

ANGOLA

NEW VACCINE SUPPORT FOR PENTAVALENT

This Decision Letter sets out the Programme Terms of a Programme

1. Country: Angola										
2. Grant Number: 0715-AGO-04c-X										
3. Date of Decision Letter: 20 November 2013										
4. Date of the Partnership Framework Agreement: 04 October 2013										
5. Programme Title: New Vaccine Support										
6. Vaccine type: Pentavalent										
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 10 doses per vial, liquid										
8. Programme Duration ¹ : 2006-2015										
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):										
<table border="1"> <tr> <th></th> <th>2006-2013</th> <th>2014</th> <th>2015</th> <th>Total²</th> </tr> <tr> <td>Programme Budget (US\$)</td> <td>53,441,147³</td> <td>629,000</td> <td>481,500</td> <td>54,551,647</td> </tr> </table>		2006-2013	2014	2015	Total ²	Programme Budget (US\$)	53,441,147 ³	629,000	481,500	54,551,647
	2006-2013	2014	2015	Total ²						
Programme Budget (US\$)	53,441,147 ³	629,000	481,500	54,551,647						

¹ This is the entire duration of the programme. *Ceci est la durée entière du programme.*

² This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table. Ceci est le montant total approuvé par GAVI pour la durée entière du programme. Celui-ci doit être équivalent au total de toutes les sommes comprises dans ce tableau.

³ This is the consolidated amount for all previous years. *Ceci est le montant consolidé pour toutes les années précédentes.*

10. Vaccine Introduction Grant: Not Applicable**11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁴**
(The Annual Amount for 2014 has been amended).

Type of supplies to be purchased with GAVI funds in each year	2006-2013	2014
Number of Pentavalent vaccines doses		368,000
Number of AD syringes		308,800
Number of re-constitution syringes		
Number of safety boxes		3,450
Annual Amounts (US\$)	53,441,147 ⁵	629,000

12. Procurement agency: UNICEF (The Country shall release its Co-Financing Payments each year to UNICEF)**13. Self-procurement: Not Applicable****14. Co-financing obligations: Reference code: 0715-AGO-04c-X-C**

According to the Co-Financing Policy, the Country falls within the Graduating group. The following table summarises the Co-Financing Payment and quantity of supply that will be procured with such funds in the relevant year

Type of supplies to be purchased with Country funds in each year	2014	2015
Number of Pentavalent vaccine doses	1,821,600	3,258,400
Number of AD syringes	1,526,400	
Number of re-constitution syringes		
Number of safety boxes	16,950	
Value of vaccine doses (US\$)	2,872,780	
Total Co-Financing Payments (US\$) (including freight)	3,109,500	5,617,500

⁴ This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently. *Ceci est le montant approuvé par GAVI. Prière de modifier les montants annuels indicatifs des années précédentes si cela change ultérieurement*

⁵ This is the consolidated amount for all previously approved years. *Ceci est le montant consolidé pour toutes les années approuvées précédentes.*

15. Operational support for campaigns: **Not Applicable**

	2014	2015
Grant amount (US\$)	0	0

16. Additional documents to be delivered for future disbursements:

Reports, documents and other deliverables	Due dates
2013 Annual Progress Report	15 May 2014

17. Financial Clarifications:

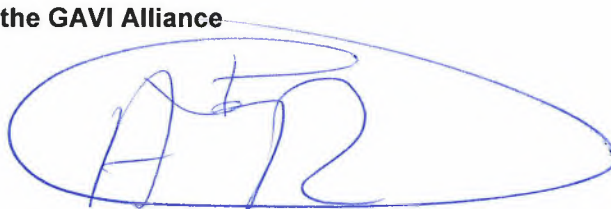
All required clarifications have been adequately addressed.

