



Partnering with The Vaccine Fund

June 2003

Progress Report

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

by the Government of

COUNTRY:	TOGO
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Date of submission: ...September 29, 2003.....

Reporting period: ...2002.. (*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.

The mechanism described below concerns the funds made available since March 30, 2003. Prior to that date Togo had not received any funds from GAVI.

The funds originating from GAVI are transferred to a special account. Payments are made by issuing cheques or by bank transfer order signed by the Minister of Health, the Director General of Health and the Director of the EPI.

The ICC ensures that the financial activities are in line with the multi-year plan and the annual plans. The financing requests are submitted to the ICC by the districts, the regions, the NGOs or the associations delegated to carry out the activities according to the timetable of the action plan. These action plans and the requests are first examined by the ICC sub-committee, which makes recommendations with a view to their final approval by the ICC.

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 2002: 0 francs

Remaining funds (carry over) from the previous year: 0 francs

Table 1 : Use of funds during reported calendar year 2002_

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0				
Injection supplies	0				
Personnel	0				
Transportation	0				
Maintenance and overheads	0				
Training	0				
IEC / social mobilization	0				
Outreach	0				
Supervision	0				
Monitoring and evaluation	0				
Epidemiological surveillance	0				
Vehicles	0				
Cold chain equipment	0				
Other (specify)	0				
Total:	0				
Remaining funds for next year:	0				

**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 respect of 2002 and on the basis of the analysis of the 2001 situation, Togo drew up a strategic plan 2002-2004 and an annual action plan for 2002 in order to strengthen immunization services. Implementation of the 2002 action plan placed the emphasis on strengthening the EPI in 23 districts considered to have priority on the basis of their immunization coverage in DTP 3 (< 50%) and the number of children aged less than one year \geq 5000. The aim was to implement the approach « REACH EACH DISTRICT » according to the following package of activities:

- Holding of micro-planning workshops at district level*
- Organization of the start-up meetings by the district supervisory teams*
- Organization of immunizations at permanent stations and with strategies put forward on the basis of consensus with the villages in the areas covered by health training courses*
- Holding of the health centres' monthly meetings at the district level*
- Supervision of the health workers by placing the emphasis on staff motivation, correction of their weaknesses and strengthening of the results achieved*
- Involvement of the private sector in monitoring meetings and immunization activities at all levels*
- Holding of a decentralized meeting of the monitoring focal points and the district EPI heads in October 2002 at the central level .*

The cold chain has been strengthened by equipping the immunization centres with 5 refrigerators provided by ROTARY and UNICEF.

In terms of results, DTP3 coverage has increased from 43% in 2001 to 59% in 2002; and that of measles from 33% to 48% .

The major problems encountered in implementation are as follows:

- Out of stock of tetanus toxoid vaccine from January to March 2002*

Funding not adequate to cover all activities, particularly for vaccines.

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

Togo has not done a data quality audit.

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

Not applicable

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).*

Not applicable

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.*

Togo did not receive any new/under-used vaccines in 2002 and the yellow fever vaccine for the year 2003 is expected at the end of September.

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 that will be undertaken in relation to introduction of yellow fever vaccine to the routine EPI are:

1.

- Strengthening the capacity of the health workers at the 608 immunization centres.
- Ensuring the availability and quality of yellow fever vaccine at the immunization centres.
- Mobilizing the community to support yellow fever immunization.
- Immunizing at least 60% of infants aged below one year against yellow fever by the end of 2004.
- Reducing vaccine losses by implementing the open vial policy and by training the personnel to manage vaccines.
- Strengthening the cold chain by building the Lomé and Kara cold rooms, implementing a system of cold chain maintenance and renewal.
- Stepping up staff supervision at the immunization centres.
- Ensuring monitoring during the monthly district meetings.
- Enhancing injection safety by using self-blocking syringes and destroying waste by the incinerators set up during the 2001 anti-measles campaign.
- Assessment six months and one year after introduction.

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.

Not applicable as funds are not yet available.

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.

