infants vaccinated per total number of births

** Number of infants vaccinated per number of surviving infants

*** Indicate the total number of children vaccinated either with the DTP vaccine alone or combined

**** Number of pregnant women vaccinated with TAT+ per total number of pregnant women

2. 1. Immunisation Support Programme (ISS, NVS, INS)

1.1 Immunisation Services Support (ISS)

Were the funds received for ISS on-budget (reflected in the Ministry of Health and the Ministry of Finances budget)? **Yes**

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the budget of the Ministry of Health / Ministry of Finances in the box below.

If no, please explain why the GAVI Alliance ISS funding was not reflected in the budget of the Ministry of Health / Ministry of Finances and whether there is an intention to get the ISS funding on-budget in the near future.

The funds received for ISS are integrated in the planning document of the Ministry of Health by the Directorate of Financial Affairs. This funding is positioned at the Ministry of Economy and Finances to be integrated in the external funding section (budgetary aid).

1.1.1 Management of ISS funds

Please describe the mechanism for the management of ISS funds, including the role played by the Interagency Coordination 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 EPI 2008 action plans of the districts, regions, and the central level were approved by the ICC. The partners (WHO, Unicef, Plan Togo, and ADSS) endorsed the funding of activities with the GAVI ISS funds in mind.

The Division of epidemiology drew up the requests for funding, which were submitted for approval by the Director General of Health and the Minister of Health. These requests were then addressed to the partners for funding (GAVI, WHO, Unicef, Plan Togo, and ADSS). After execution of the activities, the Division of Epidemiology sent the technical report and the justifications to the partners in question.

1.1.2 Use of Immunisation Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunisation Services Support** contribution.

Funds received during 2008: \$ 00

Remaining funds (carry over) from 2007: \$ 480,930

Expenditure in 2008: \$ 363,407

Balance to be carried over to 2009: \$ 117,523

NB: 1\$ US = 451.89 FCFA (mean exchange rate in 2008)

Table 1.1: Use of funds in 2008*

Area of Immunisation Services Support	Total amount in \$US	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR and Other
		Central	Region/State/Province	District	
1) Vaccines					
2) Injection supplies					
3) Personnel ¹	35,643	35,643	0	0	0
4) Transport ²	25,580	25,580	0	0	0
5) Maintenance and overheads ₃	47,621	31,662	4,189	11,770	0
6) Maintenance of the cold room of the central level	18,499	18,499	0	0	0
7) IEC / Social mobilisation	1,881	0	0	0	1,881
8) Implementation of strategies for hard-to-reach groups	77,461	0	0	77,461	0
9) Supervision	52,726	0	9,247	43,479	0
10) Monitoring and evaluation	6,487	6,487	0	0	0
11) Epidemiological surveillance	0	0	0	0	0
12) Cold chain equipment					

-Purchase of refrigerators and freezers powered by (petrol, gas, and electricity)	22,030	0	0	22,030	0
-Spare parts of refrigerators and freezers powered by (petrol, gas, and electricity)	29,410	0	0	29,410	0
13) Computer equipment	11,563	11,563	0	0	0
14) vehicles (03 new motorcycles from CICA-CFAO for the agents of the EPI)	12,282	12,282	0	0	0
15) Extension of the telephone network, installation of the internet (ADSL) and annual subscription	10,566	10,566	0	0	0
16) Other: bank charges and miscellaneous	11,658	9,533	332	0	0
Total:	363,407	163,608,	13,768	184,150	1,881
Balance of funds for the next year:	117,523	—	—	—	—

(1) This section corresponds to meals for the personnel at the central level during vaccine distribution missions, monitoring, planning of activities, and management of resources.

(2) This corresponds to the fuel for the transport of personnel at the central level during vaccine distribution missions, monitoring, planning of activities, and management of resources.

