



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: February 2004

Reporting period: 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.

The first tranche of funds from GAVI totalling 205,096,613 CFA francs (US\$ 350,600), representing half the total amount allocated (US\$ 701,200), was made available to the country on 30 March 2003 and placed on a special Ministry of Health account at ECOBANK no. 102614201018 on 1 April 2003.

In compliance with a recommendation from GAVI, a special mechanism for the management of these funds was established. The 2003 action plan was approved by the ICC. Based on this, the districts drew up their plans to reinforce the EPI and these were amended by the ICC Technical Committee. After validation, the plans were submitted with a request for funding by the Epidemiological Division (which hosts the EPI) to partners, including the Ministry of Health for the part concerning GAVI funds.

The funds for immunization activities were made available to districts by bank transfer directly on to the accounts of the regions. All other expenditure was subject to standard national and administrative procedures for financial transactions.

Beneficiaries are required to submit technical and financial reports in order to justify receipt of the 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 2003 : 205,096,613 Francs

Remaining funds (carry over) from the previous year 0 Francs

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0	0			
Injection supplies	0				
Personnel	63,704			63,704	
Transportation	27,576			27,576	
Maintenance and overheads	41,016	39,372	1644		
Training					
IEC / social mobilization	1795				1795
Outreach					
Supervision	52,765	21,627	11,299	19,839	
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment	141,703			141,703	
Other .. Micro-planning of RED (reach every district) approach	8,792			8,792	
Total:	337,351	60,999	12,943	261,614	1795
Remaining funds for next year:	13,249**				

1 US\$ = 584.98 CFA Francs

** The 13,249 have been earmarked for financing micro-planning.

**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 2003 and on the basis of the analysis of the 2002 situation, Togo drew up a strategic plan 2002-2004 and an annual action plan for 2003 in order to strengthen the immunization services. Implementation of the 2003 action plan emphasised strengthening the EPI in all the 35 districts of the country in pursuit of the “REACH EACH DISTRICT” approach according to the following package of activities:

- holding of micro-planning workshops at district level
- organization of immunization services at permanent stations based on a strategy developed on the basis of a consensus with the villages in each of the areas covered by health training courses
- holding monthly meetings to monitor the immunization activities in the health centres at the district level
- supervision of health workers with emphasis on staff motivation, correction of their shortcomings and improving results
- involvement of the private sector in monitoring meetings and immunization activities at all levels

The cold chain was improved with immunization centres receiving 42 litre gas/electricity-powered refrigerators supplied by UNICEF. In terms of results, DTP3 coverage has risen from 43% in 2001, 59% in 2002 and 72% in 2003. The corresponding figures for measles are: 33%, 48% and 68% for the same period.

The main problems in terms of implementation have been:

- BCG and DTP stock-outs in 6 districts in December 2003
- poor vaccine management in the field due to insufficient staff training
- delays in the establishment of funds for staff training
- the second tranche of GAVI funds expected in November 2003 is still not available

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 DQA

→ 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 2003. Yellow fever vaccines were expected in September 2003, but only arrived in Togo on 3 February 2004.

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.

Major activities that will be undertaken in conjunction with the introduction of yellow fever vaccine in the routine EPI include:

- Upgrading the skills of health workers in the 608 immunization centre.*
- Ensuring the availability and quality of yellow fever vaccines in the immunization centres.*
- Mobilizing the community to support yellow fever immunization.*
- Immunizing at least 60% of infants under the age of 1 year against yellow fever by the end of 2004.*
- Reducing vaccine losses by implementing the open vial policy and by training staff in vaccine management.*
- Strengthening the cold chain by building cold storage rooms in Lomé and Kara, and implementing a system of cold chain maintenance and*

renewal.

- Stepping up staff supervision in the immunization centres.
- Monitoring performance during the monthly district meetings.
- Enhancing injection safety by using AD syringes and destroying waste in incinerators set up during the 2001 anti-measles campaign.
- Carrying out an assessment six months and one year after the introduction of these measures.

