



Partnering with The Vaccine Fund

Updated February 2004

Progress Report

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

by the Government of

COUNTRY: ANGOLA

Date of submission: ...May 28, 2004.....

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

(Tick only one) :

Inception report X

First annual progress report

Second annual progress report

Third annual progress report

Fourth annual progress report

Fifth annual progress report

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

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

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1. Report on progress made during the previous calendar year

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

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

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

**In April, 2003, ISS funds, totalling 747 000 USD were deposited in April in the *Banco de Fomento e Exterior* in Luanda, Angola
Two signatures are required for release of these funds; that of the Vice Minister of Health, Dr. Jose Van Dunem and that of the National EPI Manager, Dra Fatima Valente. The Minister of Health may co-authorize release of funds in the absence of one of the principal signatories.**

The management of ISS funds includes the following steps:

- **Ministry of Health and partner agencies elaborate a plan of action, with detailed budget, for use of ISS funds**
- **Study, discussion and approval of this plan by ICC. This committee meets on a weekly basis, is chaired by the Vice Minister of Health and includes participation by the representatives of UNICEF and WHO (see attached minutes, with translation)**
- **Written request for funds on the basis of the plan of action from National EPI Manager to the Vice Minister of Health**
- **Vice Minister and National EPI Manager co- authorize use of funds**
- **Implementation by technical staff of Ministry of Health, partner agencies**

For the reporting period, there were no problems with the amount, or distribution of the fund

1.1.2 Use of Immunization Services Support

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

Funds received during the reporting year USD 747 000,00

Remaining funds (carry over) from the previous year N/A

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US \$	Amount of funds (USD)			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training	119 914,00		34 924,00	84 990,00	
IEC / social mobilization	7 345,00			7 345,00	
Outreach	161 078,00			161 078,00	
Supervision	9 555,00			9 555,00	
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:	297 892,00		34 924,00	262 968,00	
Remaining funds for next year:	449 108,00				

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

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

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

In August 2003, the Ministry of Health and partners created a Plan for the Intensification of Routine Immunization in Angola, an action plan for increasing routine immunization coverage in 59 of Angola's 164 municipalities (districts). To maximize the impact of the activity, these municipalities were selected on the basis of size (the 59 contain 75% of the national population), ease of accessibility and presence of functioning health centre with a working cold chain.

The important activities in the plan include

- **Development of microplanning and training tools, and technical instruments for the implementation and monitoring of the activity**
- **Municipal-level microplanning**
- **Training of provincial and municipal staff**
- **Training of vaccinators and members of the community**
- **Vaccination in fixed posts, mobile teams and outreach, accompanied by supportive supervision and social mobilization**

In September 2003, a 9 day workshop was held in Luanda, with the following objectives:

- **introduce the plan**
- **train 40 provincial focal points and 68 municipal focal points in the areas of technical norms and procedures, cold chain management, vaccine management, data and information management**
- **creation of detailed municipal-level microplans**

Training of vaccinators and sensitisation of the community was done in October at the municipal level

There have been no problems encountered with implementation of the plan. Achieving high routine immunization coverage in Angola remains difficult due to difficult access by the population to health services, difficult access by health authorities to the population, lack of infrastructure (roads, bridges) and widespread landmines.

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

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

If yes, please attach the plan.

YES

NO

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

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

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 **Receipt of new and under-used vaccines during the previous calendar year**

Start of vaccinations with the new and under-used vaccine: MONTH..... YEAR.....

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

1.2.2 **Major activities**

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

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

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

1.3 Injection Safety

1.3.1 Receipt of injection safety support

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

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

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets

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

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

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2. Financial sustainability

Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.

First Annual Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

In 2003, approximately 10% of routine EPI vaccines (DTP, OPV, BCG and measles) and injection material were purchased by government. The rest were purchased by partner agencies.

A technical sub-committee of ICC was asked to propose a 5- year schedule for transferring the responsibility for purchasing antigens (DTP, OPV, BCG and measles) and injection material from partner agencies to government. The Ministry of Health agreed to purchase 47% of vaccines and injection material for 2004 (see enclosed ICC minutes, translated)

A formal financial sustainability plan was not developed in 2003

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Table 2 : Sources (planned) of financing of new vaccine (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	20..	20..	20..	20..	20..	20..	20..	20..	20..	20..
Proportion funded by GAVI/VF (%)										
Proportion funded by the Government and other sources (%)										
Total funding for (new vaccine) *										

* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to

monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.