18. Other conditions : **Not Applicable**

Signed by

On behalf of the GAVI Alliance

PP



Hind Khatib-Othman
Managing Director, Country Programmes
20 November 2013

E. Sengue

ANGOLA
NEW VACCINE SUPPORT FOR PNEUMOCOCCAL

This Decision Letter sets out the Programme Terms of a Programme

1. Country: Angola												
2. Grant Number: 1215-AGO-12c-X												
3. Date of Decision Letter: 20 November 2013												
4. Date of the Partnership Framework Agreement: 04 October 2013												
5. Programme Title: New Vaccine Support												
6. Vaccine type: Pneumococcal												
7. Requested product presentation and formulation of vaccine: Pneumococcal (PCV13), 1 dose(s) per vial, liquid												
8. Programme Duration⁶: 2012-2015												
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 12.5%;">2012</th> <th style="width: 12.5%;">2013</th> <th style="width: 12.5%;">2014</th> <th style="width: 12.5%;">2015</th> <th style="width: 12.5%;">Total⁷</th> </tr> </thead> <tbody> <tr> <td>Programme Budget (US\$)</td> <td style="text-align: right;">11,437,451 ⁸</td> <td style="text-align: right;">4,992,500</td> <td style="text-align: right;">7,977,500</td> <td style="text-align: right;">9,282,500</td> <td style="text-align: right;">33,689,951</td> </tr> </tbody> </table>		2012	2013	2014	2015	Total ⁷	Programme Budget (US\$)	11,437,451 ⁸	4,992,500	7,977,500	9,282,500	33,689,951
	2012	2013	2014	2015	Total ⁷							
Programme Budget (US\$)	11,437,451 ⁸	4,992,500	7,977,500	9,282,500	33,689,951							
10. Vaccine Introduction Grant: Not Applicable												

⁶ This is the entire duration of the programme. *Ceci est la durée entière du programme.*

⁷ This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table. *Ceci est le montant total approuvé par GAVI pour la durée entière du programme. Celui-ci doit être équivalent au total de toutes les sommes comprises dans ce tableau.*

⁸ This is the consolidated amount for all previous years. *Ceci est le montant consolidé pour toutes les années précédentes.*

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁹ (The Annual Amount for 2014 has been amended)

Type of supplies to be purchased with GAVI funds in each year	2012	2013	2014
Number of Pneumococcal vaccines doses		662,400	1,118,900
Number of AD syringes		1,349,600	531,300
Number of re-constitution syringes			
Number of safety boxes		15,000	5,900
Annual Amounts (US\$)	11,437,451 ¹⁰	4,992,500	7,977,500

12. Procurement agency. UNICEF (The Country shall release its Co-Financing Payments each year to UNICEF)

13. Self-procurement: Not Applicable

14. Co-financing obligations: Reference code: 1215-AGO-12c-X-C

According to the Co-Financing Policy, the Country falls within the Graduating group. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2013	2014	2015
Number of vaccine doses	401,100	1,443,000	2,577,800
Number of AD syringes	424,400	1,521,800	
Number of re-constitution syringes			
Number of safety boxes	4,725	16,900	
Value of vaccine doses (US\$)	1,381,279	4,894,838	
Total Co-Financing Payments (US\$) (including freight)	1,489,000	5,277,500	9,314,000

⁹ This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently. *Ceci est le montant approuvé par GAVI. Prière de modifier les montants annuels indicatifs des années précédentes si cela change ultérieurement*

¹⁰ This is the consolidated amount for all previously approved years. *Ceci est le montant consolidé pour toutes les années approuvées précédentes.*

15. Operational support for campaigns: Not applicable

	2014	2015
Grant amount (US\$) <i>Montant de l'allocation (\$US)</i>	0	0

16. Additional documents to be delivered for future disbursements:

Reports, documents and other deliverables	Due dates
2013 Annual Progress Report	15 May 2014

17. Financial Clarifications:

N/A

18. Other conditions: Not Applicable

Signed by
On behalf of the GAVI Alliance



PP

Hind Khatib-Othman
Managing Director, Country Programmes
20 November 2013

ANGOLA

NEW VACCINE SUPPORT FOR ROTAVIRUS

This Decision Letter sets out the Programme Terms of a Programme

1. Country: Angola								
2. Grant Number: 1315-AGO-13b-X / 13-AGO-08a-Y								
3. Date of Decision Letter : 20 November 2013								
4. Date of the Partnership Framework Agreement: 04 October 2013								
5. Programme Title: New Vaccine Support								
6. Vaccine type: Anti-Rotavirus								
7. Requested product presentation and formulation of vaccine: Rota, 2 doses								
8. Programme Duration ¹¹ : 2014–2015								
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):								
<table border="1"> <tr> <th></th> <th>2014</th> <th>2015</th> <th>Total¹²</th> </tr> <tr> <td>Programme Budget (US\$)</td> <td>4,355,500</td> <td>3,393,000</td> <td>7,748,500</td> </tr> </table>		2014	2015	Total ¹²	Programme Budget (US\$)	4,355,500	3,393,000	7,748,500
	2014	2015	Total ¹²					
Programme Budget (US\$)	4,355,500	3,393,000	7,748,500					
10. Vaccine Introduction Grant: \$US 882,500								

¹¹ This is the entire duration of the programme. *Ceci est la durée entière du programme.*

¹² This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table. *Ceci est le montant total approuvé par GAVI pour la durée entière du programme. Celui-ci doit être équivalent au total de toutes les sommes comprises dans ce tableau.*

- 11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):¹³** (The Annual Amount for 2014 has been amended).

