# **Joint Appraisal** (JA)

The Joint Appraisal (JA) is an **essential element of Gavi's regular monitoring and performance management (MPM).** The JA has evolved to align with Gavi 5.0 strategic shifts.

The JA is an **annual, country-led, multi-stakeholder** review/discussion that represents an important opportunity for countries to engage Gavi Alliance partners and other key stakeholders on annual progress of routine immunisation programmes against national goals and objectives, and to discuss how Gavi support is contributing to this progress. Key stakeholders involved in the country's immunisation programme should be represented at the Joint Appraisal, including civil society organisations (CSOs).

As an integrated part of Gavi's portfolio management process, the JA discussion should review **Gavi's contribution to immunisation programme performance** in 2023/H1 2024, including current status of your COVID-19 programme and efforts on integration. A key feature of the JA is the joint discussion about the **promising practices, challenges met and future needs** for improving immunisation performance with a focus on reaching zero-dose children and missed communities.

The modality of the Joint Appraisal exercise is tailored to the country context and may be scheduled taking into consideration other planning exercises such as EPI reviews or National Immunisation Strategy Development.[1] The JA process will involve preparatory work to assemble and analyse data in advance of the discussion, exchange on the trends and their implications for the EPI program, and will conclude with the finalisation of a report and relevant deliberation outcomes and follow-up actions. At least one live discussion (in person or virtual) of the multiple stakeholders engaged in the Joint Appraisal should be organised.

The Joint Appraisal template is structured as follows

- **Section 1: Country situation**: overview of performance of Gavi support & discussion on progress and challenges faced during 2023 and first semester of 2024
- **Section 2: Looking forward**: summary of discussion points and follow up actions

The information and indicators contained in section 1 on the country immunisation programme performance and Gavi support are mostly based on standard reporting. They are part of Gavi's monitoring and performance management framework, which will inform ongoing portfolio discussions, the JA, as well as discussions at the Alliance Partnership and Performance Team (APPT) meeting.

Section 1 is also where Gavi expects reporting against the Grant-linked Key Performance Indicators developed during HSS / EAF applications. For these indicators, results are to be analysed as (1) the absolute change in the indicator as a trend over time and; (2) the percent change in the indicator against the baseline value from the HSS or EAF application. Changes over time will be assessed against the end of grant target set during the application stage. Please ensure that sufficient data is provided to conduct such analyses, including the baseline values, targets, and sufficient annual data to infer trends.

[1] Countries which are finalising in the course of 2023 a Full Portfolio Planning are not expected to conduct a JA.

The below set of cross-cutting questions should be considered to structure qualitative information:

**Cross-cutting Questions**

1. What factors have facilitated or impeded progress?
2. What promising practices and/or innovations have emerged?
3. What key contributions have partners made to drive performance?
4. What are the top risks that should be mitigated?

Section 1 forms the analytical foundation to structure the JA discussion with Section 2 summarising the outcome of the JA and follow-up actions.

The outcome of this Joint Appraisal will include a joint assessment of promising practices, perceived challenges and opportunities for Gavi investments, and should elaborate future actions with clear targets and assigned responsibilities which is owned by the full set of in-country stakeholders.

***Disclaimer: This report was prepared by the country team after a high-level mission in STP in October 2024. During the visit, we organized a one-day mini-JA with the country. The EPI and partners presented program achievements and challenges. No formal report was requested in advance. Therefore, this document is a compilation of materials used during the mini-JA, the aide-memoire, and partner preparations, rather than a standard JA report.***

# Section 1: Country situation: overview of performance of support & discussion on progress, challenges faced

## A. Immunisation Programme Performance – Zero-dose, Routine immunisation coverage, Vaccine introductions, campaigns, and outbreak response

**1. Learning Question: What progress has been made to reach zero-dose and under-immunised children with vaccinations?**

**Key indicators**

| Indicator | 2019 | 2020 | 2021 | 2022 | 2023 | % Change, 2021-2023 | % Change, 2022-2023 |
|---|---|---|---|---|---|---|---|
| Number of zero-dose children at national level | 185 | 185 | 188 | 506 | 902 | +380% | +78% |
| Dropout from DTP1 to DTP3 at national level | 2% | 1% | 0% | 0% | 0% | +0% | +0% |
| Dropout from DTP1 to last routine dose of MCV at national level | 16% | 23% | 29% | 13% | -5% | -116% | -136% |
| Percent of health facilities that reported no stock-outs for the full year for DTP | NA | NA | NA | NA | NA | NA | NA |

**Country comments** (please consider the set of cross-cutting questions to structure comments):

São Tomé and Príncipe has made commendable progress in identifying and addressing the needs of zero-dose and under-immunized children through strategic planning, community engagement, and targeted funding. However, sustaining and scaling these efforts requires continued political will, improved data systems, stronger health financing, and enhanced coordination among stakeholders. Despite vaccination coverage that was always over 90%,

there has been a constant decline in coverage and data gaps. Current activities through Gavi programming are addressing the issue and will hopefully be translated in the next year WUENIC

| WUENIC | 2023 | 2022 | 2021 | 2020 | 2019 |
|---|---|---|---|---|---|
| **DTP1** | **86%** | **97%** | 97% | 97% | 97% |
| **DTP3** | **86%** | **97%** | 97% | 96% | 95% |
| **MCV1** | **86%** | **77%** | 77% | 86% | 95% |
| **MCV2** | **90%** | **69%** | 69% | 75% | 81% |
| **POL3** | **85%** | **93%** | 93% | 94% | 95% |
| **PCV3** | **86%** | **97%** | 97% | 97% | 96% |
| **Rota3** | **51%** | **78%** | 78% | 87% | 95% |
| **YF** | **70%** | **79%** | 79% | 87% | 95% |

The number of zero-dose children has plummeted to 902 according to WUENIC 2023. There is a challenge to find these children despite mobile strategies in place. The country performed a recent vaccination coverage survey which shows the same result as WUENIC, highlighting the high number of children that are not being vaccinated in São Tomé and Príncipe.
The 2023 national vaccination survey shows that the districts of Lobata, Agua Grande, and Me Zochi have the highest number of under-vaccinated or unvaccinated children. The stagnation and decline in vaccination coverage can be explained by two factors: 1) irregular funding, leading to decreased vaccine availability, and 2) health worker fatigue after frequent COVID-19 campaigns in 2021 and 2022. Additionally, population displacement has affected the denominator based on outdated census data used to calculate vaccination coverage.