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 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 receive injection safety support for 2003.

Received for the EPI on 16/05/03

Self-blocking (AD) BCG syringes: 175 cartons of 1600 syringes, i.e. 280,000 syringes

- 2 cc dilution syringes: 9 cartons of 3000 syringes, i.e. 27,000 syringes
- 5 cc dilution syringes: 19 cartons of 1800 syringes, i.e. 34,200 syringes
- safety boxes: 800 cartons of 25 boxes, i.e. 20,000 boxes

total cost of equipment received on 16 May 2003 : US\$ 31,915.16

Received for the EPI on 30/10/03: self-blocking syringes : 539 cartons containing 2400 syringes for a **total cost of US\$ 69,800.40**

Received for the EPI on 25/02/04

- 31 cartons of 2000 self-blocking syringes
- dilution syringes : 4 cartons of 1800 syringes
- safety boxes : 31 cartons of 25 boxes

total cost of equipment received on 25 February 2004 : US\$ 29,007.21

The total value of syringes received from 16 May 2003 to 25 February 2004 for the year 2003 amounted to US\$ 130,722.77

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%	100% safety boxes in 100% of districts	– According to our estimates, 60% of safety boxes have been destroyed – All immunization centres are equipped with safe injection supplies (AD syringes, dilution syringes, safety boxes) in sufficient quantities to immunize target population under consideration since 1 July 2003 – All immunizers have been using AD syringes since 1 July 2003	Some incinerators broke 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 <u>Submit</u> 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.gavittf.org under FSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level

In order to increase resources for funding immunization, the government intends 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 a budget for the strategic plan -Identify potential partners (government, community, and other development partners) -Draw up a financial sustainability plan -Carry out lobbying work for the mobilization of funds -Hold a consensus meeting of partners on the EPI funding plan	-DPEV -DPEV -DPEV -DPEV -DPEV	X X X X X	X X X X X	X X X X X
	Management of EPI funds	-Draw up a framework document for the management of funds -Disseminate the document -Monitor fund management (meetings, reports, audits)	-D Finance -D Finance -CCIA	X X X	X X X	X X X

Within the context of the implementation of this plan, we have carried out the following activities : drawing up a budget for the strategic plan, identification of partners, financing the 2003 action plan on the basis of a partnership with GAVI, UNICEF, and the WHO. However, work still needs to be done to establish a truly sustainable funding mechanism for the EPI in Togo with the support of the government, local communities and partners. The financial sustainability plan which will be drawn up in 2004 will help achieve this.

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. Updated 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	208,182	213,304	218,551	223,927	229,436	235,080	240,863	246,788
Infants' deaths	16,655	17,064	17,484	17,914	18,356	18,806	19,269	19,743
Surviving infants	191,527	196,240	201,067	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	177,275	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)	so	so	so	25%	20%	20%	15%	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.

Not applicable

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.

Yellow fever vaccine requirements were forwarded to the UNICEF COPENHAGEN Supply Division through UNICEF's office in Togo

Table 3: Estimated number of doses of yellow fever vaccine in 2004 for 10 doses (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

Remarks

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

B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	90
C	Number of doses per child		1
D	Number of doses	$A \times B/100 \times C$	113,983
E	Estimated wastage factor	<i>(see list in table 3)</i>	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

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 have shown the anticipated vaccines in stock as 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 safety of BCG vaccination 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 year 2004	For year 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 BCG doses	$A \times B$	217,964	223,326
D	AD syringes (+10% wastage)	$C \times 1.11$	241,940	247,892
E	AD syringes buffer stock 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 factor ²	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	24,194	24,790
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	2,954	3,027

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

	DTC	Formula	For year 2004	For year 2005
A	Target of children for DTC vaccination	Number of children	168,864	173,019
B	Number of doses per child	Number of doses per child	3	3
C	Number of BCG doses	$A \times B$	506,592	519,057
D	AD syringes (+10% wastage)	$C \times 1.11$	562,317	576,153

¹ 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.

