



Annual Progress Report 2007

Submitted by

The Government of

ANGOLA

Date of submission __ August 20, 2008 _____

Please return a signed copy of the document to:

GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, raj कुमार@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

This report reports on activities in 2007 and specifies requests for January – December 2009

Signatures Page for ISS, INS and NVS

For the Government of

Ministry of Health:

Title: Dr. Anastácio Ruben Sicato

Signature:

Date:

Ministry of Finance:

Title: José Pedro de Morais Junior

Signature:

Date:

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excel sheet. 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.

Name/Title	Agency/Organisation	Signature	Date
José Van-Dúnem -Vice Minister of Health	MoH		
Adelaide de Carvalho - National Director of Public Health	MoH		
Diosdado V. Nsue Milang - Representative	WHO		
Angela Kearney - Representative	UNICEF		
Bart Bruins – Health Team Leader	USAID		
Silvia Nagy - Chairperson	ROTARY		
Ana Pinto- Secretariat Director	CORE		

Signatures Page for HSS

For the Government of

Ministry of Health:

Title:

Signature:

Date:

Ministry of Finance:

Title:

Signature:

Date:

Not Applicable

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the Health Systems Strengthening Programme. 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 HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

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

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

Yes it is reflected in the Ministry of Health Budget:

The ISS support budget was included into the EPI-MoH Interagency Budget. This budget was approved by ICC chaired by the Vice-Minister of Health.

The data bases of Ministry of Finance not include the ISS support budget; this situation is explained due the actual norms of the Finance Ministry don't include the registrations of projects contributions.

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.

The Angolan Government received through the Ministry of Health USD 2,988,000 of ISS funds into the Banco de Fomento Angola's account number 728769.31.001. This amount was received in 4 tranches

- 1st tranche August 2003: USD 747,000.00 USD.
- 2nd tranche September 2004: USD 747,000.00 USD.
- 3rd tranche October 2005: 747,000.00 USD.
- 4th tranche August 2006: 747,000.00 USD.

The process for release of the GAVI funds, has not changed from 2006; two authorized signatures are required:

- 1- The signature of Dr. Adelaide Carvalho, National Director of Public Health or Vice Minister of Health, Dr. José Vieira Dias Van-Dúnem and,
- 2- The signature of National EPI Manager, Dr. Alda Morais de Sousa.

The management of these funds consist of the following steps:

- Technical staff of Ministry of Health and technicians of partner's agencies elaborates a plan of action with detailed budget for use of GAVI, government and other partner's funds.
- Approval of this plan - budget by ICC during specific meeting chaired by the Vice Minister of Health and with the participation of Representatives of WHO, UNICEF, CORE and other

partners. See attached minute of ICC (Annex N°1).

- For every activity to be implemented, a written request of funds is made by the EPI manager to the National Director of Public Health or to the Vice-Minister of Health.
- The National Director of Public Health or the Vice Minister of Health authorizes the use and the transference of funds to the implementing level.
- Transfer the funds to account of implementing level.
- Monitoring the implementation of activities and use of funds by the central level of Ministry of Health and partners agencies.
- Periodical revision of liquidations by EPI National supervisors and accountant of National Directorate of Public Health

In 2007 no delay was experienced on the ISS funds. This fund was available for EPI programme utilization.

1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007 **USD 0.00**
 Remaining funds (carry over) from 2006 **USD 1,270,667**
 Balance to be carried over to 2008 **USD 22,326.50**

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation	27,950.0	27,950.00			
Maintenance and overheads	2,547.54	2,547.54			
Training	97,120.0		97,120.00		
IEC / social mobilization					
Outreach	929,228.00			929,228.00	
Supervision	63,385.0		63,385.00		
Monitoring and evaluation	67,440.0		67,440.00		
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other: cold chain fuel	53,830.0			53,830.00	
Total:	1,241,500.54	30,497.50	227,945.00	983,058.00	
Remaining funds for next year:	(**) 29,166.46				

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

() This balance of funds were utilized in 2008**

Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.