The Ministry of Health plans to reprogram its Equity Accelerated Funds for a value of $500,000 towards activities specific to zero-dose identification and catch-up. To accelerate efforts to recover and strengthen immunization efforts, the country will work on integrating immunization activities with other primary health care interventions, taking advantage of any opportunities to vaccinate a child. Multisectoral teams bringing a wealth of different activities shall be considered and organized efficiently in each district. This is aligned with the development of the package of essential health services at all levels that is currently being developed.

Supporting documents:

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## 2. Learning Question: How well are vaccine stocks being managed?

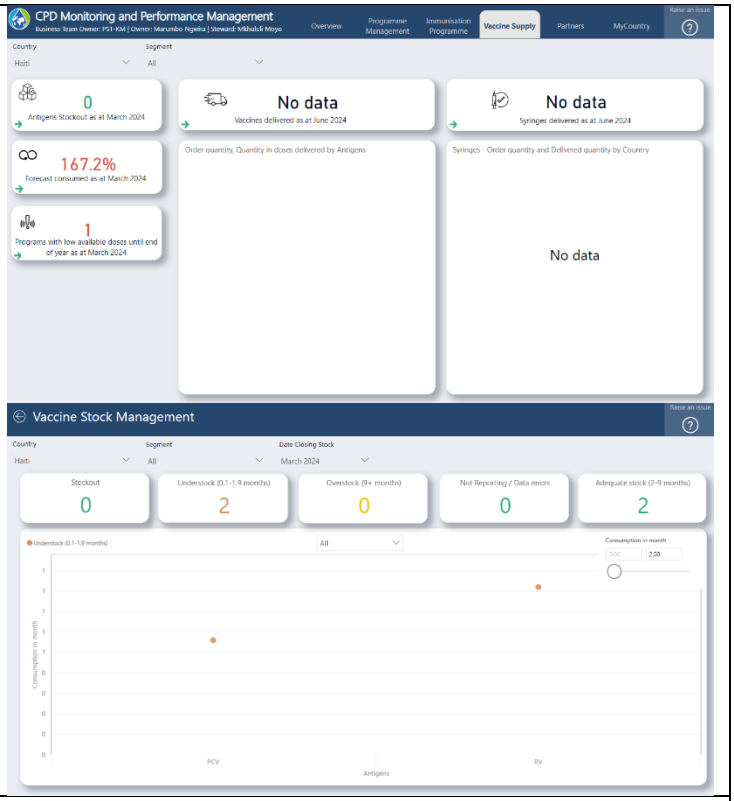
**Indicator(s):**

- Number of health facilities that reported no stock-outs of DTP containing vaccine
- Number of health facilities that reported no stock-outs of Measles containing vaccine
- Closed vial wastage of DTP-containing vaccine
- Number of CCE received/installed/ leased through third party providers.

**Graphs:**

*(Examples to be replaced with specific country versions)*

- Equipment maintenance and/or onsite readiness.
- Cumulative volume of C19 doses expired to date (and volume specific to COVAX supported doses, if the data is available)

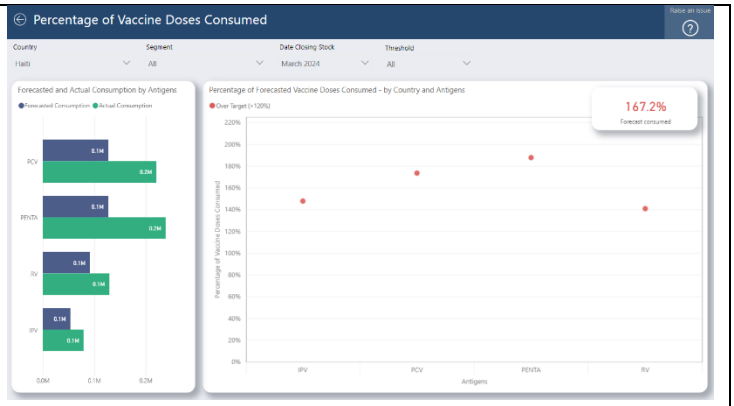



**Country comments** (please consider the set of cross-cutting questions to structure comments)

Vaccine stock management in São Tomé and Príncipe is operational but faces certain challenges. While the cold chain system has been enhanced with new infrastructure such as cold rooms, refrigerators, and freezers, and UNICEF supports procurement and logistics providing a baseline level of reliability, there are still operational and financial limitations affecting effective stock management. The implementation of a DHIS2-based stock management module and mSupply aims to improve real-time tracking, though there is limited utilization of the DHIS2 system currently (accessibility, training, functionality issues). Delays in fund disbursement have led to stockouts, particularly for rotavirus vaccines in 2022–2023. Additionally, inadequate waste management and the lack of health worker tools, such as job aids and transport, hinder efficient stock usage. Data quality issues, like instances where DTP3 numbers exceed DTP1 in some districts, suggest inconsistencies in stock tracking and reporting. Monitoring stocks closely is essential due to significant population variation, in coordination with UNICEF WCARO.