Type of supplies to be purchased with GAVI funds in each year	2014
Number of Rotavirus vaccines doses	1,729,500
Number of AD syringes	
Number of re-constitution syringes	
Number of safety boxes	
Annual Amounts (US\$)	4,355,500

- 12. Procurement agency: UNICEF (The Country shall release its Co-Financing Payments each year to UNICEF)**

- 13. Self-procurement: Not Applicable**

- 14. Co-financing obligations: Reference code: 1315-AGO-13b-X-C**

According to the Co-Financing Policy, the Country falls within the Graduating group. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year

Type of supplies to be purchased with Country funds in each year	2014	2015
Number of Rotavirus vaccine doses	407,700	830,900
Number of AD syringes	0	
Number of re-constitution syringes		
Number of safety boxes		
Value of vaccine doses (US\$)	973,656	
Total Co-Financing Payments (US\$) (including freight)	1,026,000	2,091,000

¹³ This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently. *Ceci est le montant approuvé par GAVI. Prière de modifier les montants annuels indicatifs des années précédentes si cela change ultérieurement*

15. Operational support for campaigns:

*Soutien aux coûts opérationnels des campagnes: **Non applicable***

	2014	2015
Grant amount (US\$)	0	0

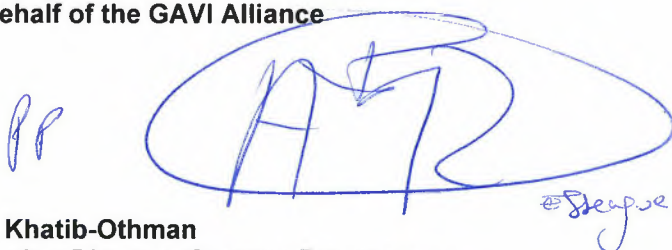
16. Additional documents to be delivered for future disbursements:

Reports, documents and other deliverables	Due dates
2013 Annual Progress Report	15 May 2014

17. Clarifications: Not Applicable

18. Other conditions: Not Applicable

Signed by
On behalf of the GAVI Alliance



Hind Khatib-Othman
Managing Director, Country Programmes
20 November 2013

Type of report: Annual Progress Report

Country: Angola

Reporting period: 2012

Date reviewed: 17 July 2013

1. Background Information

Surviving Infants (2012): UNDP: 843,675; JRF: 913,500.

DTP3 coverage (2012):

- JRF Official Country Estimate: 91%
- WHO/UNICEF Estimate: 91%

Table 1. NVS and INS Support

NVS and INS support	Approval Period
DTP-HepB-Hib	2007 – 2015
Pneumococcal (PCV13) launched on 03/06/2013	2012 - 2015
Rotavirus (2doses) To be launched most likely in Feb.2014	2013 - 2015
INS	2004 – 2006
ISS	2003 - 2008

Table 2. Cash Support

Cash support	Approval Period
ISS	2003 - 2008

2. Composition and Functioning of Inter-agency Coordinating Committee (ICC) / Health Sector Coordinating Committee (HSCC)

Angola has a functional ICC that meets regularly. Most members are from the MOH and the donor community. Civil Society Organisations members include Rotary, Red Cross, and CORE. According to the APR, 9 meetings of the ICC were held and the meetings were chaired by either the Vice Minister of Health or Minister of Health. Key issues relating to immunization campaigns and routine immunization activities were discussed including the capacity of the country's cold chain and how this can be expanded to receive new vaccines especially PCV and Rota; improving data quality, outreach services providing all agents especially to districts with the largest numbers of unvaccinated children and prudent use of resources. The attached ICC Meeting on 9th May, 2013 chaired by the Minister of Health, approved the submission of the 2012 APR. HSCC does not exist in Angola.

3. Programme and Data Management

In Angola, the main source of information about routine immunization coverage has been administrative data. Coverage surveys have not been done, and the last population census was 40 years ago hence the main difficulty in estimation of coverage with many districts

having more than 100% immunization coverage and also with discrepancies even between coverage of antigens with similar schedules particularly at municipality level. These discrepancies highlight the urgent need of a National Census, which is planned in 2014.