Togo did not receive any injection safety support in respect of 2002. However, in April 2003 we received:

- Self-blocking BCG syringes: 175 cartons of 1600 syringes
- 2cc dilution syringes : 9 cartons of 3000 syringes
- 5cc dilution syringes: 19 cartons de 1800 syringes
- Safety boxes: 800 cartons de 25 boxes

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
Percentage of safety boxes destroyed per district	100% of safety boxes in 100% of the districts.	<ul style="list-style-type: none"> - According to our estimates, 60% of the safety boxes are destroyed. - All the immunization centres are equipped with safe injection supplies (self-blocking syringes, dilution syringes, safety boxes) in sufficient quantities to immunize the target population under consideration since July 1, 2003. - All the immunizers have been using self-blocking syringes since July 1, 2003 	Some incinerators have broken down	90%

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:

Togo did not receive any funds earmarked for injection safety

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

In order to increase the resources available to fund immunization, the government is envisaging to implement the following plan:

Specific objectives

Strategies

Activities

Persons in charge

Timetable

2002

2003

2004

Ensure the sustainability of EPI funding.

Implement a mechanism to mobilize financial resources in favour of the EPI.

- Draw up the budget for the strategic plan
- Identify the potential partners (State, Community and other development partners)

- Draw up the financial sustainability plan

- Urge that funds be mobilized

- Hold a consensus meeting of partners on the EPI funding plan

-DEPI

-DEPI

-DEPI

-DPEV

-DPEV

3. Request for new and under-used vaccines for year 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	208182	213 304	218 551	223 927	229 436	235 080	240 863	246 788
Infants' deaths	16 655	17 064	17484	17 914	18 356	18 806	19 269	19 743
Surviving infants	191 527	196 240	201067	206 113	209 911	216 274	221 594	227 045
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	107 255	84 383	114 428	154 510	168 864	173 019	177275	181 636
NEW VACCINES								
Infants vaccinated with yellow fever vaccine * (use one row per new vaccine)	so	so	so	41 203	126 648	173 019	177 275	181 636

Wastage rate of ** yellow fever vaccine (new vaccine)	S0	S0	S0	25%	20%	20%	15%	
INJECTION SAFETY								
Pregnant women vaccinated with TT	93 682	85 322	82 598	156 749	183 549	188 064	192 690	197 430
Infants vaccinated with BCG	137 400	125 849	157 269	201 534	217 964	223 326	228 820	234 449
Infants vaccinated with Measles	113 001	64 759	92 915	154 510	168 864	173 019	177 275	181 636

* 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.

A difference can be noted between the baseline of the previously approved plan and those of the joint WHO/UNICEF report on the number of surviving infants in 2002. The number of surviving infants in 2002 was estimated at 194 075 in the joint report on the basis of a proportion of 4% (representing those children aged below one year according to the National statistical department) of the 2002 population (4 856 896) whereas the estimates of the previously approved plan were made on the basis of the difference between births (4.5% of the population) and deaths of infants aged below one year (80 for 1000 live births).

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

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

The yellow fever vaccine requirements were forwarded to the UNICEF/COPENHAGEN supply department through UNICEF's Togo office.

Table 3: Estimated number of doses of yellow fever vaccine in 10-dose vials (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004
A	Number of children to receive new vaccine		* 126 648
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	90
C	Number of doses per child		1
D	Number of doses	$A \times B/100 \times C$	113 983
E	Estimated wastage factor	(see list in table 3)	1.25
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	142 479
G	Vaccines buffer stock	$F \times 0.25$	35 620
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	178 099
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	166 059
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	19 769
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2,063

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.

** Since Togo has not yet received any yellow fever vaccine or a buffer stock we considered the advance buffer stock to be 0.