(³) : Maintenance and overheads includes:

- *the servicing of vehicles at the central level (\$19,716) and of those of the regions and districts during supervisions (\$1,181)*
- *office supplies for operation at the central level (\$10,783).*
- *the reproduction of documents, inventories, weekly calendars for the regions and districts (\$15,942).*

1.1.3 ICC meetings

How many times did the ICC meet in 2008: 02

Please attach the minutes (DOCUMENT N°1) from all of the ICC meetings held in 2008; particularly the minutes from the meeting in which the allocation and utilisation of the funds were discussed.

Are any Civil Society Organisations members of the ICC: YES

Is yes, which ones?

N°	Full name	Institution of origin	Function
1	M. Gbehomilo - Nyelolo TOMEGAH	National Commission Polio Plus	Chairman
2	Dr Kuami Guy BATTAH	Togolese Red Cross	Health Coordinator CRT
3	M. Abeyeta DJENDA	Union of Non Government Organisations of Togo (UONGTO)	Executive Director
4	M. Raven EDU	Federation of Non Government Organisations of Togo (FONGTO)	President of the Administrative Council
5	Sister Veronique MDENDZI	Organisation for Charity and Integral Development (OCDI)	Coordinator

The involvement of CSO in the activities of the EPI is in its early stages.

The CSO are associated with the planning and implementation of the PPAC. They participate alongside the Ministry of Health and all of the technical and financial partners involved in the implementation of the Expanded Programme for Immunisation (EPI). The CSO are therefore involved in:

- Advocacy with opinion leaders for the implementation of various activities linked to the EPI (news vaccines, vaccination campaigns, strategy to recover drop-outs, advanced vaccination strategy, community mobilisation, etc.).
- The search for funding with a view to resolving priority problems linked to the implementation of vaccination activities.
- Operational research in the face of problems linked to vaccinations
- The implementation of the new global immunisation vision and strategy (GIVS) in its various axes, notably those concerning the integration of activities at the operational and central level.
- The various sensitisation campaigns for the appropriation of immunisation activities by the communities.

Please report on the main activities conducted to strengthen immunisation, as well as problems encountered in relation to implementing your multi-year plan.

In 2008, the main activities for immunisation strengthening were undertaken with the financial support of the partners (GAVI, WHO, Unicef, ADSS) and the contribution of the Managerial Committees (COGES):

These included:

- ✓ ***The continued implementation of the “ACD” approach (Reach Each District) in the 35 districts of the country on the basis of microplans of the districts and regions.***
 - ***Vaccination activities (at fixed, advanced, and mobile healthcare centres)***
 - ***Supervision***
 - ***Monthly monitoring meetings***
 - ***The involvement of community relays and local radios in social mobilisation***
 - ***Continued strengthening of the search for drop-outs by the implementation of vaccination reminder cards in the USP (public healthcare units) of the 6 districts of the coastal region.***
 - ***The organisation of two meetings for those in charge of the EPI and the focal issues of the integrated disease monitoring in the regions and districts, with the participation of the central level, Regional directors, and Health prefectures, in May and November 2008 to report on the progress of activities of the EPI, and the monitoring and administration of Vitamin A.***
- ✓ ***An anti-measles campaign was undertaken in January 2008.***
- ✓ ***Polio response campaign in December 2008 in the district of Tone.***
- ✓ ***Strengthening of the cold chain***

Supply of the regions and districts with:

- ***580 vaccine holders and 100 ice boxes purchased in December 2007 with the funding for the immunisation response campaign against yellow fever;***
- ***26 Yamaha 125 motorcycles given to the EPI by the LONATO (National Lottery of Togo)***

Purchase in the 4th trimester 2008 of:

- ***4 RCW EG refrigerators, 3 RCW EK refrigerators, 2 TCW 3000 refrigerators, purchased on the BIE 2008 (State funding);***
- ***28 RCW 50 EG refrigerators purchased by UNICEF;***
- ***5 TCW 3000 refrigerators and spare parts (150 n°32 fuses, 50 n°8 fuses, 100 n°32 glasses, 150 N°8 glasses, 30 N°32 burners, 15 N°8 burners) purchased with the GAVI Alliance funds.***

An inventory of the cold chain and logistical material in the 6 health regions was undertaken by the DEPI in September 2008 to update the data regarding the availability and management of vaccines, cold chain equipment, transportation, incinerators, and personnel.

