2005

Progress Report

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

by the Government of

COUNTRY: ANGOLA

Date of submission: August 11Th , 2006.....

Reporting period: January-December 2005

(Tick only one) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	X ρ
Third annual progress report	ρ
Fourth annual progress report	ρ
Fifth annual progress report	ρ

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 GAVI partners and collaborators

Progress Report Form: Table of Contents

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1. Report on progress made during 2005

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.

Up to date the total ISS funds received by the Ministry of Health in the ***Banco de Fomento Angola*** (former Banco de Fomento e Exterior) in Luanda Angola is 2,241,000.00 US$ disbursed in three instalments :

- August, 2003 the first tranche: US$ 747,000.00
- September, 2004 the second tranche: US$ 747,000.00 and the
- In October 2005 the third tranche: 747,000 US$

In October 2005 the Angolan Government received also US$ 100,000.00 corresponding to financial support for the introduction of the Pentavalent vaccine in the country.

According the Government procedures two signatures are required by the bank to release the funds. The Vice Minister of Health, Dr. José Vieira Dias Van-Dúnem and the National EPI Manager, Dr. Fatima Valente are the two authorized signatures.

The management of funds includes the following steps:

- Technical staffs of Ministry of Health and partner's agencies elaborate a plan of action with detailed budget, for use of ISS funds and other complementary funds from government and other partners on the basis of districts micro- planning.
- Approval of the plan during the ICC meeting chaired by the Vice Minister of Health in which Representatives of WHO, UNICEF, Rotary, CORE, Red Cross and other partners are present. See attached minute of ICC (Annex N°1).
- For every activity to be implemented according the plan a writing request for funds is made by the EPI Manager to the Vice-Minister of Health.
- The Vice Minister of Health authorizes the use and the transference of funds to implementing level.
- The implementation is closely monitored by the government and partners agencies.
- Periodical revision of liquidations is done by the national EPI supervisors and partners.

During the year 2005 the ISS funds were available.

1.1.2 Use of Immunization Services Support

In 2004, the following major areas of activities have been funded with the GAVI/Vaccine Fund ***Immunization Services Support*** *contribution.*

Funds received during 2005 __ 747,000 US$
Remaining funds (carry over) from 2004 __ 884,927 US$ _____

Table 1: Use of funds during 2005

Area of Immunization Services Support	Total amount in US $	PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					

Transportation					
Maintenance and overheads					
Training	46,266		46,266		
IEC / social mobilization					
Outreach	70,644			70,644	
Supervision	17,661			17,661	
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other *(printing of stock control notebooks)*	24,860		24,860		
Total:	**159,431**		**71,126**	**88,305**	
Remaining funds for next year:	**1,472,496**				

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.
(See in annex number 1 the ICC minute when the allocation of 2005 funds was discussed)

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

Introduction

In 2004 the Ministry of Health with technical support of WHO, UNICEF, CORE and other partners, started the intensification of routine immunization in Angola prioritizing 59 of 164 municipalities (districts) that's concentrate around 75% of national target population.

The implementation of the RED strategy has made great strides in improving immunization program performance. National DPT3 coverage has increased from 46% in 2003 to 59 % in 2004. These results were possible mainly thanks to the establishing of outreach activities and strong involvement

and support of the national staff of EPI and partners.

During the year 2005 the activities of strengthening of routine immunization were developed in a particularly difficult environment. Between March to May emerge in Angola an epidemic outbreak of hemorrhagic fever of Marburg that compromise Uige province, with imported of cases to Luanda, Malange, Zaire and Kuanza Norte provinces. The high case fatality rate -near 90%- and the great social and political importance of the disease took to the Government of Angola to declare national emergency. The personnel of Ministry of Health and international cooperation organizations participate in epidemiological surveillance and containment activities of the disease.

By the end of the month of June when the incidence of Marburg was remarkably reduced, it was detected in Luanda the introduction of wild polio-virus by importation from India, after of almost 4 years without circulation of the wild polio-virus in the country. This new public health emergency, forced the personnel of immunizations at all levels to intensify the active surveillance of AFP cases and improve the organization, implementation and quality monitoring of 4 national rounds of NIDs, which took place in the second semester of 2005.

The principal activities carried out are the following:

- Elaboration of national multiagencial annual plan & budget by municipalities for routine immunization. This plan was approved by the ICC.
- Elaboration a proposal for GAVI for introduction of two new vaccines into the routine system, Hepatitis B and Haemophilus Influenzae type b in 2006. This proposal was approved by GAVI.
- Adapt data quality auditing self assessment instrument for utilization for EPI supervisors during routine activities. This instrument was tested in Benguela municipality and approved by EPI technical team.
- Carry out national cold chain inventory and train provincial and some municipal cold chain technicians.
- Elaboration of technical and administrative proposal for improving the EPI supervision system.
- Elaboration/adaptation of training guides for pentavalent vaccine introduction.
- Revision, of immunization card and EPI reporting forms.
- Revision of the pentavalent re-stocking schedule for provincial and municipal (district) levels.