3.3 Confirmed/revised request for injection safety support for the year 2004 to 2005 (indicate forthcoming year)

Table 4.1: Estimated supplies for BCG vaccination safety for the next two years with 2004 and 2005 (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

	BCG	Formula	For 2004	For 2005
A	Target of children for BCG vaccination	Number of children	217 964	223 326
B	Number of doses per child	Number of doses per child	1	1
C	Number of doses of BCG	$A \times B$	217 964	223 326
D	AD syringes (+10% wastage)	$C \times 1.11$	241 940	247 892
E	Buffer stock of AD syringes ¹	$D \times 0.25$	0	0
F	Total: AD syringes	$D + E$	241 940	247 892
G	Number of doses per vial	#	20	20
H	Vaccine wastage factors ²	<i>2 or 1.6</i>	2	2
I	Number of reconstitution syringes ³ (+10% wastage)	$C \times H \times 1.11 / G$	24 194	24 790
J	Number of safety boxes (+10% extra needs)	$(F + I) \times 1.11 / 100$	2 954	3 027

¹The 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.

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

³ Only for lyophilized vaccines. Write zero for other vaccines.

Table 4.2 : Estimated supplies for DTP vaccination safety for the next two years with 2004 and 2005

	DTP	Formula	For 2004	For 2005
A	Target number of children for DTP vaccination	Number of children	168 864	173 019
B	Number of doses per child	Number of doses per child	3	3
C	Number of doses of DTP	$A \times B$	506 592	519 057
D	AD syringes (+10% wastage)	$C \times 1.11$	562 317	576 153
E	Buffer stock of AD syringes[2]	$D \times 0.25$	0	0
F	Total: AD syringes	$D + E$	562 317	576 153
G	Number of doses per vial	#	10	10
H	Vaccine wastage factors [3]	2 or 1.6	1,11	1,11
I	Number of reconstitution syringes [4] (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% extra needs)	$(F + I) \times 1.11 / 100$	6242	6395

Table 4.3: Estimated supplies for MEAS vaccination safety for the next two years with 2004 and 2005

	MEAS	Formula	For 2004	For 2005
A	Target number of children for MEAS vaccination	Number of children	168 864	173 019
B	Number of doses per child	Number of doses per child	1	1
C	Number of doses of MEAS	$A \times B$	168 864	173 019
D	AD syringes (+10% wastage)	$C \times 1.11$	187 439	192 051
E	Buffer stock of AD syringes[2]	$D \times 0.25$	0	0
F	Total: AD syringes	$D + E$	187 439	192 051
G	Number of doses per vial	#	10	10
H	Vaccine wastage factors[3]	2 or 1,6	1.6	1.6
I	Number of reconstitution syringes [4] (+10% wastage)	$C \times H \times 1.11 / G$	29 990	30 728
J	Number of safety boxes (+10% extra needs)	$(F + I) \times 1.11 / 100$	2 413	2 472

Table 4.4: Estimated supplies for TT vaccination safety for the next two years with 2004 and 2005

	TT	Formula	For 2004	For 2005
A	TT: number of pregnant women	Number of pregnant women	183 549	188 064
B	Number of doses per woman	Number of doses per woman	2	2
C	Number of doses of TT	$A \times B$	367 098	376 128
D	AD syringes (+10% wastage)	$C \times 1.11$	407 479	417 502
E	<u>Buffer stock of AD syringes[2]</u>	$D \times 0.25$	0	0
F	Total: AD syringes	$D + E$	407 479	417 502
G	Number of doses per vial	#	10	10
H	<u>Vaccine wastage factor [3]</u>	<i>2 or 1.6</i>	1.11	1.11
I	<u>Number of reconstitution syringes [4] (+10% wastage)</u>	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% extra needs)	$(F + I) \times 1.11 / 100$	4523	4634

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

ARTICLE		For 2004	For 2005	Justification for changes to approved request:
Total AD syringes	BCG	241 940	247 892	
	Other vaccines	1 157 235	1 185 706	
Total reconstitution syringes		54 184	55 518	
Total safety boxes		16 132	16 528	

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

Two for BCG.

