Unless otherwise specified, documents may be shared with GAVI partners and collaborators.

Reporting period: January-December 2005

Date of submission: August 17th, 2006

COUNTRY: ANGOLA

By the Government of

The Vaccine Fund and

Global Alliance for Vaccines and Immunization (GAVI)

Progress Report 2005
Support selected by your country in the proposal for GAVI/VEF

3.3 Contained/verified request for infection safety support for the UNICEF Supply Division for year 2007

3.2 Request for vaccine new vaccine formula to be shared with

3.1 Up-dated immunization targets

3. Request for new and under-used vaccine for 2007

2. Financial Sustainability

2.3 Statement on use of GAVI/Vaccine Fund for infection safety support

2.2 Progress of vaccination plan for safe infections and safe management of

2.1 Request of infection safety support

2.0 Introduction of new vaccine

2.0.3 Use of GAVI/Vaccine Fund for financial support ($100,000) for

2.0.2 Major activities

2.0.1 Receipt of new and under-used vaccines

2.0.0 GAVI/Vaccine Fund for new and under-used vaccines

1.1 Immunization Services Support (ISS)

1.1.1 Use of Immunization Services Support

1.1.2 Management of ISS Funds

1.1.3 Immunization Data Quality Audit

1.1.2 Use of Immunization Services Support

1.1.1 Management of ISS Funds

1. Report on progress made during 2005

Progress Report Form: Table of Contents
The management of funds includes the following steps:

According to government procedures, two signatures are required by the bank to release the funds. The Vice Minister of Health, Dr. José Viera Dias holds the sealed signature. The funds will be used for the introduction of the pentavalent vaccine in the country.

- In October 2003 the first tranche: US$ 747,000
- In October 2004 the second tranche: US$ 747,000
- In September 2005 the third tranche: US$ 747,000
- In August 2006 the fourth tranche: US$ 747,000

Angola is 2.4 billion US$ disbursed in three instruments.

Up to date: total ISS funds received by the Ministry of Health in the Banco de Fomento Angolana (former Banco de Fomento e Extenção in Lunda)

Available for program use:

- Involving the use of those funds, such as delay in reporting on any problems that have been encountered

Committee (JCC)

Please describe the mechanism for management of ISS funds.

1.1 Management of ISS Funds

1.1 Immunization Services Support (ISS)

Funds to be filled in by the country for each type of support received from CAS/TVI Vaccine

1. Report on progress made during 2005

7. Signatures

6. Comments

5. Checklist
<table>
<thead>
<tr>
<th>Other Sector</th>
<th>Private</th>
<th>District</th>
<th>Region/Province</th>
<th>Central</th>
<th>Public Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>$</th>
<th>Total amount in</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 1: Use of funds during 2005

**USS**

Remaining funds (carry over) from 2004 — 884,927

Funds received during 2005 — 74,000 USS

**Services Support**

Funded with the GAVI/Accord Fund Immunization

In 2004, the following major areas of activities have been funded under the GAVI/Accord Fund

<table>
<thead>
<tr>
<th>Use of Immunization Services Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
</tr>
</tbody>
</table>

During the year 2005 the USS funds were available:

- Periodical revision of guidelines is done by the national EPI supervisors and partners.
- The implementation is closely monitored by the government and partners agencies.
- The Vice Minister of Health authorizes the use and the transference of funds at implementing level.
- For every activity to be implemented according the plan a writing request for funds is made by the EPI Manager to the Vice-Minister of Health.
- Red Cross and other partners are present, see attached minute of IOC (Annex No.1).
- Approval of the plan during the IOC meeting chaired by the Vice Minister of Health in which Representatives of WHO, UNICEF, CORE, CORH.
- Complementary funds from government and other partners on the basis of detailed micro-planning.
- Technical staff of Ministry of Health and partners agencies elaborates a plan of action with detailed budget, for use of ISS funds and other
Increased from 46% in 2003 to 59% in 2004. These results were possible mainly thanks to the establishment of outreach activities and strong involvement.

The implementation of the REED strategy has made great strides in improving immunization program performance. National DPT3 coverage has increased from 21% to 35% in 2004.

A Sangula prioritizing 56 of 164 municipalities (districts) that cover the majority of the national target population.

In 2004, the Ministry of Health with technical support of WHO, UNICEF, CORF, and other partners, started the institutionalization of routine immunization in the national immunization plan.

Introduction

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

See in annex number 1 the ICC minutes when the allocation of funds was discussed.

