



Partnering with The Vaccine Fund

Progress Report

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

by the Government of

COUNTRY:	SAO TOME AND PRINCIPE
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Date of submission: September 2003

Reporting period: Sep 2002 - Sep 2003 (Information provided in this report **MUST** refer to the previous calendar year)

(Tick only one):

- Inception report
- 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.

WHO and UNICEF funds are managed by the respective organisations jointly with the Ministry of Health

GAVI funds are used only after authorisation by the ICC, which has the role of approving the plan for the use of funds

GAVI funds are not disbursed without the signature of the representative of WHO or UNICEF

No problems have been encountered in the use of these funds.

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 29,959.16**

Remaining funds (carry over) from the previous year **USD 29,942.19**

Table 1 : Use of funds during reported calendar year **2002 / 2003**

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					
Maintenance and overheads	3,700.00			3,700.00	
Training					
IEC / social mobilization	2,703.65	2,703.65			
Outreach					
Supervision					
Monitoring and evaluation	2,212.35	730.00		1482.35	
Epidemiological surveillance					
Vehicles	7,776.00	7,776.00			
Cold chain equipment	650.68	650.68			
Other (specify)	7,615.00	7,615.00			
Total:	24,657.68	19,475.33		5,182.35	
Remaining funds for next year:	35,243.67				

**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.*

The main activities carried out to strengthen immunization were as follows:

- Social mobilization campaigns (dramatisation, spots in the social communication media, training of community health workers and traditional midwives)
- Strengthening of supervision and epidemiological surveillance
- Logistics support in the area of transport for supervisors and vaccinators
- Institutional support at the central level

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.*

N/a. The plan has not yet been set up

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

→ *Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).*

n/a

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

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

25,600 doses of Hepatitis B vaccine received on 18 / 05 / 03

8,000 doses of yellow fever vaccine received on 18 / 05 / 03

These vaccines have been placed in the EPI Central warehouse and are in good condition.

Given the wastage (80 %) of yellow fever vaccine that we believe is observed with 20 dose vials, the 8,000 doses received will not be sufficient to meet vaccination needs.

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 main activities undertaken in relation to introduction, phasing-in and service strengthening were as follows:

- Advocacy and social mobilisation.
- Training and qualification of district chief medical officers, EPI and RHP (Reproductive Health Program) managers, care providers including vaccinators, community health workers and traditional midwives.

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.

The financial support (USD 100,000 not including bank charges) was received on 27 / 05 / 03. **USD 16,075.00** was used.

**REPRODUCTIVE HEALTH PROGRAM
IMMUNIZATION AREA**

PLAN FOR THE INTRODUCTION OF NEW VACCINES INTO THE NATIONAL VACCINATION CALENDAR

OVERALL PLAN OF EXPENDITURE			
<u>STRATEGIES</u>	Responsibility Nurse Maria Elizabeth Carvalho National EPI manager		Financing from GAVI funds for the introduction of new vaccines – USD 100,000
	Level of activities	COST IN DOBRAS	COMMENTS
1. <u>Advocacy and social mobilisation to strengthen vaccination activities including the introduction of new vaccines</u> (includes in the <i>Districts</i> the training of about 200 ASC activists and traditional midwives; interpersonal communication in the communities, supervision of mobilisation activities, etc.; at the <i>central</i> level includes social mobilisation activities on radio and TV, dramatisation, production and reproduction of brochures, calendar and other consumables for social mobilisation.	Central-CNES	31,760,000. 00	78,787,100.00 Dbs social mobilisation, training of ASCs, traditional midwives and activists - 53.1%
	A Grande District	9,221,000. 00	
	Mezochi District	9,221,000. 00	
	Cantagalo District	6,915,750. 00	
	Lobata District	6,915,750. 00	
	Lembá District	5,532,600. 00	
	Caué District	4,610,500. 00	
	Príncipe District	4,610,500. 00	
	SUBTOTAL	78,787,100. 00	
2. <u>Provision of high-quality vaccination including skill required for the new vaccines</u> (In-service training (7) of 115 service providers and final-year students on nursing course	RHP/EPI	64,440,700. 00	64,440,700.00 Dbs training of providers - 43.4%
3. <u>Planning, monitoring and assessment of action for the introduction of new vaccines</u> (Acquisition of office supplies, coordination meetings, supervision, preparation of lectures, supervision and monitoring, etc)	RHP/EPI	5,000,000. 00	- 3.3%
TOTAL		148,227,800. 00	USD 16,075. 00

*Exchange rate 1 USD = 9,221,00 Dobras

Funds remaining: USD 99,959.68 (including bank charges) – USD 16,075.00 = **USD 83,884.68**

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*

In the area of injection safety, we received:

- 31,200 auto-destruct syringes and 375 safety boxes on 05 / 05 / 03

No problems have arisen or have been identified.

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. Number of districts that did not run out of auto-destruct syringes during the last 12 months 2. Number of districts that did not run out of safety boxes during the last 12 months 3. Number of health services that did not run out of stocks since the last surveillance visit 4. Number of districts with working incinerators 5. Number of health and community units that burn and bury used injection equipment appropriately 6. No used syringes or needles in waste deposit areas or near medical units 7. Number of collateral effects reported at the national level during the year	To ensure injection safety and also hazard-free disposal of sharps wastes	Training of health staff in injection safety and monitoring of collateral effects Establishment of pits for burning and burying wastes Determination of annual needs for equipment and effective supply and distribution of injection and waste disposal systems Budget secured from UNICEF for the purchase of auto-destruct syringes and safety boxes	Difficulties in obtaining an appropriate model of incinerator	n/a

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:

N/a. We have not received cash support

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 Report : Report progress on steps taken and update timetable for improving financial sustainability
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
- Second Annual Progress Report : Append financial sustainability action plan and describe any progress to date.
Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
- Subsequent reports: Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.
Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values.
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.gaviff.org> under FSP guidelines and annexes).
Highlight assistance needed from partners at local, regional and/or global level

The financial sustainability plan has not been prepared yet because of the political situation in July.