**3. Learning Question: Are vaccines being consumed at rates that are in-line with approved forecasts? What are the key drivers of consumption compared to expectation** (e.g., stockouts, increased coverage, wastage)?

| **Indicator(s):** | **Graphs:** |
|---|---|
| • Percentage of forecasted Annual Vaccine Requirement (AVR) consumed in prior period (by antigen) | *(Examples to be replaced with specific country versions)* |




**Country comments** (please consider the set of cross-cutting questions to structure comments):

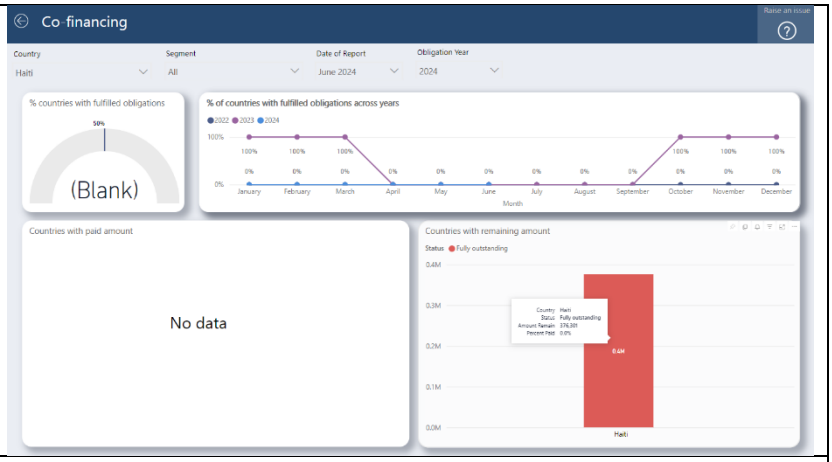
Vaccine consumption in São Tomé and Príncipe has not consistently aligned with approved forecasts. Various factors have disrupted the anticipated consumption patterns, including stockouts, delayed financing, data quality issues, and an overestimated population due to recent emigration. These issues have contributed to vaccine overstocking as forecasts based on outdated census data proved inaccurate. Explicitly, rotavirus vaccine shortages were reported due to delayed disbursements and default on the Vaccine Independence Initiative (VII) credit line with UNICEF in 2023.

The government relied on a World Bank loan to repay the VII and fund vaccines for 2024–2026, highlighting irregular procurement cycles. Delays in fund disbursement persisted despite the creation of a dedicated vaccine budget line in 2024, affecting timely procurement and distribution. The first quarter of each year is critical for vaccine purchases, but delays in budget availability led to supply interruptions.

DTP1 coverage dropped from 97% in 2019 to 86% in 2023, indicating a decline in demand or access, and zero-dose children increased by over 400%, suggesting that forecasted consumption based on historical coverage was overly optimistic. Negative dropout rates in several districts suggest data inconsistencies or misreporting, complicating accurate forecasting and stock management, while coverage over 100% in some districts indicates denominator issues or population movement, leading to over- or under-estimation of needs. Additionally, weak stock management systems, limited utilization of DHIS2 and mSupply, human resource constraints, and logistical bottlenecks such as cold chain gaps and lack of transport have hindered effective vaccine delivery and consumption.

In conclusion, vaccine consumption in STP has been below or inconsistent with forecasts due to financial delays, stockouts, operational inefficiencies and incorrect population data. The stocks and forecasts will be looked out with UNICEF in the light of the new census data to be released in 2025

| **4. Learning Question: Is the country complying with co-financing requirements in a timely manner?** | |
|---|---|
| **Indicator(s):**<br>• Country co-financing obligation met in a timely manner | **Graphs:**<br>*(Examples to be replaced with specific country versions)* |




**Country comments:**

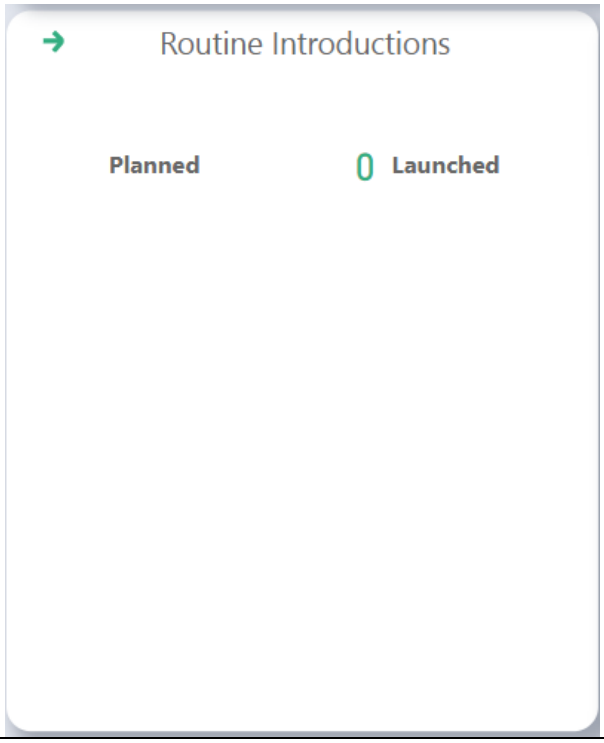
São Tomé and Príncipe has had issues with timely compliance for co financing but is working to improve. There was a default on the Vaccine Independence Initiative in 2023, impacting UNICEF credit access, but now World Bank loans cover vaccine procurement for 2024–2026. A dedicated vaccine budget line created in 2024 indicates political commitment, with co-financing obligations significantly increasing, aiming for 100% by 2027. Vaccine costs are affordable, comprising less than 0.01% of GDP and less than 0.05% of the national budget. Although not fully compliant previously, corrective steps through external financing and budget reforms are underway. Payment delays resulted in stockouts during 2022–2023 and a coverage decline
Some next steps identified during the JA/ HLM should allow the Alliance to leverage the great momentum observed in country, notably to align better ongoing technical assistance and complement it with Immunization Financing Sustainability Transition and Budget specific Technical Assistance. This should aim to ensure the transition roadmap is implemented, as well as the domestic resource mobilization strategy is developed and implemented

- Strengthen the implementation of the transition roadmap by ensuring effective functioning of the sub-committee created earlier this year and quarterly reporting to the CCM/ICC.
- Develop and implement a sustainable health system financing strategy using domestic financial resources. Innovative and sustainable financing strategies and reforms will have to be implemented, and the Alliance is eager to support if needed. A specific focus on the VAT and other IMF-related reforms as potential sources of fiscal space for health, PHC and immunization should be held.
- Guide and equip the parliament members with necessary tools and financial information to advocate for the increase in health/immunization budget to facilitate the transition and support the EPI strengthening.
- Validate an additional Technical Assistance by Gavi to help the transition implementation and monitoring, health and immunization budget support, including Domestic Resource Mobilisation strategy.
- Work with technical and financial partners to strengthen coordination and alignment around technical assistance and support to the health financing strategy development.