- ✓ ***The supply of vaccines and consumables***

The supply of vaccines and consumables for the country's EPI is undertaken via the intermediary of the UNICEF thanks to a purchase-aid convention signed between this United Nations institution and the Togolese Government. The regions are supplied every three months.

- ✓ Introduction of the pentavalent vaccine

In the context of this introduction, preparatory activities were undertaken:

- The revision of data collection tools, notably the record sheet and monthly report sheet.
- The planning of social mobilisation actions in the districts

These two activities were undertaken in a participatory manner with the players of the EPI during the 1st national monitoring meeting of the EPI / IDSR in May 2008.

- The creation of technical documents and tools for social mobilisation (audio/video spots, banners, T-shirts)
- The training of service providers in the regions and districts on the directives related to this introduction This training took place in three sessions, at Tsevie, Atakpamé, and Kara from the 16th to 20th June 2008
- The training of managers of USP in the 35 districts from 23rd to 27th June 2008
- The distribution of the pentavalent vaccine, syringes, and safety boxes in the regions.
- Social mobilisation, through the press conference of the Minister of Health, sensitisation meetings of the opinion leaders in the districts, the diffusion of spots in the media.

The official launch of the introduction of the new vaccine took place on 3rd July at Tindjasse in the district of Sotouboua (Central Region) under the patronage of the Minister of Health.

- ✓ Elaboration and submission to GAVI for a proposal of immunisation strengthening support in Togo (ISS) for the period 2008 to 2011.

The main problems encountered were:

- ✓ *Inadequate maintenance of logistics and the cold chain*
- ✓ Inadequate and obsolete nature of the transport (cars and motorcycles) at all levels limiting the execution of the advanced strategies and monitoring.
- ✓ *The insufficiency of financial resources for the functioning of the Division of Epidemiology*
- ✓ The difficulties related to the mobilisation of local financial resources (State);
- ✓ Partnership limited to a few agencies
- ✓ *The insufficiency of qualified personnel at the operational level*
- ✓ The low frequency of monitoring of activities at all levels;
- ✓ *The inadequacy of the completion of vaccine management cards and consumables at the operational level*
- ✓ The poor reliability of demographic data used to calculate the indicators, due to the fact that the last general census of the population dates back to 1980.

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) The minutes (DOCUMENT N°....) from the ICC meeting that endorsed this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting in which the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°____) (e.g.: The Auditor general's report or equivalent) from the account(s) to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement (DOCUMENT N°) of funds spent during the reporting year (2008).
- d) The Detailed Financial Statement must be signed by the Financial Controller from the Ministry of Health and/or Ministry of Finance and by the chair of the ICC, as indicated below:

1.1.4 Immunisation Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008, please list the recommendations below:

NO

List the primary recommendations of the DQA

NA

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

YES

☐

NO

☐

If yes, please indicate how much progress has been made in its implementation and attach the plan.

Please indicate the ICC meeting in which the action plan for the last DQA was reviewed and adopted by the ICC.

NA

Please describe the studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, demographic and health surveys (DHS), household surveys, etc.).

Indicate the studies conducted:

Indicate the problems encountered while collecting and reporting administrative data:

1.2. New and Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new or under-used vaccine introduced? Please include any changes in doses per vial and changes in vaccine presentation (e.g. from the monovalent DTP+ vaccine against hepatitis B to the DTP-hepatitis B vaccine).