The initial steps have been taken, but we need technical assistance with the following terms of reference:

- **The consultant must be a health economist or one with health expertise**
- **The consultant must be able to read, speak and write Portuguese or at least French**
- **The mission must take place in November 2003 at the latest, and last for 2 weeks**

3. Request for new and under-used vaccines for 2004 (*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 (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported 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 10) . Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	6,047	4,564	4,637	4,711	4,786	4,863	4,941	5,020
Infants' deaths		247	251	255	259	264	268	272
Surviving infants		4,317	4,386	4,456	4,527	4,599	4,673	4,748
Infants vaccinated with DTP3 *	4,957	5,024	4,534	4,233	4,346	4,415	4,486	4,558
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form								
NEW VACCINES								
Infants vaccinated with _____ * (use one row per new vaccine)	-	-	-	-	4,346	4,415	4,486	4,558
Wastage rate of ** (new vaccine)	-	-	-	-	-	-	-	-
INJECTION SAFETY								
Pregnant women vaccinated with TT			4,252	5,388	5,473	5,620	5,831	5,924
Infants vaccinated with BCG	4,904	5,027	5,079	4,233	4,346	4,415	4,580	4,653
Infants vaccinated with Measles	4,058	4,078	4,051	3,788	4,074	4,277	4,440	4,510

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

→ 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.

The data presented in the 1st report were estimated based on a population growth rate of 2.3 %. However, the data from the 2001 census showed a population under 1 year of age of 4,564 and a growth rate of 1.6 % .

These data must be confirmed by a demographic and medical survey in the middle of the period 2001-2009 as recommended by the ICC

An assessment of the EPI must also be scheduled in 2004-2005 to obtain more realistic data on coverage, given the disparity of the data provided by the statistical services.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for 2004** (indicate forthcoming year)

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

UNICEF has not guaranteed the availability requested.

Table 3a: Estimated number of doses of yellow fever vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For 2004
A	Number of children to receive new vaccine		* 4,527
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100 %
C	Number of doses per child		1
D	Number of doses	$A \times B/100 \times C$	4,527
E	Estimated wastage factor	(see list in table 3)	5.00
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	22,635
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		-
I	Total vaccine doses requested	$F + G - H$	22,635
J	Number of doses per vial		20
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	5,025
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	1,256
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	70

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:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** 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 under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **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 3 : 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 1.

Table 3b: Estimated number of doses of Hep. B vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For 2004
A	Number of children to receive new vaccine		4,527
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100 %
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	13,581
E	Estimated wastage factor	(see list in table 3)	1.25
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	16,976
G	Vaccines buffer stock	$F \times 0.25$	4,244
H	Anticipated vaccines in stock at start of year		-
I	Total vaccine doses requested	$F + G - H$	21,220
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	19,786
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	-
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	220

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:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** 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 under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **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 3 : 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 2004 (indicate forthcoming year)

Table 4: 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
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)	$(F + I) \times 1.11 / 100$		

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year ...	For the year ...	Justification of changes from originally approved supply:
Total AD syringes	for BCG			
	for other vaccines			
Total of reconstitution syringes				
Total of safety boxes				

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

n/a

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.

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
<ul style="list-style-type: none"> - Hep. B and yellow fever vaccines available and introduced by July 2003. - Health staff trained 	<ul style="list-style-type: none"> - Introduction of Hep. B and yellow fever into the EPI. 	<ul style="list-style-type: none"> - Vaccines requested and received - Personnel qualification workshop held - Preparation of approval of the new vaccination calendar 	The political and military upheavals of 16 July have affected the proper running of activities. The qualification calendar was delayed.	Introduction into the EPI by September 2003

5. Checklist

Checklist of completed form:

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

6. Comments

→ *ICC comments:*

In the discussion the members of the ICC were of the opinion that, in relation to the plan for the use of funds:

- The budget presented in this plan must be consistent with the budget presented in the plan for expenditure on the introduction of new vaccines into the national vaccination calendar.

Comment: This observation was taken on board but, bearing in mind the expenditure under the various headings, we drew up two separate plans - one for the use of funds for immunization services support and one for support for the introduction of new vaccines .

- The balance sheet for the implementation of the plan approved the previous year should be annexed (*see page 4*)
- Consideration must be given to the need to strengthen the transport component and the cold chain for the acquisition of spare parts, particularly for lower-coverage districts. (*see the 2003/2004 plans for the use of funds for immunization services support*)
- Given the importance of epidemiological surveillance, consideration must be given to the need to implement activities in this domain and provide the budget for them. (*see the 2003/2004 plans for the use of funds for immunization services support*)

On item 3.1 “Updated vaccination targets”: the baseline data and annual targets have been brought up to date in accordance with the data from the 2001 census, including the population growth rate and infant mortality.

The members of the ICC recommended the following:

- The scheduling of an assessment of the EPI in 2004-2005 to confirm coverage
- The holding of a demographic and health survey in the middle of the period 2001-2009 to bring data up to date.

7. Signatures

For the Government of [Sao Tome and Principe](#)

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
WHO				ROTARY CLUB of Sao Tome			
UNFPA				Embassy of France			
UNDP				Embassy of Portugal			
UNICEF				Embassy of China			
ADB				Taiwan			

~ End ~