Supporting co-financing document :

SAO TOME INFOSHEET 2024_FR.

| **5. Learning Question: If applicable, have new vaccines been introduced as planned and if not, why? Is coverage of recently introduced vaccines being scaled-up as expected?** | |
|---|---|
| **Indicator(s):** | **Graphs:** |

| | |
|---|---|
| • Number of routine introductions completed over number of targets set for the calendar year<br>• Coverage of recently introduced vaccines<br><br>**In addition, forecasted routine introduction & campaign dates should be validated during the JA discussion** | *(Examples to be replaced with specific country versions)*<br><br>  |

**Country comments** (please consider the set of cross-cutting questions to structure comments):

São Tomé and Príncipe has introduced new vaccines largely as planned, with support from Gavi. Key developments include:

- **HPV Vaccine**: Initially introduced in 2019 for 10-year-old girls. A switch from a two-dose to a one-dose schedule was planned and launched in **late 2024**, supported by a Gavi-funded HPV RSS Top-Up grant.
- **IPV2 (Second dose of Inactivated Polio Vaccine)**: Officially introduced in **2024** as part of the country's strategy to optimize its vaccine portfolio.
- **Other vaccines** such as PCV, Rotavirus, Pentavalent, and Yellow Fever have been part of the routine immunization schedule since earlier years and continue to be supported.

While the **malaria vaccine** was considered, STP was deemed ineligible due to its low transmission risk.

Despite successful introductions, several challenges have affected the **scaling up and coverage** of these vaccines: coverage decline/ data quality issues/ operational and financial constraints / exodus of healthcare workers. To scale up the coverage, several initiatives are underway: **Reprogramming of Equity Accelerator Funds (EAF)** / better microplanning and geo mapping/ strengthening the community engagement / improving the data system to name a few.

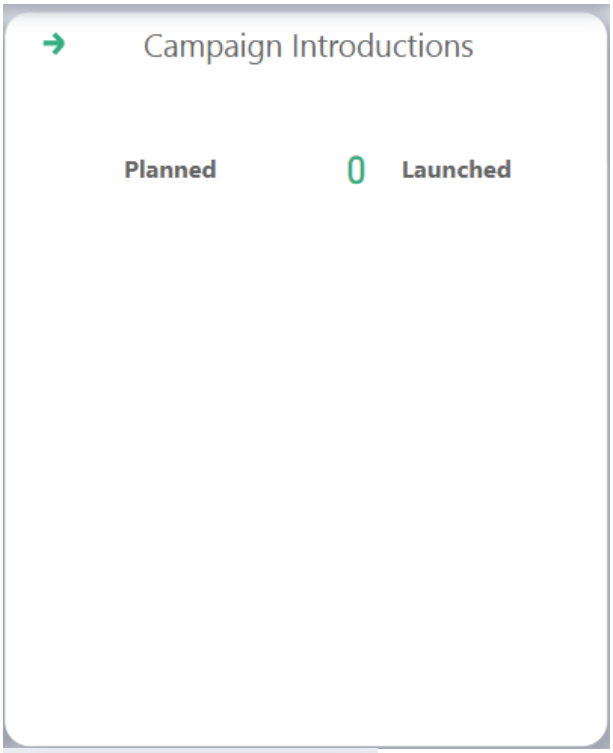
**6. Learning Question: If relevant, how effective have recent Gavi supported vaccination campaigns been?[2] Please highlight lessons learned which are applicable for routine immunisation and upcoming campaigns** (e.g., timeliness of outbreak response, quality, campaign reach and link back to strengthening routine immunisation).

[2] Please reflect on those campaigns conducted since the last Joint Appraisal/Multi-Stakeholder Dialogue exercise.

**Indicator(s):**

- Number of vaccination campaigns conducted (stratified by type of campaigns, including preventive, reactive, catch-up, follow-up, sub-national and national)
- Coverage of recent Gavi-supported campaigns, compared to target (coverage rate disaggregated by sex if collected)
- Number of reported outbreaks of vaccine-preventable diseases (for which GAVI supports with reactive campaigns)

**Graphs:**





**Country comments** (please consider the set of cross-cutting questions to structure comments):

São Tomé and Príncipe introduced the HPV vaccine in line with the World Health Organization's Global Strategy for the Elimination of Cervical Cancer. In October 2019, a national campaign was launched, targeting girls aged 10-14 and routine vaccination for 10-year-olds, using a two-dose schedule. Initial reports suggested high coverage rates for the first dose but concerns about data quality and accuracy arose due to unrealistic target populations and the inability to disaggregate vaccination data by birth cohort.

Recent evidence suggested the efficacy of a single-dose HPV vaccine, leading to a recommendation in 2022 that countries could choose between one or two doses for girls aged 9-14. In November 2024, São Tomé and Príncipe transitioned to a single-dose schedule, achieving over 90% coverage with the support of JSI. JSI collaborate closely with the Expanded Program on Immunization (EPI) of São Tomé and Príncipe, helping to strengthen and accelerate HPV vaccine uptake through improved data analysis, strategic service delivery, and sustainable long-term planning. JSI has been actively involved with the EPI in preparing for the switch to a single-dose HPV vaccine, conducting data analysis, and supporting school-based campaigns. The initial launch in May 2024 and the subsequent campaign in November 2024, in collaboration with the Ministry of Education, targeted 10-year-old girls. The campaign efforts reached 1,776 girls, about 75% of the target population. The transition plan, endorsed by EPI/STP, aims to integrate the HPV vaccination strategy into the National Immunization Strategy, which includes school-based

outreach and community engagement. The goal is to ensure high coverage and acceptance of the vaccine, making it a routine part of healthcare over time. To reach both school-going girls and those in the community, the national vaccination program plans a school-based reinforcement campaign in May 2025.