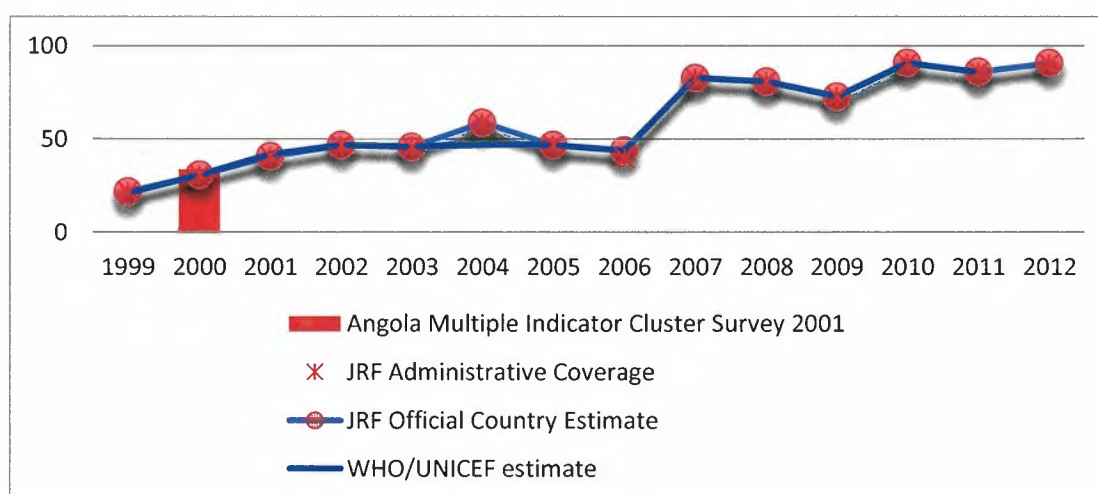
However, in order to improve administrative data systems, training of EPI National supervisors and Provincial EPI teams and District Teams on the Data Quality Self-assessment (DQS) tool and the District Vaccination Data Management tool (DVD-MT) improves the monitoring of the EPI performance indicators and facilitates the identification of quality issues and districts affected in order to take proper action during the supervisory visits. They have also instituted quarterly evaluation meetings with the participation of districts of provinces to improve the data completeness and quality-cascade supportive supervision implemented countrywide.

For PCV vaccine, the target was decreased from 94% to 50% due to delayed vaccine introduction in June 2013. Rotavirus vaccine introduction was postponed to February 2014 because of global vaccine shortage and cold chain storage capacity shortage; targets were adjusted accordingly. Vaccine wastage remained the same. GAVI and UNICEF supported the country to overcome this issue. A newly built central storage is expected to be inaugurated in July 2013.

Penta3 coverage showed improvement from 86% to 91%, instead of the targeted 94% due to performance variation. In addition, pentavalent unvaccinated children decreased by 37% in 2012. **Penta3 wastage remained at 15%**, suggesting clarification to be obtained by the Secretariat. Measles coverage also improved from 88% to 97%. Reported coverage data are in line with WHO/UNICEF results.

The DTP3 immunization coverage trends have been unsteady over the last few years, with a considerable increase in 2007 (from 44% in 2006 to 83%) followed by a gradual decline until 2009 (73%), (major Polio outbreak in 2008) but a positive trend (91%) reversed the trend in 2010. However, the last coverage estimates (2011) shows again a slow decline (86%), but the 2012 estimates are promising again (91%). Polio is eradicated. Angola is the only country which funds WHO (operational costs) for Polio prevention and routine strengthening activities: \$5 million in 2012. Angola continued to maintain Wild Poliovirus transmission interruption due to improved routine immunization coverage in Polio priority districts, 4 implemented NIDs and intensified outreach efforts with all antigens in 42 Polio high priority municipalities, which may have diverted the attention from other routine immunization activities.

Figure 1 shows the trend of DTP3 coverage in Angola (see below):



Past major concerns about data quality are slowly getting resolved - DTP3 country estimates match WHO/UNICEF estimates. However, coverage requires close monitoring including validation through coverage surveys. Official country and WHO/UNICEF estimates have been aligned since 2005. An external EPI review is scheduled for October 2013. CMYP (up to 2017) will be updated according to the outcomes and recommendations of the review. Efforts to improve data quality through training at various levels were carried out along with additional supervision.