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

Background

In 2005 and 2006 routine immunization coverage stagnated below 50% fundamentally due to a combination of intensive activities performed to contain epidemics considered public health emergencies (Haemorrhagic fever of Marburg, Cholera and Poliomyelitis) and delay of districts in the presentation to central level the liquidations of the financial resources received to improve routine immunization. Both situations resulted in a practical paralyzation of the outreach activities and field supervision.

The training on basic EPI norms and procedures of approximately 2,950 front line health facilities technicians, and training on cold chain maintenance of 18 provincial and 150 municipal logisticians carried out countrywide in the second semester of 2007, added to expansion of cold chain with the distribution of 294 refrigerators, prepared the conditions for Pentavalent vaccine introduction and routine intensification activities performed in Angola during 2007.

In April 2007, Polio Eradication Technical Advisory Group met and gave, key recommendation that contributed to reinforce political commitment and made important efforts to strengthen the routine immunization countrywide, although the persistence of cholera epidemic at lower levels and the intensive activities to implement 4 rounds of polio national supplemental immunization activities in response to Wild Poliovirus circulation.

Activities

The activities performed in the period of this report permitted the reestablishment of outreach and regular supportive supervision at country level.

The key activities implemented were:

- Training on RED strategy implementation of Central level core group and 18 provincial EPI teams (Immunization and Surveillance MoH officers and WHO Antennas) with the support of WHO AFRO/Central Block technicians, was very important milestone for the re-launching of routine immunization activities at local level.
- Implementation of Interagency Plan for Acceleration of Routine Immunization approved by ICC and fully financed by Government, GAVI, UNICEF and WHO funds. This plan includes:
 - o Update the district (municipal) micro plans;
 - o Strengthen and expand the fix post strategy in public and private health facilities
 - o The organization in 160/164 districts, 806 outreach teams to cover with at least three immunization visits to communities around 10 km of each health facility. (It was not possible to organize routine immunization activities in 4 small districts due to lack of health personnel at these sites).
 - o The organization of 279 mobile teams to cover with three immunization visits to hard reach communities in 83 districts prioritized by RED approach (These districts have a concentration of 90% of the non vaccinated children of the Country).
 - o Administration of all Angolan Routine EPI vaccines (BCG, Polio, Pentavalent, Measles, Yellow Fever and Tetanus Toxoid). In one of three intensification rounds was administrated Vitamin A and Albendazol to children under-5 years old.
 - o Cascade intensive supportive supervision at all levels, utilizing standardized check list.

- Carried out a national evaluation meeting with immunization and surveillance officers of 18 provinces.
- Support two monitoring meetings in all 18 provinces with the participation of 164 municipal teams (EPI officers and Chiefs of Public Health).
- Support municipal (district) monthly monitoring meetings with health facility leaders responsible (performed the second semester of 2007).
- Control of district reports of timeliness and completeness and production of feedback reports, contributed to highlight the problems and priorities

Enabling factors

- Good relationship between MoH and partners.
- Government guarantee 100% of the funds for the purchase of the EPI traditional vaccines (this process start gradually in 2004) and 100% of injection supplies (GAVI injection safety support ended in 2006).
- Availability of operational funds of distinct sources to assure program implementation.
- ICC was strongly committed to the improvement of routine immunization and follow up activities during the 27 meetings conducted in 2007.
- Improved the country EPI manpower with the participation of 15 Angolan technicians from national, provincial and district levels that participated in MLM course conducted by WHO in Maputo – Mozambique.

Main constraints and challenges

- Small health facility network to cover the population especially in rural areas and urban slumps highly dependent on outreach activities
- There is a maintained high turn over of EPI personnel at local levels resulting in untrained staff at municipal and health facility levels.
- Maintain cold chain functionality in the health facilities network remains a big challenge, especially for irregular availability of petrol/gas at local levels and for deficiencies in maintenance.