[specify the new and under-used vaccines introduced during 2008]

Pentavalent DTP-HepB-Hib vaccine in liquid monodose

[List any changes in doses per vial and presentation in 2008]

There have been no changes in doses per vial or presentation of vaccines in 2008

Dates shipments were received in 2008.

Vaccine	Size of the vials	Total number of doses	Date introduced	Date received (2008)
YFV purchased by GAVI	10 DOSES	181 000	December 2004	05/06/2008
Pentavalent vaccine purchased by GAVI	1 DOSE	421 900	July 2008	27/05/2008
Pentavalent Vaccine co-funded by the State	1 DOSE	17 700	July 2008	10/07/2008

If necessary, please report any problems encountered.

The 181,000 doses of YFV that were sent to use were only 9 months from their expiry date instead of the minimum of 18 months required. As a result, with the remaining stocks of YFV from the campaign, we were unable to use up the stock before it expired. A claim was made and in 2009 we obtained a reimbursement of 134,500 doses.

1.2.2. Main activities

Please provide an overview of the main activities that have been or will be undertaken with respect to introduction, phasing-in, service strengthening, etc. and describe any problems encountered.

The submission process for the introduction of the pentavalent vaccine in routine vaccination resulted in the definitive approval of GAVI at the end of 2007. The first shipment of pentavalent was received in May 2008. The activities undertaken in the context of this introduction were as follows:

- ✓ ***Inventory and assessment of the cold chain at all levels of the system.***
- ✓ ***Adaptation of the managerial procedures of the EPI to the pentavalent***
- ✓ ***Strengthening of the capacities of the service providers and members of the regional and district professional teams (training in the management of the pentavalent at the peripheral level).***
- ✓ ***Social mobilisation in favour of the pentavalent***
- ✓ ***Official launch of the introduction of the pentavalent by the Minister of***

Health.

1.2.3. Use of GAVI funding (\$US 100,000) for the introduction of the new vaccine

These funds were received on: **18 April 2008**

Please report the proportion of the introduction grant used for the activities undertaken and the problems encountered such as delay in availability of funds for programme implementation.

Year	Amount in \$US	Date received	Balance remaining in \$US	Activities	List of problems
2008	100 000	18 April 2008	38 288 1\$= 400 FCFA	Activities listed in point 1.2.2	NTR (nothing to report)

1.2.4. Vaccine Management Assessment / Effective Vaccine Store Management

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? **[November 28, 2007]** [month/year]

This assessment had not been conducted in Togo for several years. However, in 2004 a study was undertaken into the percentage losses of vaccines. A physical inventory of the cold chain was also undertaken in August 2008

If conducted in 2007/2008, please summarise the major recommendations from the EVSM/VMA.

[List the main recommendations]

Not applicable (NA)

Was an action plan prepared following the EVSM/VMA? **NA**

If yes, please summarise the main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

[Please list the main activities]

NA

When will the next EVSM/VMA* be conducted? **March 2010**

**During GAVI phase 2, all countries will need to conduct an EVSM/VMA in the second year of the new vaccine support.*

Table 1.2

<i>Vaccine 1: Yellow fever vaccine (YFV)</i>	
<i>Anticipated stock on 1st January 2010</i>	70,000
<i>Vaccine 2: Pentavalent DTP-HepB-Hib vaccine in liquid monodose</i>	
<i>Anticipated stock on 1st January 2010</i>	9,000
<i>Vaccine 3: NA</i>	
<i>Anticipated stock on 1st January 2010</i>	

1.3 Injection Safety Support (ISS)

1.3.1 Are you receiving injection safety support (for relevant countries)

Are you receiving injection safety support in cash or in kind? **YES (in kind)**

Please report the receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as needed).