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: Not applicable

Indicators	Targets	Achievements	Constraints	Updated targets

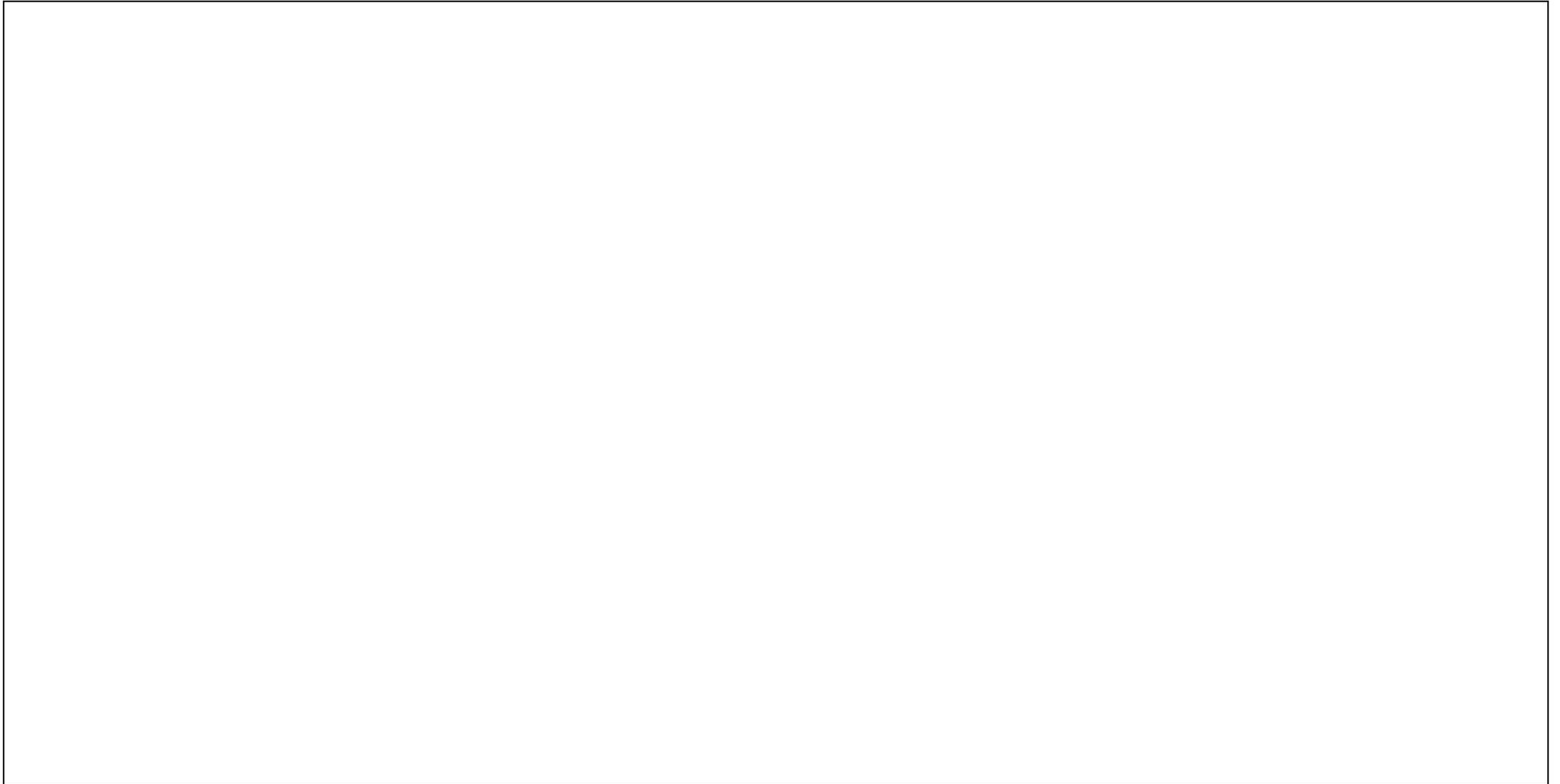
5. Checklist

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 comments:*

A large, empty rectangular box with a thin black border, intended for entering ICC comments. The box is currently blank.

7. Signatures

For the Government of TOGO

Signature:

Title: Minister of Health.....

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 ~