E	AD syringes buffer stock 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 factor ³	<i>Either 2 or 1.6</i>	1.11	1.11
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	6,242	6,395

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

	MEASLES	Formula	For year 2004	For year 2005
A	Target of children for measles vaccination	Number of children	168,864	173,019
B	Number of doses per child	Number of does per child	1	1
C	Number of measles doses	$A \times B$	168,864	173,019
D	AD syringes (+10% wastage)	$C \times 1.11$	187,439	192,051
E	AD syringes buffer stock ³	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	187,439	192,051
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ³	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	29,990	30,728
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	2,413	2,472

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

	TT	Formula	For year 2004	For year 2005
A	TT: Number of pregnant women	Number of pregnant women	183,549	188,064
B	Number of doses per woman	Number of does per woman	2	2
C	Number of TT doses	$A \times B$	367,098	376,128
D	AD syringes (+10% wastage)	$C \times 1.11$	407,479	417,502

² A standard wastage factor is used to calculate the number of reconstitution syringes. It is fixed at 2 for BCG and 1.6 for measles and yellow fever.

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

E	AD syringes buffer stock ²	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	407,479	417,502
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ³	<i>Either 2 or 1.6</i>	1.11	1.11
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	30,728
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4,523	4,634

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 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	241,940	247,892	The increase in the number of reconstitution syringes and safety boxes is due to the application of a vaccine wastage factor of 1.6% for measles and 2% for BCG
	for other vaccines	1,157,235	1,185,706	
Total of reconstitution syringes		54,184	55,518	
Total of 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.

The increase in the number of reconstitution syringes and safety boxes is due to the application of a vaccine wastage factor of 1.6% for measles and 2% 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

Indicators	Targets	Achievements	Constraints	Updated targets
Level of DTC3 cover	75%	72%	- stock-out of DTC vaccine in 6 districts in December 2003	80%

			- delay in setting up funds at the district level leading to a delay in implementing RED approach	
Level of TT cover	75%	68%		80%
Level of TT2+ cover	70%	56%	Pregnant women immunized during the TT campaign in the 6 high risk districts are not eligible for routine immunization	80%
Percentage of destroyed safety boxes	100%	60%	- break down of some incinerators - system for transporting safety boxes to incinerator sites non-functional	90%
Percentage of immunization centres using AD syringes	100%	89%		100%
Percentage of RCW50 refrigerators installed in the immunization centres	100%	19.25%	Orders have not yet been delivered	100%

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)	X	
Table 1 filled-in	X	
DQA reported on		not completed yet
Reported on use of 100,000 US\$		funds not received yet

Injection Safety Reported on	X	
FSP Reported on (progress against country FSP indicators)		not filled in yet
Table 2 filled-in	X	
New Vaccine Request completed	X	
Revised request for injection safety completed (where applicable)	X	
ICC minutes attached to the report	X	
Government signatures	X	
ICC endorsed	X	

6. Comments

→ ICC comments:

1. The process for implementing the activities supported GAVI and the other partners started in 2003. As a result, progress has been made in terms of the level of immunization cover representing an improvement of 13 points for DTC3, 20 points for TT, 18 points for TT2+.
2. *In terms of injection safety, 89% of immunizers have been using AD syringes since 1 July 2003. Waste elimination is done by incineration in 60% of cases, and efforts are being undertaken to get 100% of the districts to destroy 100% of the waste produced as a result of immunization.*
3. *The inclusion of yellow fever in the routine EPI has been a major concern in Togo in 2003, and we hope to be able to count on GAVI support in this area.*
4. *Efforts are still needed to ensure the sustainability of routine EPI funding. To this end, Togo needs the support of partners and GAVI to develop and implement a financial sustainability plan and DQA..*

7. Signatures

For the Government of **TOGO**

Signature:

Title: Ministry 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 ~