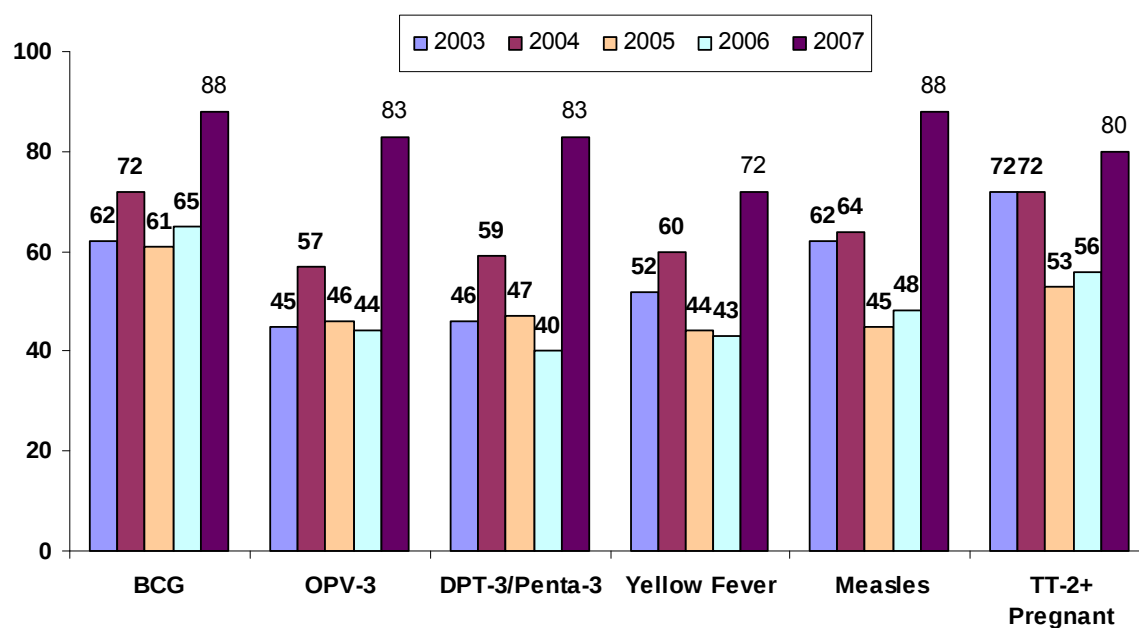
Results

Table N° 1 Angola: Evolution of Routine EPI indicators. 2003-2007

Year	Districts reporting completeness	National DPT3/Penta3 coverage	National Measles coverage	% Districts DPT3/Penta3 <50%	% Districts DPT3 50-79%	% Districts DPT3/Penta3 ≥80%
2003	75%	46	62	85	8	7
2004	73%	59	64	61	17	22
2005	70%	47%	45%	72%	21%	7%
2006	75%	40%	48%	71%	19%	10%
2007	89%	83%	88%	24%	22%	54%