The EPI c-MYP 2011-2015 was approved by both the ministries of Health and Finance.

Angola is still lacking a functional Adverse Events Following Immunization (AEFI) System; as the Immunization Multi-Year Plan (2011 – 2015) also lacks adequate action in this regard.

4. Gender and Equity Analysis

As noted last year, there remains no indication of any reporting on sex disaggregated data.

Given that public health services are scarce and unevenly distributed, it is noted by the country that limited access to health services is most likely an issue. The APR mentioned special efforts on outreach activities but without description of actions and activities to address and measure inequities.

The IRC notes that Angola is still in a post-conflict period, and all efforts are acknowledged. Nonetheless, endorsing gender and equity will assist in sustainable performance improvement.

5. Immunisation Services Support (ISS)

Not applicable

6. New and under-utilised Vaccines Support (NVS)

Pentavalent (10 doses per vial, liquid)

The IRC noted Angola's report of 2,018,800 doses being shipped during 2011; while UNICEF shipment records displayed 3,449,800 doses (out of which 892,000 doses were for the 2012 approval). The country was requested to provide clarification on this issue. The response is to be awaited.

Coverage: Slight changes in numbers were justified due to adjustment at the district level. Overall, the coverage is in line with WHO/UNICEF results. Improvement in coverage was achieved, but did not yet reach the targeted 94%. National Census planned for 2014.

No Penta vaccine shortage was experienced in 2012; wastage is at 15% for Penta3. Clarification is to be obtained by the GAVI secretariat.

Pneumococcal (PCV13) (1 dose per vial, liquid)

For Pneumo vaccine, the target for 2013 was decreased from 94% to 50% due to the postponement of the vaccine introduction from January to June 2013. PCV13 stock was received in 2012, but was not utilized because of the postponed vaccine introduction. The main reasons for postponing the vaccine introduction were competing activities including the national elections period and some delay in the purchase of the cold chain.

Rotavirus (1 dose per vial, oral)

The initial plan to introduce Rotavirus vaccine in July 2013 had to be postponed until February 2014 due to the increasing cold chain storage capacity shortages and global shortages of anti-Rotavirus vaccine. The targets were adjusted accordingly.

No stock outs, overstock or problems in the reception of vaccines were reported in the APR. The main difficulty identified by the EVSM in June 2012 and reported was the shortening of cold chain capacity, which was tackled by building a new central storage facility. Follow-up on the progress is to be carried out by the Secretariat before any new vaccine is being sent. Additionally, trainings to improve staff performance have been carried out as well as intensified supervision efforts.

Comment on 2014 vaccine request:

- **Vaccine DTP-HepB-Hib (Pentavalent vaccine), 10 dose(s) per vial, LIQUID:**
No request for change in vaccine presentation.
The issues on wastage, targeted DTP1 for infants in 2014, the planned dropout rate reduction from 15% to 6% in 2014 are to be followed by the Secretariat and progress is to be reported to the IRC in the next IRC meeting.
- **Vaccine Pneumococcal (PCV13), 1 dose(s) per vial. LIQUID:**
No country requesting a change in vaccine presentation.
Introduction date June 2013; 2013 doses to be revised due to later introduction;
The target PCV1 infants in 2014 remained the same as for penta.
Wastage of 5% is within the standards.
Doses have been in the country for a while, and the final doses shipped in 2013 will be adjusted (preponed/postponed) according to utilisation as reported by the country.
- **Vaccine Rotavirus, 2-dose schedule:**
Introduction date is Feb.2014.
Target population of 888,139 is acceptable considering the February introduction.
Likewise is wastage of 5% acceptable & within the rules.

7. Vaccine co-financing, financial sustainability and Financial Management

Angola falls into the graduating country category and is recognized as a success story in the increase of funds for health and immunization. In 2009, the Government procured 100% of traditional vaccine needs, when only 14% were covered in 2004. Although there is a gap of about \$15 million (5% of the total budget) for vaccines funding from 2011 to 2015, the country appears to be confident of being able to sustain the program, particularly because the oil companies will be asked to support it, if and when required.

As a graduating country, co-financing for 2011 has increased from \$0.10 to \$0.76. Angola started mandatory co-financing of pentavalent vaccine in 2011, has been every year in co-financing default for several months (2012 co-financing recently paid in April 2013). The delayed fulfilment of the co-financing requirement seems to be linked to administrative, procedural issues and gaps in capacity rather than a lack of political commitment.