Gavi-supported campaigns, including PIRI, have been instrumental in maintaining immunisation levels. However, the country still faces challenges in outreach and timely responses to outbreaks. Key lessons include the importance of microplanning, community engagement, and improved data management

| **7. Learning Question: What is the current status of your COVID-19 vaccination?** | |
|---|---|
| **Indicator(s):**<br>• Report and reflect on progress in uptake, with particular emphasis on older adults, health workers and other high-priority population group (as defined by WHO SAGE guidance). Analyse both primary series uptake and boosting.<br>• Describe if and how the country is integrating delivery of COVID-19 vaccine with routine immunisation & other primary health care services, including reflecting on how Gavi CDS has been used to support these integration efforts (if applicable).<br>• How have CDS funds been used to strengthen broader RI efforts beyond COVID-19? | **Graphs:**<br>*(Examples to be replaced with specific country versions)* |

**Country comments** (please consider the set of cross-cutting questions to structure comments):

COVID-19 vaccination in São Tomé and Príncipe has transitioned from emergency campaigns to a **sustainability and integration phase**. While initial coverage was strong, the country is now focused on embedding COVID-19 vaccination into routine health services, addressing systemic challenges, and ensuring long-term resilience. CDS funds have supported this integration, although uptake remained variable.

As demand for C19 vaccines decreased, the **CDS3 grant** was **reprogrammed** to support strengthening the routine immunization through different activities:

- Strengthening of routine immunization systems.
- Procurement and distribution of vaccination materials (e.g., vaccination cards, cold chain equipment).
- Community engagement and communication strategies.
- Health system strengthening, including digital tools like **DHIS2** and **e-LMIS**.

**8. Learning Question: Trajectory and progress against targets set**

- **How does the progress over the past year compare with your Theory of Change or programme objectives?**
- How has **COVID-19** and **COVID-19 vaccination** impacted your routine immunisation programme, what has been done to maintain and restore immunisation and what has been the impact of it (please include reference to trends in DTP3 and MCV1 coverage)?

- If there are **other factors** (e.g., government transitions, natural disasters, other disease outbreaks, etc.) which have led to disruptions in your immunisation programme over the last year, please also reflect on those.

| **Indicator(s):** | **Graphs:** |
|---|---|
| • Number of children who received DTP3 and number of children who received MCV1 in the past year compared to the number who received those vaccines in 2019.<br>• Qualitative information | *(Examples to be replaced with specific country versions)* |

**Country comments** (please consider the set of cross-cutting questions to structure comments):

The macroeconomic context has not been favourable over the past years (volatile economic growth, drastic reduction in importation and related fiscal revenue, debt distress and donor dependency), which resulted in STP being under IMF program since 2022 (still ongoing negotiations). There is a drastic exodus of human resources that has worsened over the years due to the opportunity to STP inhabitants to go live to Portugal for better opportunity. This had consequences in the efficiency of the health system but also in the accuracy and quality of data
As a small island nation, STP is particularly vulnerable to climate change impacts, such as sea-level rise and flooding. These environmental challenges, combined with weak transport and storage infrastructure, as well as high cost of essential healthcare goods importation (including vaccines), disrupt vaccine supply chains and access to quality immunization service.
Its remoteness and insularity increase trade costs and make it more vulnerable to terms-of-trade. The small and undiversified productive base of its economy results in volatile economic growth and significant socio-economic vulnerability. STP faces high poverty rates (45% of the pop below $ 3.65 per day (2017 PPP)), limited job opportunities, and heavy reliance on external aid (80% of budget). The country's heavy debt burden and inflationary pressures (25.6% in early 2023) have strained public budgets, affecting medicines and vaccine procurement and healthcare resources. Vaccine shortages, especially for the rotavirus vaccine, have been reported due to irregular and / or delayed disbursements of domestic resources, affecting vaccination consistency.

## B. Programme Management

**Financial implementation of Gavi cash grants**

| Type | Période | Alloué | Approuvé | Décaissé |
|---|---|---|---|---|
| Espèces | 2001 à présent | $12 012 499 | $11 987 499 | $10 634 229 |
| Vaccins | 2001 à présent | $3 511 046 | $3 446 672 | $2 996 363 |
| **Total** | | **$15 523 544** | **$15 434 170** | **$13 630 592** |

| Type de soutien | Période | Montant USD |
|---|---|---|
| HSS 1 et financement basé sur la performance (PBF) | 2015-2024 | $3 850 000 |
| Assistance pays ciblée (TCA) | 2020-2025 | $2 745 956 |
| Fonds d'accélération d'équite (EAF) | 2023-2027 | $499 998 |
| VPH RSS top up | 2024 | $400 000 |
| Subvention de remplacement du VPH (SPG) | 2024 | $30 000 |

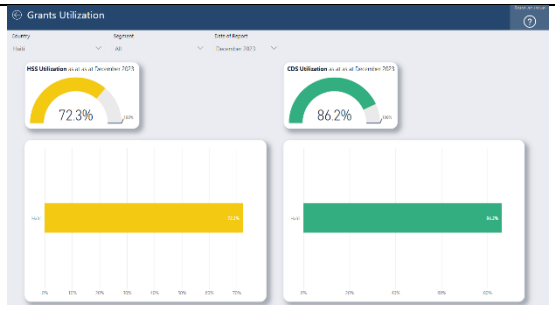
| | | |
|---|---|---|
| Équipement de la chaîne du froid | 2024 | $87,505 |
| Équipements pour la chaîne du froid COVID | 2021 | $93 028 |
| Assistance à la livraison COVID (CDS) Accès anticipé | 2021-2022 | $978 461 |
| Assistance à la livraison COVID (CDS) troisième fenêtre | 2022-2025 | $1 000 000 |
| Assistance à la livraison COVID (CDS) troisième fenêtre soutien additionnel | 2022-2025 | $497 579 |
| AT mondiale pour le VPH | 2023-2024 | $250 000 |
| ISCTE en partenariat avec Adra (analyses Genre et plan de mise en œuvre chiffré) | 2024 | $50,000 |

**9. Learning Question: How well is the country able to absorb Gavi funding and what are the drivers?** (This should cover all funding including funds channelled through partners.)

- Comment on the financial implementation progress of grants including but not limited to the utilisation rates. What are the key issues?