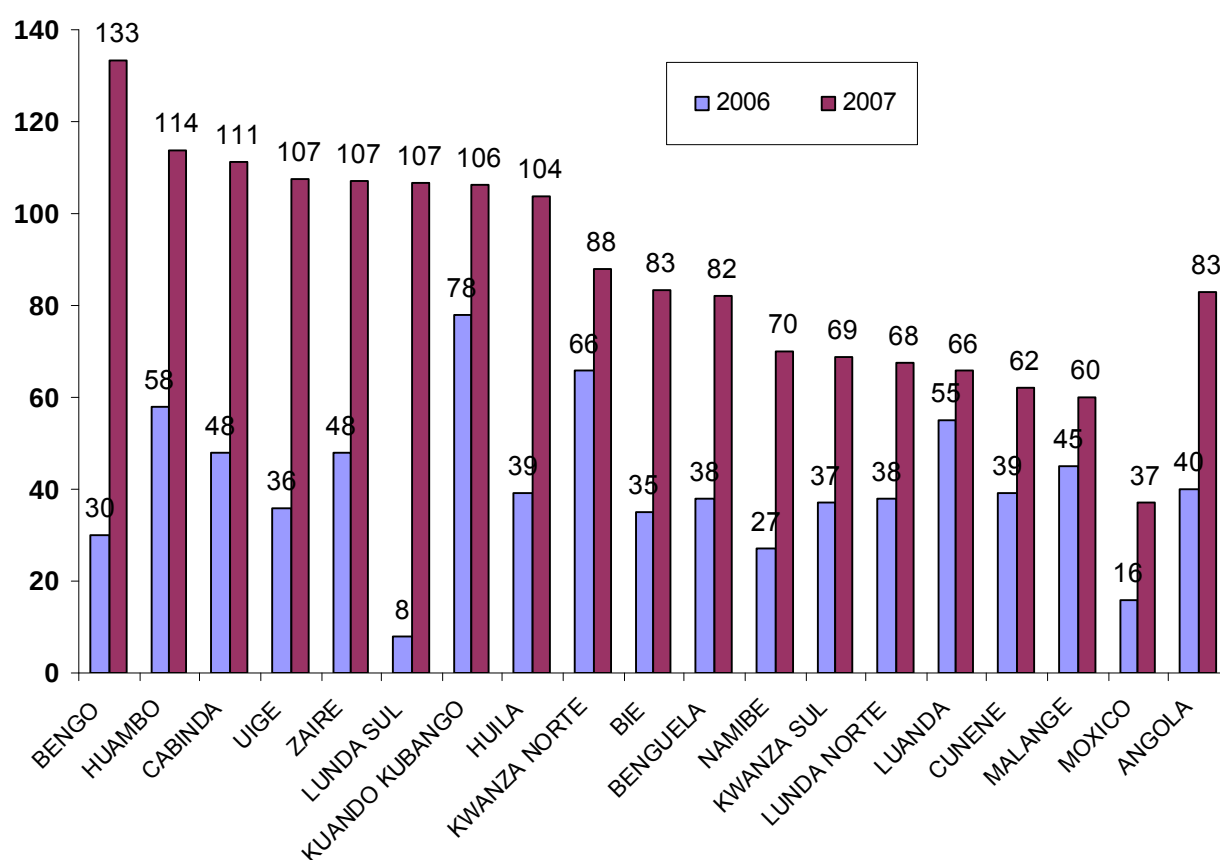
Source: JRF Angolan MoH, WHO / UNICEF: 2003, 2004, 2005, 2006, and 2007.

Figure N°1 Angola: Evolution of Routine EPI coverage by antigens. 2003-2007



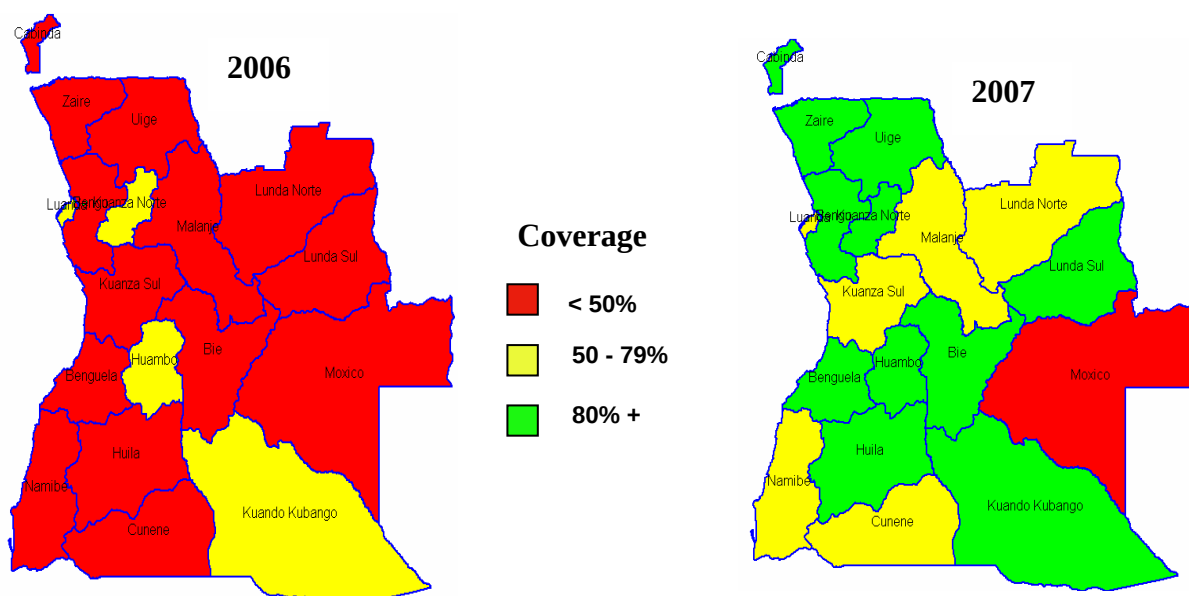
Source: JRF Angolan MoH, WHO / UNICEF: 2003, 2004, 2005, 2006, and 2007.