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

3. Request for new and under-used vaccines for year (indicate forthcoming year)

Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births									
Infants' deaths									
Surviving infants									
Infants vaccinated / to be vaccinated with 1st dose of DTP (DTP1)*									
Infants vaccinated / to be vaccinated with 3rd dose of DTP (DTP3)*									

NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1st dose of (<i>new vaccine</i>)									
Infants vaccinated / to be vaccinated with 3rd dose of (<i>new vaccine</i>)									
Wastage rate of *** (<i>new vaccine</i>)									
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT									
Infants vaccinated / to be vaccinated with BCG									
Infants vaccinated / to be vaccinated with Measles									

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

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

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

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

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Table 4: Estimated number of doses of vaccine *(specify for one presentation only)* : *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund)*

		Formula	For year
A	Infants vaccinated / to be vaccinated with 1 st dose of <i>(new vaccine)</i>		*

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3

B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	
C	Number of doses per child		
D	Number of doses	$A \times B/100 \times C$	
E	Estimated wastage factor	<i>(see list in table 3)</i>	
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	
G	Vaccines buffer stock	$F \times 0.25$	
H	Anticipated vaccines in stock at start of year		
I	Total vaccine doses requested	$F + G - H$	
J	Number of doses per vial		
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	
M	Total of safety boxes (+ 10% of extra need)	$(K + L)/100 \times 1.11$	

Table 5: Wastage rates and factors

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

**Please report the same figure as in table 3.*

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

Table 6: Estimated supplies for safety of vaccination for the next two years with (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year	For year
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A	Target of children for vaccination (for TT : target of pregnant women)¹	#		
B	Number of doses per child (for TT woman)	#		
C	Number of doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock ²	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor ⁴	Either 2 or 1.6		
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$		

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

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

Indicators	Targets	Achievements	Constraints	Updated targets

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

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

³ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

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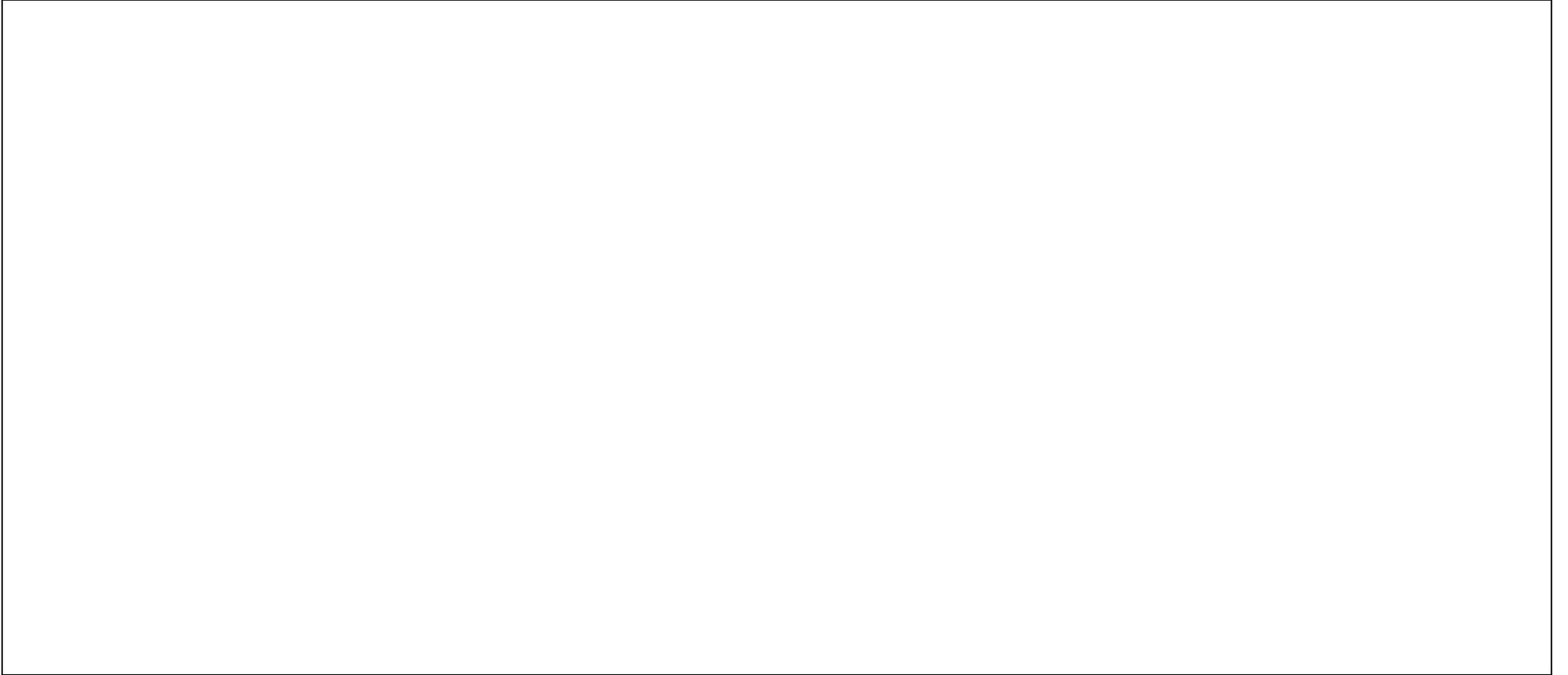
5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Table 1 filled-in		
DQA reported on		
Reported on use of 100,000 US\$		
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in		
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		
Government signatures		
ICC endorsed		

6. Comments

→ *ICC/RWG comments:*



7. Signatures

For the Government of ANGOLA.....

Signature:

Title:

Date:

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

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

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature

~ End ~