Major Constraints

- Competing priorities (Marburg and Polio epidemics) did not allow EPI personnel at national, provincial and district level to devote their time to activities related to routine immunization. Therefore, training, evaluation and supervision planed activities were postponed.
- Delay on funding justification from implementing levels, provoked delays on subsequent disbursement of funds by the central EPI office. Reasons are related to insufficient administrative personnel for financial review.
- Weaknesses of maintenance and shortage of spare parts for the cold chain.
- Massive upgrading training of health promoters (admitted into MoH during the war) contributes to reduction of primary health activities including routine immunization.

1.1.3 Immunization Data Quality Audit (DQA)

(If it has been implemented in your country)

The Data Quality Auditing was postponed for September 2006.

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 report on the degree of its implementation.

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

Please report on studies conducted regarding EPI issues during 2004 (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 2005

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

In December 2005, 1,070,000 doses of Pentavalent vaccine in good conditions were received by the Angolan MoH.

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.

The pentavalent introduction was planned for 2006. Preparatory training activities planned for November and December 2005 was postponed for first quarter 2006 due to polio epidemic contention activities (4th round of NID) except the training on the cold chain maintenance for provincial and some municipalities.

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.

100.000 US$ received will be used in 2006 for Pentavalent training activities.

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

Corresponding to 2005 GAVI Injection Safety contribution the Ministry of Health received:

- 4,392,000 0.5 ml AD syringes
- 753,600 BCG AD syringes.
- 75,400 2ml reconstitution disposable syringes.
- 187,000 5ml reconstitution disposable syringes

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

Please report problems encountered during the implementation of the transitional plan for safe injection and sharp waste

The Ministry of Health strategy for improvement of the injection safety includes:

- Exclusive and extensive use of auto-disabled syringes and safety boxes for immunization purposes (routine and campaigns).
- Monthly monitoring of syringes and the safety boxes stocks at provincial level (By radio or phone).
- Proper implementation of open burning policy.
- Periodic assessment of Injection Safety Assessment (ISA) and Waste Management Assessment (WMA). (The assessment planed for 2005

was postponed for 2006).

- Implementation of AEFI surveillance. The revised EPI information system includes AEFI surveillance. This system will be implemented in 2006.

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

See Table in annex 2

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:

Not applicable

2. Financial sustainability

Financial Sustainability Plan is planned to be elaborated in the first Quarter 2007.

Inception Report: Outline timetable and process for the development of a financial sustainability plan . Describe assistance that may be needed for developing a financial sustainability plan.
First Annual Progress Report: Submit completed financial sustainability plan by given deadline. Describe major strategies for improving financial sustainability.

Subsequent Progress Reports: According to current GAVI rules, support for new and under-used vaccines is covering the total quantity required to meet country targets (assumed to be equal to DTP3 targets) over a five year period (100% x 5 years = 500%). If the requested amount of new vaccines does not target the full country in a given year (for example, a phasing in of 25%), the country is allowed to request the remaining (in that same example: 75%) in a later year. In an attempt to help countries find sources of funding in order to attain financial sustainability by slowly phasing out GAVI/VF support, they are encouraged to begin contributing a portion of the vaccine quantity required. Therefore, GAVI/VF support can be spread out over a maximum of ten years after the initial approval, but will not exceed the 500% limit (see figure 4 in the GAVI Handbook for further clarification). In table 2.1, specify the annual proportion of five year GAVI/VF support for new vaccines that is planned to be spread-out over a maximum of ten years and co-funded with other sources.

Please add the three rows (Proportion funded by GAVI/VF (%), Proportion funded by the Government and other sources (%), Total funding for Pentavalent *(new vaccine))* for each new vaccine.

Table 2.1: Sources (planned) of financing of new vaccine …Pentavalent.. *(specify)*

Proportion of vaccines supported by *	**Annual proportion of vaccines**									
	2006.**	**2007..**	**2008..**	**2009..**	**2010..**	**2011..**	**2012..**	**2013..**	**2014..**	**2015..**
A: Proportion funded by GAVI/VF (%)***	100%	100%	100%	100%	100%	0%	0%	0%	0%	0%
B: Proportion funded by the Government and other sources (%)	0%	0%	0%	0%	0%	100%	100%	100%	100%	100%
C: Total funding for Pentavalent *(new vaccine + injection safety supplies) USD*	12,093,761	10,740,140	10,894,294	11,972,190	12,152,528	13,309,538	14,466548	15,724138	17,091051	18,576791

Note: In April 2005 the MoH and partners prepare a Proposal for Pentavalent Vaccine Introduction into the routine EPI, starting from 2006 with GAVI support.

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

*** The first year should be the year of GAVI/VF new vaccine introduction*
***** Row A *should total 500% at the end of GAVI/VF support*

In table 2.2 below, describe progress made against major financial sustainability strategies and corresponding indicators.

Table 2.2: Progress against major financial sustainability strategies and corresponding indicators

Financial Sustainability Strategy	Specific Actions Taken Towards Achieving Strategy	Progress Achieved	Problems Encountered	Baseline Value of Progress Indicator	Current Value of Progress Indicator	Proposed Changes To Financial Sustainability Strategy
1.						
2.						
3.						
4.						
5.						