Figure N°2 Angola: DPT3/Penta3 coverage by provinces. 2006-2007



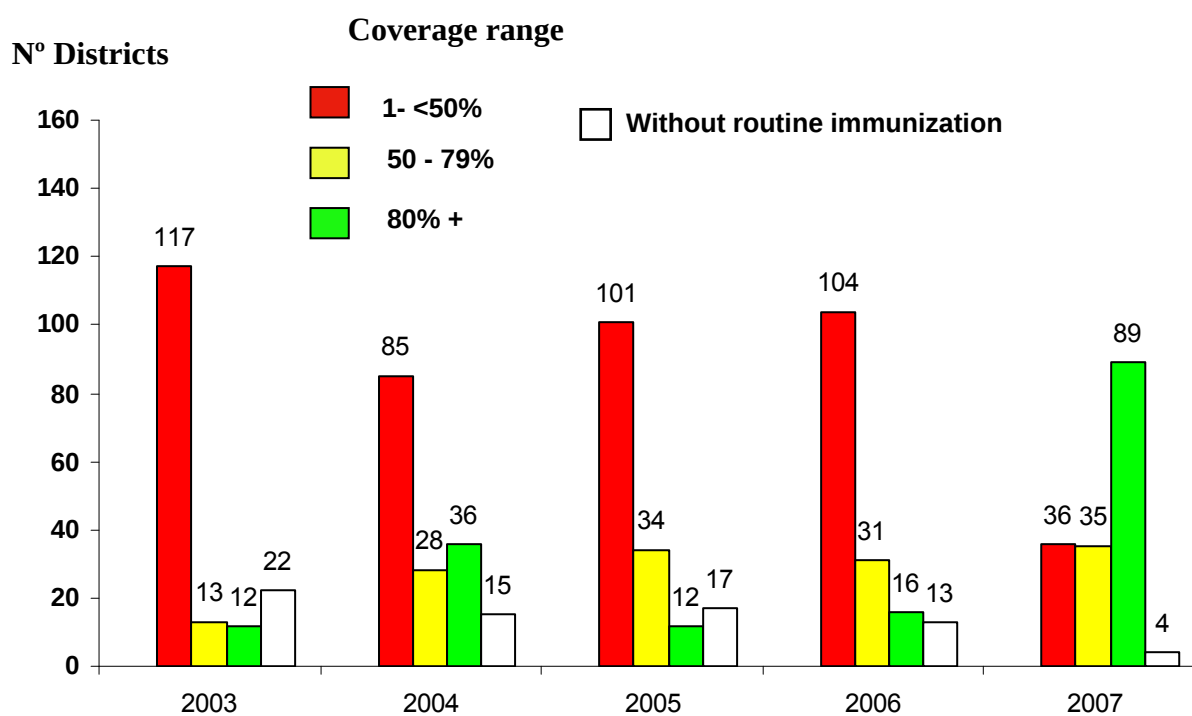
Source: EPI-MoH Database.