Injection safety equipment	Quantity	Date received
Dilution syringes 5 ml	20,100	03 April 2008
Safety boxes, 5 litres	2,425	03 April 2008
AD syringes 0.5 ml	183,200	03 April 2008
AD syringes 0.5 ml	451,200	24 April 2008

Please report any problems encountered

[list the problems]

NAD

1.3.2. Even if you have not received injection safety support in 2008, please report on progress of the transition plan for safe injections and safe management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

[List the sources of funding for injection safety supplies in 2008]

The dilution syringes for the reconstitution of the YFV are supplied by GAVI. The 0.5 ml AD syringes for the administration of the YFV and the pentavalent as well as the 5 litre recipients (safety boxes) for the disposal of sharps wastes continue to be supplied by GAVI.

Please report the methods of disposing of sharps waste.

[Describe how **sharps waste** is disposed of in the healthcare centres]

The healthcare centres have Demonfort type incinerators where the safety boxes from vaccination activities are incinerated. A collection and waste disposal plan is drawn up at the start of each year by each district and implemented over the course of the year.

Please report problems encountered during the implementation of the transition plan for safe injections and safe management of sharps waste.

[list the problems]

The main problem concerns breakdowns of incinerators and the inadequacy and obsolete nature of the equipment of the personnel responsible for incineration on the sites.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major sectors of activity have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

[List the posts financed by the GAVI Alliance funds and balance at the end of 2008]

NA

2. Co-funding of vaccines, funding of immunisation, and financial viability

Table 2.1: Total expenditures and financing for vaccination

The purpose of Table 2.1 is to help GAVI understand the evolution of overall expenditure in terms of vaccination and the flow of funds.

Please complete the table below in \$US.

	Reference year 2008	Reference year* 1	Reference year* 2
	Expenditure	Budgeted expenditures	Budgeted expenditures
<i>Expenditure per category</i>			
Traditional vaccines	238,053	309,745	317,265
New vaccines	1,730,260	2990344	2847395
Injection equipment	163,320,11	246236	261829
Cold chain equipment	51,440	151071	185947
Running costs	931,970	2,003,949	2,037,777
Other (please specify)			
Total EPI	3,115,043	5,701,345	5,650,213
Total public expenditure for healthcare			

Exchange rate used	1\$= 448 FCFA
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Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing, and deficits. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; indicate whether the funding gaps are manageable, problematic, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the deficits and indicate the causes / reasons for the gaps.

Une analyse de l'évolution des dépenses du programme de 2006 à 2008 montre une diminution de celles-ci par rapport aux prévisions faites dans le PPAC.

La différence entre les prévisions et les dépenses réelles s'explique par:

- ✓ **L'insuffisance des ressources financières pour les activités du Programme**
- ✓ **Les difficultés liées à la mobilisation des ressources financières locales (Etat et partenaires locaux) ;**
- ✓ **Le partenariat financier limité à quelques agences (OMS, Unicef et GAVI)**

Si cette tendance se maintient, la viabilité du programme sera mise en difficulté. Il faut diversifier les sources de financement du PEV.

Future CO-Financing of the country (in \$US)

Please refer to the excel spreadsheet Annex 1 and follow the instructions below:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor, and Tab 4 for the minimum co-financing levels per dose
- Then please copy the data from Annex 1 (Tab: "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit an electronic version of Annex 1 as an Excel document (one Annex for each vaccine requested) together with your application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI supported vaccines. If your country has been awarded more than one new vaccine, please complete one table for each new vaccine being co-financed (Table 2.2.2 ; Table 2.2.3; etc.).

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate in USD)

<i>1st vaccine: YFV (yellow fever vaccine)</i>		2010	2011	2012	2013	2014	2015
Level of co-financing per dose of vaccine	\$	0,20	0,30				
Number of vaccine doses	#	54 100	86 900				
Number of AD syringes	#	48 200	77 500				
Number of reconstitution syringes	#	6 100	9 700				
Number of safety boxes	#	625	975				
Total value to be co-financed by the country	\$	54 500	89 000				

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate in USD)