**Indicator(s):**

- Percentage of grant funds utilised
- Amount of cash balance in-country





**Country comments**:

São Tomé and Príncipe has demonstrated a relatively strong capacity to absorb Gavi funding, with an overall absorption rate of 79%. Performance varies by grant type: Health System Strengthening (HSS) and COVID-19 Delivery Support (CDS) grants benefited from no-cost extensions, while Equity Accelerator Fund (EAF) and HPV RSS Top-Up grants showed lower absorption (~16%) due to implementation delays.

Key drivers of absorption include high-level political commitment, endorsement of the transition roadmap, improved program management through CGS, and strong partner coordination. The reprogramming of planned activities for the EAF and the remaining funds from the CDS is currently being carried out by the country and will be submitted to the Gavi country team for approval. This will improve the absorption rate of funding for these two Gavi supports.

The use of a World Bank loan to finance vaccines from 2023 to 2026 also contributed to improved financial planning.

| **10. Learning Question: How well is the country resolving issues arising from assurance activities? What issues are left to solve and what is the path forward?** |
|---|
| ➢ What is the progress of Grant Management Requirements implementation?<br>➢ How has the country addressed recommendations arising from past audit recommendations (annual external audits + Gavi Programme Audit)?<br>➢ Comment on the improvements that have been made to financial management and risk assurance activities with support of assurance providers (e.g., Fiscal Agents, Monitoring Agents, Financial Management Technical Assistance)?<br>➢ Specifically, what actions have been taken to enable a larger % of Gavi funds to be channelled back through government systems? |
| **Country comments**:<br><br>Progress has been made in resolving assurance-related issues. Gavi supported the transition of grant management to CGS with technical assistance from Captiva Africa. An external audit of Gavi funds is planned for completion by December 2024. Quarterly coordination meetings have been initiated to monitor implementation.<br>97% of the GMRs were fully (59%) or partially implemented (38%). A quarterly monitoring system has been established to identify bottlenecks and propose alternative solutions for a better GMR implementation rate.<br>Outstanding issues include delays in fund disbursement, weak implementation of the transition roadmap, limited domestic resource mobilization, and data quality concerns. The path forward includes operationalizing the transition sub-committee, strengthening the DRM strategy, improving fund flow mechanisms, and enhancing data systems.<br>building CGS capacity, streamlining procurement, and enhancing partner coordination. |

| **11. Learning Question: Please comment on any other financial management-related bottlenecks for implementation and compliance.** |
|---|
| **Country comments**:<br><br>Key bottlenecks include heavy reliance on external funding (80% of the health budget), default on the UNICEF Vaccine Independence Initiative (VII) credit line, and limited capacity at CGS. The Integrated Financial Management Information System (IFMIS) is not yet functional, and procurement processes remain externally managed.<br><br>Compliance risks stem from low absorption in some grants, inadequate audit coverage, and fragmented technical assistance coordination. Recommendations include finalizing IFMIS implementation, |

| **12. Learning Question: Is the country effectively addressing gender related barriers** (e.g. faced by caregivers or adolescents in accessing immunisation services and barriers faced by health workers in delivering immunisation services)? | |
|---|---|
| **Indicator(s):**<br>• Did (when) the country conduct a gender analysis that identified barriers faced by health workers, caregivers and adolescents (yes/no)<br>• Has the country implemented initiatives that remove or reduce gender related barriers? | **Graphs:**<br>*(Examples to be replaced with specific country versions)* |
| **Country comments:**<br><br>São Tomé and Príncipe is making meaningful progress in identifying and addressing gender-related barriers in immunization. The ongoing gender analysis, HPV program adaptations, | |

and community-based strategies are promising. However, systematic integration of gender equity into immunization planning, data systems, and monitoring remains a work in progress

**1.Gender Analysis and Planning:**

- A gender barrier analysis is being conducted by ISTCE (Lisbon University) in partnership with ADRA and the Ministry of Health.
- This includes qualitative and quantitative data collection from marginalized populations and caregivers, especially girls eligible for HPV vaccination.
- The goal is to develop a costed implementation plan to address gender-related barriers.

**2.HPV Vaccination Focus:**

- The country has introduced HPV vaccination for girls aged 10 and is transitioning to a single-dose schedule to improve coverage and reduce logistical burdens.
- This reflects a gender-sensitive approach to adolescent immunization.

**3.Community Engagement:**

- There is strong involvement of community health workers (CHWs) and civil society organizations (CSOs) like MARAPA, ADRA, and Cruz Vermelha in reaching underserved populations.
- Plans include job aids, training, and transport support for CHWs, many of whom are women, to improve outreach and reduce barriers for caregivers.

**4.Leadership and Policy Support:**

- The Minister of Health also holds the Women's Rights portfolio, signalling institutional recognition of gender equity in health.
- The National Health Development Plan (2023–2033) includes a focus on health literacy and community health strategies, with gender as a cross-cutting theme.

Remaining challenges include limited disaggregated data on gender-specific immunization coverage and barriers at the sub-district level. There is no current national strategy explicitly focused on gender equity in immunization, though one is under development. Cultural and logistical barriers, such as mothers being too busy, lack of transport, or social norms, still affect access, especially in rural areas. Health worker demotivation and migration, particularly among female staff, impact service delivery continuity

**13. Learning Question: How well is the country implementing its health information systems and data strengthening, monitoring and learning activities?**

- What is the progress of planning and implementing health information system and data strengthening, monitoring and learning activities? Do these collectively constitute at least 10% of your HSIS/EAF grant budget?
- How will the country address remaining data-related gaps or barriers to immunization programme performance?
- Comment on key results or findings for identified learning priorities based on country's application. Specifically, what actions have been taken to improve immunization programme performance based on these data? e.g. better understand specific barriers to immunisation, successfully guide implementation, inform course correction for grant activities

*Please share any documentation of learning results if available (e.g. reports, evaluations, assessments, etc).*

**Country comments:**

. **Progress and Achievements**

- DHIS2 is operational in all districts and the Autonomous Region of Príncipe, with improved utilization of the EPI Tracker.
- Hosting of DHIS2 was migrated to a local server in 2024, enhancing autonomy and reducing costs.
- Capacity building has been prioritized: 20 healthcare professionals completed DHIS2 training; SIS technicians completed 4–5 courses each.
- mSupply logistics system was implemented with a national strategy and certified training for 7 MoH technicians.
- A pilot is ongoing for Smart Facilities for Health, with pending equipment installation (run by UNDP)
- Quarterly field visits and workshops are conducted to support implementation and feedback.
- A data quality improvement plan is under development, and triangulation of data sources is encouraged.
- Monthly and quarterly data validation meetings are planned at district level.
- Hybrid learning models and AI-translated training materials have improved accessibility and retention.