Figure N°3 *Angola: DPT3/Penta3 coverage by provinces. 2006-2007*



Source: EPI-MoH Database

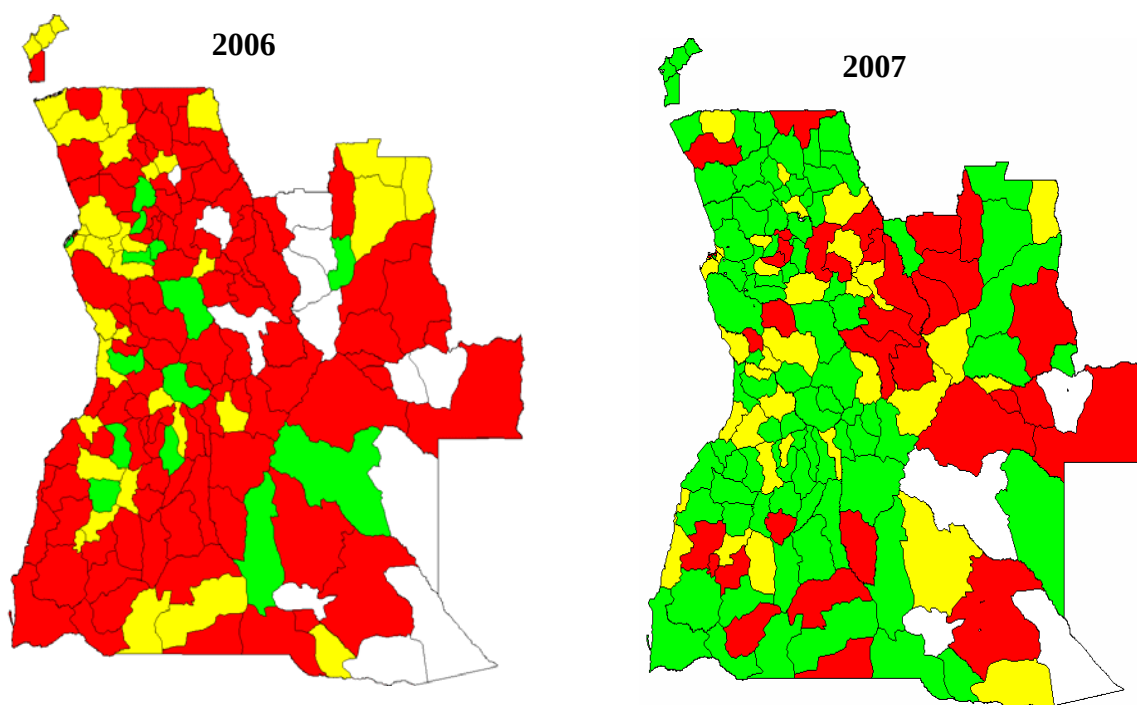
Figure N°4 *Number of districts according coverage range of DPT/Penta-3 Angola, 2003-2007*



Source: EPI-MoH Database/ JRF 2003-2007

Note: The total numbers of districts is 164

Figure N°3 Angola: DPT3/Penta3 coverage by Districts. 2006-2007



Source: EPI-MoH Database

1.1.3 Immunization Data Quality Audit (DQA)

DQA scheduled for 15-30 September 2008 (confirmed by Swiss Centre for International Health Deputy Leader) _____

**If no DQA has been passed, when will the DQA be conducted?*

**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*

**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

Was no made data quality auditing in the Country

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

YES

☐

NO

☐

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

Not Applicable

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

Not Applicable

1.1.4. ICC meetings

*How many times did the ICC meet in 2007? **Please attach all minutes.**
Are any Civil Society Organizations members of the ICC and if yes, which ones?*

During 2007, 27 ICC meetings were carried out. See attached minutes.

MoH High level authorities, WHO UNICEF Rotary International, USAID and CORE group of NGOs participated of ICC Meetings.

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + Hep B mono to DTP-Hep B) and dates shipment were received in 2007.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Pentavalent	2 doses	418.000	In September 2006 start an introduction of Pentavalent. In 2007 was expanded Country wide.	18 September 2007
Pentavalent	2 doses	678.400		10 October 2007
Pentavalent	2 doses	117.400		11 October 2007
Total received in 2007		1.213.800		

Please report on any problems encountered.

No 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.

During the period of January to March 2007 the Pentavalent vaccine introduction was finished in all municipalities of the country. The decision was to total substitution of DTP for Pentavalent. The children with one or two doses of DTP restart the immunization schedule with Pentavalent. The target group was children under one

The main activities performed in 2007 includes:

1. Distribution technical materials and training of operative personnel:
 - a. Pentavalent technical information leaflet was widely distributed
 - b. New immunization cards and registration forms;
 - c. Supervision check list updated
2. Elaboration and implementation of logistic plan for collect DTP and replace with Pentavalent vaccine at all levels
3. Follow up the destruction of remaining DTP vaccine
4. Finalization of distribution of additional cold chain equipments (64 refrigerators) and conversion of 32 petrol refrigerators to gas in order to reduce the maintenance and spare parts requirements.
5. Strengthening the field supportive supervision at all levels as part of plan of intensification of routine immunization.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: ____2005____