In 2012, Angola co-financed the amount of US\$2,796,000. The source of co-financing is the GoA (Ministry of Health Budget), with the possibility of support from oil companies. Angola like other graduating countries, require support in capacity building and in the establishment of mechanisms capturing the complexity of procurement, funding and beyond to ensure sustainable progress towards self-sufficiency.

8. Injection Safety Support (INS) and Adverse Events Following Immunisation Systems

Angola was not reporting on Injection Safety Support (INS) in 2012. Injection safety materials (AD syringes) are used for all routine immunizations and are procured by the Government. The CMYP includes an injection safety plan. A noted weakness is disposal of sharps and medical waste since there is a lack/shortage of incinerators at government health facilities. Injection wastes are disposed of through the burn and bury method in the rural areas. As mentioned elsewhere, the system for monitoring, reporting and responding to AEFI is to be established by the country and followed up closely by the Secretariat.

9. Health Systems Strengthening (HSS)

Not applicable

10. Civil Society Organization Type A/Type B (CSO)

Not applicable

11. Risks and mitigating factors

Risks

1. Issues of Data Quality affecting immunization coverage.

Mitigating

1. Planned National Population Census next year
2. Encourage national coverage surveys

Angola is committed to increasing its co-financing obligations and moving towards self-sufficiency in its immunization program.

12. Summary of 2012 APR Review

Angola is a post-conflict country with challenges to increasing immunization (including geographical equity) coverage. With a GNI of \$4,060, Angola becomes a graduating from GAVI support, theoretically starting in 2015. Presidential elections in August 2012 had impacted the delivery of programs and decision making processes which, for example, might have delayed the country's co-financing or the PCV launch. Nonetheless, Angola is committed to its immunization program given its high political commitment and multi-sectorial involvement towards immunization as demonstrated by the current Government. Such commitment needs to be encouraged along with capacity building.

Concerning immunization performance, the DTP3 immunization coverage trends have been unsteady over the last few years, with a considerable increase in 2007 (from 44% in 2006 to 83%) followed by a gradual decline until 2009 (73%), (major Polio outbreak in 2008) but a positive coverage of 91% in 2010 reversed the trend. For 2011, the coverage estimates showed again a slow decline (86%), while the 2012 (91%) estimates are promising. Polio is eradicated. Angola is the only country which funds WHO (operational costs) for Polio prevention and routine strengthening activities: \$5 million in 2012. There are some concerns that intensified efforts on polio eradication may have contributed to lower performance in routine immunization. Capacity building and the encouragement of an integrated approach may help the country succeed sustainably in both.

Regarding the noted major concerns on data quality, they are slowly getting resolved - DTP3 country estimates data match WHO/UNICEF estimates, however, do require monitoring. Official country and UNICEF/WHO estimates have been aligned since 2005. An external EPI review is scheduled for October 2013. The CMYP (up to 2017) will be updated according to the outcomes and recommendations of the review. The IRC suggests that whilst waiting for the census, a coverage survey should be carried out along with the external EPI review in October 2013 to revitalize the data.

The IRC noted that a national procurement mechanism is in place and would benefit from further strengthening in terms of vaccine budget forecasting (in the light of the graduation process starting 2015), vaccine procurement (allowing for the best and efficient pricing) and capacity building of procurement staff on medical/vaccine procurement.

13. IRC Review Recommendations

- **NVS**

Approve 2014 NVS (Pentavalent, PCV13, Rotavirus) support based on the country requested target, and subject to satisfactory clarifications of the issues detailed in Section 14.

14. Clarification Required with Approved Funding

Short-term clarifications

The reported shipment differences as mentioned in the IRC report on 2011 APR are to be clarified.

Mid-term/long-term clarifications

Angola has no functional Adverse Events Following Immunization (AEFI) Systems in place and the Immunization Multi-Year Plan (2011 – 2015) lacks to contain an adequate action plan regarding this issue. The IRC strongly recommends that Angola takes steps towards setting up a functional AEFI system and reports on progress made to the next IRC meeting.

Angola lacks a functioning waste management system, which is crucial given that further vaccine introductions are planned. The IRC recommends the establishment of such and progress reported to the secretariat.

15. Other:

The IRC recommends the country to strongly consider the following issues mentioned in the IRC report on 2011 APR:

- marginalised or hard-to-reach populations
- measure inequities in access to immunisation services

The IRC welcomes any progress update on the above in the next annual report.