**Challenges and Gaps**

- Inconsistent use of DHIS2 Tracker across districts and facilities.
- Internet and power supply issues affect system reliability.
- Staff turnover and migration lead to loss of trained personnel.
- Limited data disaggregation at sub-district level.
- Weak integration of surveillance data and underutilization of community-based reporting.

**Recommendations and Next Steps**

- Continue capacity building through deep-dive sessions and peer learning.
- Finalize and implement the data quality improvement plan.
- Strengthen interoperability between DHIS2 and mSupply.
- Expand Smart Facilities for Health to additional sites.
- Improve community-based surveillance and data reporting.
- Institutionalize routine data review and feedback mechanisms.

STP is committed to get the data system more performant by introducing m-supply and developing further DHIS 2. There is a need fora data quality improvement plan as the administrative data compiled show that there is a serious issue with data quality as DTP3 is often higher than DTP1. It is important to ensure that data is disaggregated at sub-district level using triangulation of available data sources (ECV, Immigration, Hospitals and others). There is also room for more frequent formative supervision in data analytics to take informed decisions. digital tools to measure impact of outreach activities could also be explored. Although the micro plan for each district is designed for the success of the vaccination activities, the micro plans are not automatically available at district level, at health facilities and heath post level. To ensure the coverage of all areas, the EPI will work to map the district into zones, assign teams for each zone and use digital tool to geo localise the ZD and under immunized children.

## C. Implementation of Technical Country Assistance (PEF-TCA)

**14. Learning Question: Is the country implementing PEF TCA and COVAX TA as expected? Please explain how the TCA has helped to support the achievement of the country objectives.**

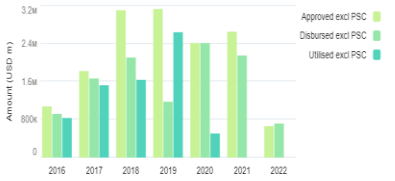
**Indicator(s):**

- Country analysis on partner performance as per workplans

**Graphs:**

*(Examples to be replaced with specific country versions)*

| Year | Approved excl PSC | Disbursed excl PSC | Utilised excl PSC |
|---|---|---|---|
| 2016 | $1,077,849 | $820,953 | $834,135 |
| 2017 | $1,823,216 | $1,666,390 | $1,534,042 |
| 2018 | $3,104,880 | $2,108,660 | $1,638,787 |
| 2019 | $3,129,892 | $1,176,234 | $2,641,124 |
| 2020 | $2,414,138 | $2,414,138 | $507,557 |
| 2021 | $2,652,460 | $2,150,440 | $0 |
| 2022 | $662,143 | $716,813 | $0 |




**Country comments:**

Technical assistance has been moderately effective but needs better coordination. Duplication of efforts and weak alignment with national plans were noted

Here's a synthesized analysis of how the TCA has supported the achievement of the country's immunization and health system objectives:

**1. Capacity Building and Training**

- **UNICEF**: Trained health personnel in cold chain equipment (CCE) maintenance and social and behavioral change (SBC), reaching over 198 professionals and mobilizing 127,709 people.
- **WHO**: Trained 51 district-level immunization staff and supported micro-planning in the Autonomous Region of Príncipe (RAP). Also trained 100% of data managers and district delegates in DHIS2 data use.
- **UNDP**: Focused on digital capacity building, with 20 professionals completing DHIS2 courses and 7 MoH technicians certified in mSupply.

**2. Digital Health Systems Strengthening**

- **UNDP**: Led the digitalization of health information systems using DHIS2 and mSupply. Achievements include:
  - Operational EPI Tracker in all districts.
  - Migration of DHIS2 data to a local server.
  - Smart Facilities pilot site equipped for real-time cold chain monitoring.
- **WHO**: Supported integration of AEFI (Adverse Events Following Immunization) surveillance into DHIS2 and trained data managers.

**3. Community Engagement and Demand Generation**

- **UNICEF**: Partnered with CNJ to engage 50 communities and 9,000 youth to boost vaccine demand.
- **WHO**: Collaborated with NGOs (e.g., MARAPA, ADDRA, JUVENTUDES) for community mobilization and trained 32 community health agents.

**4. Zero-Dose (ZD) Children and Equity Focus**

- **UNICEF**: Conducted SIAs in low-coverage districts, reaching ZD children.
- **WHO**: Supported data analysis to identify ZD children and planned micro-surveys to map them.
- **UNDP**: Enhanced tracking of immunization journeys through DHIS2 to reduce dropouts.

**5. Monitoring, Supervision, and Data Quality**

- **UNICEF**: Planned 50+ supervision visits and trained customs staff for vaccine handling.
- **WHO**: Conducted integrated supervision and ensured 100% data completeness and promptness in all districts.
- **UNDP**: Conducted quarterly field visits to monitor DHIS2 and mSupply usage.

The TCA has been instrumental in:

- **Strengthening Health System Resilience**: Through digital tools (DHIS2, mSupply), São Tomé and Príncipe has improved data-driven decision-making and supply chain management.
- **Improving Immunization Coverage**: By targeting ZD children, enhancing cold chain infrastructure, and conducting SIAs.

- **Enhancing Data Quality and Use**: Training and supervision have led to better data collection, analysis, and use for planning and evaluation.
- **Fostering Community Trust and Engagement**: Civil society engagement has increased vaccine demand and awareness.
- **Building Local Capacity**: Through extensive training and the development of local technical teams, the country is moving toward greater autonomy.