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

In the 2006 GAVI report was informed that 100,000 USD received in October 2005 was utilized in 2006 supporting workshop for district and health facility front line technicians training (the total cost of district level training were of \$ 483,113 of which 1000,000 was funded by GAVI contribution for introduction of new vaccines). No problems were observed in availability of funds for programme.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in ____ The assessment was planned for September 13Th -17Th, 2008 with AFRO support

Please summarize the major recommendations from the EVSM/VMA

Not Applicable

Was an action plan prepared following the EVSM/VMA: Yes/No

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

The next EVSM/VMA* will be conducted in: _____

**All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.*

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable). (injection supplies for Pentavalent vaccine administration)

Injection Safety Material	Quantity	Date received
AD syringes	1260.000	24 September 2007
Reconstitution syringes 2ml	753.100	15 July 2007
Safety boxes	22.350	30 July 2007

Please report on any problems encountered.

High cost of custom clearance

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

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

The Angolan Ministry of Health has a budget devoted to purchase injection supplies for traditional vaccines (Pentavalent and correspondent injection supplies are guaranteed by GAVI until 2010). The purchasing of injection supplies in 2007 was made through private enterprise and has foreseen to continue buying for the following years.

No progress was observed in sharps waste disposal the police is open burning except in the capital Luanda. HSS in elaboration considers this aspect.

Please report how sharps waste is being disposed of.

In Luanda, the capital of the country, the sharps waste of hospitals and health centres are being disposed by incineration, in the other 17 provinces opened burning is being used.

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

For injection supplies no problems was encountered. The private enterprise contracted by Government make available the syringes and safety boxes regularly in appropriate quantities according the planned requirements

1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)

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

Not Applicable

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category				
Vaccines				
Injection supplies				
Cold Chain equipment				
Operational costs				
Other (please specify)				
Financing by Source				
Government (incl. WB loans)				
GAVI Fund				
UNICEF				
WHO				
Other (please specify)				
Total Expenditure				
Total Financing				
Total Funding Gaps				

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination...

Table 2.2: Country Co-Financing (in US\$)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

Not Applicable

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI awarded vaccine.

For 2 nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 2nd GAVI awarded vaccine.

Table 2.3: Country Co-Financing (in US\$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Timing	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding	Yes		
Government Procurement- Other			
UNICEF			
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule (month/year)	Date of Actual Payments Made in 2007 (day/month)
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	
National health sector plan	
National health budget	
Medium-term expenditure framework	
SWAp	
cMYP Cost & Financing Analysis	
Annual immunization plan	
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1.
2.
3.
4.
5.

3. Request for new and under-used vaccines for year 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for **2009**.

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. Targets for future years **MUST** be provided.

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.

No changes

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	908,834	934,282	960,441	987,334	1,014,979	1,043,399	1,072,614	1,102,647	1,133,521	1,165,260
Infants' deaths	136,325	140,142	144,066	148,100	152,247	156,510	160,892	165,397	170,028	174,789
Surviving infants	772,509	794,139	816,375	839,234	862,732	886,889	911,722	937,250	963,493	990,471
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*	536,720									
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*	308,692									
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)* (new vaccine)		879,174	845,188	868,854	913,481	939,059	965,353	992,382	1,020,169	1,048,734
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of..... (new vaccine)		655,314	734,738	755,311	819,595	842,545	866,136	890,388	915,318	940,947
Wastage rate till 2007 and plan for 2008 beyond*** (new vaccine)		10	10	10	10	10	10	10	10	10
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	511,595	745,145	864,397	888,601	964,230	991,229	1,018,983	1,047,515	1,076,845	1,106,997
Infants vaccinated / to be vaccinated with BCG	595,058	821,164	864,397	888,601	964,230	991,229	1,018,983	1,047,515	1,076,845	1,106,997
Infants vaccinated / to be vaccinated with Measles (1 st dose)	370,150	707,707	734,738	755,311	819,595	842,545	866,136	890,388	915,318	940,947

* Indicate actual number of children vaccinated in past years 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

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

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.