3. Request for new and under-used vaccines for year 2006

*Section 3 is related to the request for new and under used vaccines and injection safety for **2007**.*

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								
	2004	2005	2006	2007	2008	2009	2010	2011	2012
DENOMINATORS									
Births	860,000	884,080	908,834	934,282	960,441	987,334	1,014,979	1,043,399	1,043,399
Infants' deaths	129,000	132,612	136,325	140,142	144,066	148,100	152,247	156,510	156,510
Surviving infants	731,000	751,468	772,509	794,139	816,375	839,234	862,732	886,889	886,889
Infants vaccinated in 2005 (JRF) / to be vaccinated in 2006 and beyond with **1st dose** of DTP (DTP1)*	550,253	466,276	0	0	0	0	0	0	0
Infants vaccinated 2005 (JRF) / to be vaccinated in 2005 and beyond with **3rd dose** of DTP (DTP3)*	430,479	356,231	0	0	0	0	0	0	0
NEW VACCINES **									
Infants vaccinated 2005 (JRF) / to be vaccinated in 2006 and beyond with **1st dose** of DTP (DTP1)* Pentavalent..... *(new vaccine)*	0	0	618.007	675,018	693,919	755,311	776,459	798,200	798,200
Infants vaccinated 2005 (JRF) / to be vaccinated in 2006 and beyond with **3rd dose** of Pentavalent... *(new vaccine)*	0	0	540,756	595,604	612,281	671,387	690,186	709,511	709,511
Wastage rate in 2005 and plan for 2006 beyond*** ...*Pentavalent*..... *(new vaccine)*	-	-	10%	10%	10%	10%	10%	10%	10%
INJECTION SAFETY**									
Pregnant women vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with TT2	617,022	464,449	636,184	700,712	720,331	789,867	811,983	834,719	834,719
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with BCG *	617,275	535,134	681,626	747,426	768,353	839,234	862,732	886,889	886,889
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with Measles *	470,359	337,738	579,382	595,604	653,100	671,3872	733,3222	753,85565	798,2001

* Indicate actual number of children vaccinated in 2005 and updated targets (with either DTP alone or combined)
** Use 3 rows (as indicated under the heading **NEW VACCINES**) 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.

Due to unmet target planed for 2005 (70% of coverage by DTP-3 against 47% achieved) , the target for 2007 has been revised for 70% instead of 80% previously pretended.

3.2 Availability of revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for 2007**

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

Table 4: Estimated number of doses of 2 doses vial Pentavalent vaccine ***(specify for one presentation only):*** *Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For 2007
A	Number of children to be vaccinated with the first dose [1]	#	675,018
B	Percentage of vaccines requested from The Vaccine Fund [2]	%	100
C	Number of doses per child	#	3
D	Number of doses (GAVI)	*A x B/100 x C*	2,025,054
E	Estimated vaccine wastage factor	*see list in table*	1,11
F	Number of doses (incl. wastage) GAVI	*D x E*	2,247,810
G	Vaccines buffer stock GAVI	*F (-F of previous year) x 0.25*	26,562
H	Number of doses per vial	#	2
I	Total vaccine doses requested of GAVI	*F + G*	2,274,372
J	Number of AD syringes (+ 10% wastage) GAVI	*(D + G) x 1.11*	2,277,294
K	Reconstitution syringes (+ 10% wastage) GAVI	*I / H x 1.11*	1,262,277
L	Total of safety boxes (+ 10% of extra need) GAVI	*(J + K) / 100 x 1.11*	39,289

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

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

3.3 Confirmed/revised request for injection safety support for the years 2006 - 2007

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)*

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 (2005)	Achievements	Constraints	Updated targets 2006
➢ National routine immunization coverage for DTP3	70%	47%	See paragraph 1.1.2	70%
➢ % districts with routine DTP3 coverage >80%	30%	7 % (12/164)		30%
➢ % Drop out rate (DTP1 to DTP3)	15%	23 %		15%

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	August, 11th 2006	
Reporting Period (consistent with previous calendar year)	Jan-Dec 2005	
Table 1 filled-in	May, 15th 2006	
DQA reported on	NA	Planned for September 2006
Reported on use of 100,000 US$	NA	Planned to use in 2006
Injection Safety Reported on	Annex 2	
FSP Reported on (progress against country FSP indicators)	NA	
Table 2 filled-in	May, 15th 2006	
New Vaccine Request completed	Yes	Table 4
Revised request for injection safety completed (where applicable)	NA	
ICC minutes attached to the report	Yes	Annex N°1
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

ICC/RWG comments:

Routine immunization activities planned for 2005 faced multiple constraints in particular, epidemics of marburg hemorrhagic fever and reintroduction of wild poliovirus demanding full attention from MoH and partners to contain them. That explains in great manner the low coverage achieved.

For 2006 MoH and partners are committed to closely monitor the improvement of routine EPI activities and the results.

Signatures

For the Government of ANGOLA

Signature: Adelaide de Carvalho

Title: Director Nac. de Saúde Pública

Date: 11/08/06

José Naneca

Vice Ministro da Saúde

11-08-06

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.