<i>2nd vaccine: DTP-HepB-Hib</i>		2010	2011	2012	2013	2014	2015
Level of co-financing per dose of vaccine		0.15	0.20				
Number of vaccine doses	#	34,200	50,300,				
Number of AD syringes	#	36,200	53,200,				
Number of reconstitution syringes	#	0	0				
Number of safety boxes	#	425	600				
Total value to be co-financed by the country	\$	114,000	157,500				

Table 2.3: Country co-financing in the reporting year (2008)

Q.1: Were there are differences between the proposed payment schedules and actual schedules in the reporting year? NO

Schedule of co-financing payments	Planned Payment Schedule in reporting year	Dates of actual payments in the reporting year	Proposed payment date for next year
	(month/year)	(Day month)	
1 st vaccine awarded (YFV)	June 2008	Order not made	June 2009
2nd vaccine awarded (DTP-HepB-Hib)	Dec. 2007	November 2007	June 2009

Q.2: How much did you co-finance?		
Co-financed payments	Total amount in \$US	Total number of doses
1 st vaccine awarded (YFV)	0	0
2nd vaccine awarded (DTP-HepB-Hib)	66,000	17,700

Q.3: What factors have slowed or hindered or accelerated the mobilisation of resources for vaccine co-financing?	
Nothing to report	
1.	
2.	
3.	
4.	

If the country is in default, please describe the steps the country is planning to take to discharge its obligations

Sans objet

3.1. Updated immunisation targets

Please provide justification and reasons for changes to baselines, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures that differ from those reported in the **WHO/UNICEF Joint Reporting Form for Immunization Activities** in the space provided below.

Are there any differences between table A and table B? Yes/No

Yes

If there are any differences, please justify these changes in the box below:

Provide justification for any changes in the number of **births**:

The change in the number of births takes into account new demographic projections made by the General Directorate of Statistics and the National Income Accounting. These projections are given in the table below:

	2008	2009	2010	2011
Total population of Togo	5,596,000	5,730,998	5,868,000	6,009,000
Births (4.5% of the total population)	251,820	257,895	264,060	270,405

Provide justification for any changes in the number of **surviving infants**:

The projection of surviving infants made in the PPAC and in the progress report for 2007 was based on a variation in infant mortality rate as shown in the table below:

	2007	2008	2009	2010	2011
Infant mortality rate	8%	4.78%	4.44%	4.12%	3.83%

The changes made to the number of surviving infants in the present document is related partly to the demographic projections (number of births) and partly to the infant mortality rate used from 2008 to 2011, which is 4.78%.

Please justify any changes made to the **targets per vaccine**:

The changes made to the targets concern:

- The vaccine coverage with BCG, which is 96% in table A and 94% in table B. This change is related to the BCG coverage obtained in 2007 (91%) and in 2008 (92%), which are lower than those of 2005 and 2006 (96%). This decrease being due to the change, as of 2007, in the denominator used to calculate this index (live births instead of surviving infants).
- The vaccine coverage with DTP-HepB-Hib 1 in 2011, which is 95% in table A and 96% in table B, to allow for an increase in this index with respect to the targets of 2009 and 2010, which are 95%.

Please justify any changes made to the **wastage rate per vaccine**:

They are no differences between table A and table B in terms of vaccine wastage rates.

Vaccine 1: YFV (yellow fever vaccine) Presentation 10 doses

Please refer to the excel spreadsheet in Annex 1 and follow the instructions below:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor, and Tab 4 for the minimum co-financing levels per dose
- Please summarize the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the demographic data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab: "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit an electronic version of Annex 1 as an Excel document together with your application

(Please repeat the same procedure for all vaccines requested and complete tables 3.3, 3.4, etc.)