No changes

Please provide the Excel sheet for calculating vaccine request duly completed

Note: See Annex Excel Worksheet tables with detailed calculations

Table 6. Estimated number of doses of Pentavalent vaccine.

Vaccine : Pentavalent	2009	2010	2011
Total doses required	3,475,900	3,190,600	3,212,242
Doses to be funded by GAVI	3,475,900	3,190,600	2,730,405
Doses to be funded by country	0	0	481,836
Country co-pay in US\$/dose*	0	0	\$ 0.53
Total co-pay	0	0	\$1,916,000

*As per GAVI co-financing policy, country grouping and order of vaccine introduction

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 differ from DTP3, explanation of the difference should be provided ▪ Wastage of vaccines: Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid. ▪ Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ Anticipated vaccines in stock at start of year 2009: It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines. ▪ AD syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines. ▪ Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ Safety boxes: A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: 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 year 2009

Table 8: 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 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		Formula	2009	2010
A	Target if children for Vaccination (for TT: target of pregnant women) (1)	#		
B	Number of doses per child (for TT: target of pregnant women)	#		
C	Number ofdoses	$A \times B$		
D	AD syringes (+10% wastage)	$C \times 1.11$		
E	AD syringes buffer stock (2)	$D \times 0.25$		
F	Total AD syringes	$D + E$		
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	$C \times H \times 1.11/G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11/100$		

- 1 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.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

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

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4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: _____

Current Health Systems Support will end in: _____

Funds received in 2007: Yes/No
If yes, date received: (dd/mm/yyyy)

Yes total amount: US\$ _____

Funds disbursed to date: US\$ _____

Balance of installment left: US\$ _____

Requested amount to be disbursed for 2009 US\$ _____

Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No
If not, why not? How will it be ensured that funds will be on-budget? Please provide details.

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

Not Applicable

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 <i>(In case there is a change in the 2009 request, please justify in the narrative above)</i>			
Area for support	2007 (Expenditure)	2007 (Balance)	2009 (Request)
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activities in 2007	
Major Activities	2007
Objective 1:	Not Applicable
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Baseline indicators (Add other indicators according to the HSS proposal)						
Indicator	Data source	Baseline Value ¹	Source ²	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

¹ If baseline data is not available indicate whether baseline data collection is planned and when

² Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	YES	
Reporting Period (consistent with previous calendar year)	YES	
Government signatures	YES	
ICC endorsed	YES	
ISS reported on	YES	
DQA reported on	NA	Planned for Sept 2008
Reported on use of vaccine introduction grant	NA	Was repoted last year
Injection Safety Reported on	YES	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	NA	Was no made FS & F Plan
New Vaccine Request including co-financing completed and Excel sheet attached	YES	
Revised request for injection safety completed (where applicable)	NA	
HSS reported on	NA	
ICC minutes attached to the report	YES	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	NA	

6. Comments

ICC/HSCC comments:

The ICC considers that the contribution of GAVI in period of 2003 -2007 was fundamental for the development of the routine immunization program in Angola, since it allows to cover a great part of the population which before was not assisted with the benefits of immunization. It has acted like a catalyst to mobilize governmental and partners resources.

Increasing efforts are taken to integrate more services through the EPI services, at fixed services but also through outreach and mobile team services; these services include Vitamin A supplementation, de-worming with Albendazol, and the provision of long-lasting insecticide treated mosquito nets.

On the other hand the introduction of Pentavalent vaccine in the immunization schedule constitutes a great contribution for reduction of mortality by pneumonia and other invasive infections caused by the bacterium Hemophilus Influenza b.

The International Technical Advisory Group on Polio Eradication met in Angola in July 2008, recognized the efforts and achievements made through routine immunization in Angola during 2007 and the first semester of 2008, recommending consolidating the RED approach in all the districts.

Despite the significant progresses made in the country, the Expanded Programme for Immunization is still fragile principally due too an insufficient access of rural population to health facility network and consequent dependence of outreach. Outreach activities need to sustain in order to keep the progresses achieved. The maintenance of the cold chain and proper sharp disposal remain important challenges to overcome in the future.

~ End ~