Supporting documents:


Presentation%20OMS-GAVI-281024%20S


UNDP%20Presentation%20for%20GAVI-S


UNICEF%20Update%20on%20the%20impl

## Section 2: Looking forward: Summary of key discussion points and follow up actions

Briefly summarise the **key discussion points**, including **identified needs** and **follow up actions** resulting from the Joint Appraisal review and dialogue.
This may include

- Identified (future) needs and priorities
- Follow-up actions to accelerate planned activities
- Expected adjustments to activities and as applicable the Gavi workplan, targets and budget, such as budget reallocations, modifications in TCA planning, revision of dates for anticipated new vaccine applications or introductions, etc. [3]
- Roll-out or expansion of promising practices and innovations
- Other aspects and follow up actions

**Key Discussion Points**

- **High-Level Political Commitment**

EPI has the strong support from the President, Prime Minister, and Parliament for immunization and the transition process. Government commitment to increase domestic funding for immunization by 11% annually. Advocacy for extending the Gavi transition period to 2030 under the SIDS approach.

- **Routine Immunization and Zero-Dose Children**

Decline in DTP1 coverage from 97% (2019) to 86% (2023). Identification of 908 zero-dose children in 2023. Need for targeted strategies to reach under-immunized populations.

- **Community Health and Human Resources**

Community health workers (CHWs) are motivated but lack tools, supervision, and structured planning. High emigration of health professionals (12% of nurses left in 2023). Need for a clear community health strategy and support package for CHWs and CSOs.

- **Data Quality and Surveillance**

Weak data analysis and decision-making. Lack of disaggregated data at sub-district level. Need for improved data systems (e.g., DHIS2 Tracker) and regular data triangulation.

- **Cold Chain and Waste Management**

Gaps in cold chain maintenance and planning. Lack of a national cold chain management plan. Inadequate biomedical waste management and incinerator operation.

- **Health Financing and Transition Readiness**

Heavy reliance on external funding (80% of health budget). Delays in disbursement and underutilization of domestic resources. Need for sustainable health financing strategy and operationalization of the transition roadmap.

**Follow up Actions**

[3] This refers to all types of Gavi support

| Action points | Responsible |
|---|---|
| **Heath financing and sustainability** | |
| Strengthen the functionality and oversight of the transition roadmap sub-committee, with regular quarterly reviews under the CCM/ICC. | **MoH/PEV** |
| Assist in finalizing the fiscal space analysis and unit cost analysis from the WB | **Gavi/WB** |
| Support the alignment of ongoing technical support with the country's long-term health financing strategy. | **Gavi / WHO** |
| Monitor the implementation of the transition roadmap and provide feedback on adjustments needed. | **MoH/PEV** |
| Capacitate the parliament on the topic of vaccination to support domestic funds for vaccination advocacy | |
| **Governance and coordination** | |
| Revitalize the integration of CCM/ICC and hold monthly meetings to streamline strategic planning. | **MoH/PEV** |
| Encourage regular coordination meetings between partners to reduce duplication in technical assistance efforts. | **Gavi/PEV** |
| Get regular financial and programmatic reports from EPI and partners | |
| **Imunização de rotina e recuperação de cobertura** | |
| Finalize the Reprogramming of the Equity Accelerated Funds to identify and vaccinate zero-dose children effectively. | **PEV** |
| Prioritize EAF activities for 2025 and do the subsequent monitoring | |
| Integrate immunization with other primary healthcare interventions to optimize outreach. | **MoH/PEV** |
| Assist the country in implementing microplanning at district levels and tracking zero-dose and under-vaccinated children using digital tools. | **WHO?** |
| Monitor the identification of zero doses in the low performing districts | |
| Provide guidance on integrating immunization into broader primary healthcare packages. | **WHO?** |
| **Health System Strengthening** | |
| Finalize and implement a community health strategy, ensuring Community Health Workers (CHWs) are equipped with adequate tools, transportation, training, and supervision. | |
| Fund the creation of communication materials and job aids for CHWs to support community-level engagement. | **PEV/ UNICEF** |
| Collaborate with WHO/ GF to | |
| **Data quality and vigilance** | |
| Develop a data quality improvement plan focusing on disaggregated data at sub-district levels and regular data triangulation. | **PEV** |
| Enhance the capacity for vaccine-preventable disease surveillance, ensuring active monitoring and coordination. | **PEV** |
| Numeration of the target in each district to compare with official target | |
| Discussion and consensus on denominator and numerator | |
| **Waste management** | **GAVI** |
| Technical proposal ready to be approved and fund by GAVI | |

| CCEOP | PEV/ UNCEF/ GAVI |
|---|---|
| Acquire CCEOP material, distribute and maintain adequately | |

**Follow-Up Actions for the EAF reprogrammed**

| Action | Priority | Timeline | Lead | Budget (USD) |
|---|---|---|---|---|
| District mapping and geolocation of zero-dose children | High | Q1 | DCS/PAV/Districts/NGOs | 44,661 |
| Quarterly data triangulation meetings | High | Q1–Q4 | PAV/Districts | 635 |
| Development of communication materials | High | Q1 | CNES/PAV | 22,948 |
| Community radio partnerships | Medium | Ongoing | Districts/PAV/CNES | 15,530 |
| Strengthening CNES and interpersonal communication | Medium | Ongoing | CGS/PAV | 16,190 |
| Supervision of sensitization activities | High | Quarterly | PAV/CNES | 10,749 |
| Monthly district data validation meetings | High | Monthly | Districts | 8,532 |
| Data quality plan review workshop | High | TBD | PAV/SIS/WHO/UNICEF | 19,319 |
| DHIS2 Tracker data entry reinforcement | High | TBD | SIS/PAV | 1,930 |
| Surveillance system strengthening plan | High | TBD | PAV/DVE/WHO | 3,174 |
| External audit | High | TBD | CGS | 6,555 |
| Recovery vaccination calendar for zero-dose children | High | TBD | PAV/WHO/UNICEF | 1,058 |

Other points to follow up from the JA