Table 3.1: Characteristics of vaccinations performed with the new vaccine (YFV)

	Use data from:		2010	2011	2012	2013	2014	2015
Number of children to be immunised with the third dose of the vaccine	Table B	#						
Target immunisation coverage	Table B	#	85%	90%				
Number of children to be immunised with the first dose of the vaccine	Table B	#	213,722	231,732				
Estimation vaccine wastage factor	Excel sheet Table E - Tab 5	#	1.25	1.25				
Country co-financing per dose of vaccine*	Excel sheet Table D - Tab 4	\$	0.20	0.30				

* The total price per dose includes the cost of the vaccines plus freight, supplies, insurance, fees, etc.

Table 3.2: Portion of supply to be supplied by GAVI Alliance (and cost estimate in USD)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	216,200	208,500				
Number of AD syringes	#	192,600	186,100				
Number of reconstitution syringes	#	24,000	23,200				
Number of safety boxes	#	2,425	2,325				
Total amount to be co-financed by GAVI	\$	216,500	213,000				

Vaccine 2: Pentavalent DTP-HepB-Hib vaccine in liquid monodose form

Follow the same procedure as above (tables 3.1 and 3.2)

Table 3.3: Characteristics of immunisations performed with the new vaccine (DTP-HepB-Hib)

	Use data from:		2010	2011	2012	2013	2014	2015
Number of children to be immunised with the third dose of the vaccine	Table B	#	228,809	244,606				
Target immunisation coverage with the third dose	Tableau B	#	91%	95%				
Number of children to given the first dose of the vaccine	Table B	#	238,866	247,180				
Estimated vaccine wastage factor	Excel Sheet Table E - Tab 5	#	1.05	1.05				
Country co-financing per dose of vaccine*	Excel Sheet Table D - Tab 4	\$	0.15	0.20				

* The total price per dose include the cost of the vaccines, plus freight, supplies, insurance, fees, etc.

Table 3.4: Portion of supply to be provided by the GAVI Alliance (and cost estimate in USD)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	722,00	734,900				
Number of AD syringes	#	764,200	777,200				
Number of reconstitution syringes	#	0	0				
Number of safety boxes	#	8,500	8,650				
Total value to be co-financed by GAVI	\$	2,402,500	2,295,000				

4. Health Systems Strengthening (HSS)

NOT APPLICABLE

6. Checklist

Checklist of completed form:

Form requirement:	Completed	Comments
Date of submission	x	
Reporting period (consistent with previous calendar year)	2008	
Government signatures	x	
ICC endorsed	X	
ISS reported on	X	
DQA reported on	X	
Report on the use of Vaccine introduction grant	X	
Report on injection safety	X	
Report on Immunisation Financing and Sustainability (progress against country IF&S indicators)	X	
New vaccines request, including information regarding co-financing and Excel sheet attached.	X	
Revised request for injection safety completed (where applicable)	X	
HSS reported on	X	
ICC minutes attached to the report	X	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	no	

7. Comments

ICC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

The implementation of the second year of the multi-year plan 2007-2011 of the Expanded Programme for Immunisation was essentially marked in 2008 by the introduction of the pentavalent in routine immunisation, the conduction of prevention campaigns against measles in the various regions of the country, and the inventory of cold chain and logistical equipment.

The submission to GAVI for immunisation services strengthening for the period 2008-2011 was approved and its implementation started from the first quarter of 2009.

The implementation of the "Reach Each District" campaign in the 35 healthcare districts, financed with funds from GAVI for immunisation services strengthening, the WHO, Unicef, the ADSS project (Decentralised Healthcare System Support) of the EU, and COGES, lead to the improvement of indicators in comparison with 2007. Immunisation coverage therefore passed from 88% to 89% for DTP3, and from 91% to 92% for BCG. The drop-out rate, DTP1/DTP3, decreased from 6% to 3%.

The submission process for health systems strengthening (HSS) was continued in 2008 with the latest submission in April 2009.

The ICC is very pleased with the results obtained and would therefore like to thank GAVI, all of the partners, and the Government for their support of all forms, the fruitful and effective collaboration that has lead to a significant improvement in the quality of the immunisation programme in Togo.

~ End ~