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

If no information is available because of block grants,

<table>
<thead>
<tr>
<th>Year</th>
<th>Remaining Funds for next...</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.472.496</td>
<td></td>
</tr>
<tr>
<td>189,381</td>
<td></td>
</tr>
<tr>
<td>224,860</td>
<td></td>
</tr>
</tbody>
</table>

**Total:**
- Other (please list any other comments)
- Cold chain equipment
- Vehicles
- Epidemiological surveillance
- Monitoring and evaluation
- Supervision
- Outreach
- IEC/social mobilization
- Training
- Maintenance and overheads
- Transportation
Routine Immunization:
- Massive upgrading training of health promoters (situated into Moh during the war) contributes to reduction of primary health activities including:
  - Increase in management and storage of space and supplies for the cold chain.
  - Weakness of maintenance and storage of vaccine throughout the cold chain.
  - Delay in planning, implementation from provincial level, followed by a delay on subsequent distribution of funds by the central EPI office. Reasons:
    - Adverse response to routine immunization:
      - Freeze, training, evaluation and supervision plan action were postponed.
    - Competing priorities (Measles and Polio Epidemics) did not allow EPI personnel at national, provincial and district level to devote their time to

Major Constraints:
- Revision of the provincial re-stocking schedule for provincial and municipal (district) levels.
- Revision of immunization card and EPI recording forms.
- Establishment of guidelines for re-stocking vaccine introduction.
- Establishment of technical and administrative proposal for improving the EPI supervision system.
- Caring national cold chain inventory and vaccine provincial and some municipal cold chain technicians.
- Bengali material and approval by EPI technical team.
- Regular district level, self-assessment, institutional for utilization for EPI supervision during routine activities. This instrument was tested in 2006.
- Establishment of a CAR, to monitor the introduction of new vaccines into the routine system. Heptatitis B and Haemophilus influenzae type b
- Establishment of national multiphasic annual plan A budget by multisectoral for routine immunization. This plan was approved by the ICC.

The principal activities carried out the following:
- Monitoring of national rounds of NID's, which took place in the second semester of 2006.
- Personal of immunization at all levels to intensify the active surveillance of AIP cases and improve the organization, implementation and quality of polio vaccination at all levels, to ensure the active surveillance of AIP cases and improve the organization, implementation and quality of routine immunization. The new public health emergency, focused on making the polio virus in the community. Regrettably, in the second quarter, the rate of notified polio decreased, it was decided to launch the introduction of oral polio vaccine (OPV) in the national multiphasic annual plan A budget by multisectoral for routine immunization.

The participation of NGOs to declare national emergencies, the personnel of Ministry of Health and National Corporation of Immunization participated in the government of Nigeria to declare National Emergency. The personnel of Ministry of Health and National Corporation of Immunization participated in the government of Nigeria to declare National Emergency. The personnel of Ministry of Health and National Corporation of Immunization participated in the government of Nigeria to declare National Emergency. The personnel of Ministry of Health and National Corporation of Immunization participated in the government of Nigeria to declare National Emergency.
Please report on studies conducted regarding FPI issues during 2004.

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

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

Yes

NO

If yes, please attach the plan on the recommendations from the DOA been prepared.

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

September 2006.

THE DATA QUALITY AUDIT WAS POSITIONED FOR

I.3

Immunization Data Quality Audit (DOA)
new vaccine

1.2.3 Use of GAVI/Vaccine Fund

1.2.2 Major activities

In December 2005, 1,070,000 doses of Pentavalent vaccine in good conditions were received by the Anglophone MOH.

1.2.1 Receipt of new and under-used vaccines

Please report on receipt of vaccines provided by GAVI/VF, including:

during 2005

Problems encountered:

Please report on receipt of vaccines provided by GAVI/VF, including:

Support
Periodic assessment of infection safety assessment (ISSA) and waste management assessment (WMA) (The assessment planned for 2005).

Proper implementation of open burning policy.

Monthly monitoring of syringes and the safety boxes stocks at provincial level (by radio or phone).

Exclusive and extensive use of auto-disposable syringes and safety boxes for immunization purposes (routine and campaigns).

**The Ministry of Health Strategy for improvement of the infection safety includes:**

**Sharp waste**

Implementation of the transitional plan for safe injection and safe management of sharps waste.

**Progress of transition plan for safe injections**

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ml reconstitution disposable syringes</td>
<td>187,000</td>
</tr>
<tr>
<td>2 ml reconstitution disposable syringes</td>
<td>75,400</td>
</tr>
<tr>
<td>BCG AD syringes</td>
<td>75,000</td>
</tr>
<tr>
<td>0.5 ml AD syringes</td>
<td>392,000</td>
</tr>
</tbody>
</table>

Corresponding to 2005 CAVI Infection safety contribution the Ministry of Health received:

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

**Receipt of Infection Safety Support**

1.3.1

1.3

100,000 US$ received will be used in 2006 for preventive training activities.
Financial Sustainability Plan is planned to be elaborated in the first Quarter 2007.

2. Financial Sustainability

Not applicable

Infection control support in the past year:

Specifically, the amount with the GAVI/1he Vaccine Fund

The following major areas of activities have been funded:

- Cash contribution
- Infection control support (if received in the form of a
- Statement on use of GAVI/1he Vaccine Fund

See Table in Annex 2

Support

Choose by your country in the proposal for GAVI/1F

Please report on the progress based on the indicators

2006:
Instructions on AEI surveillance. The revised EPI information system includes AEI surveillance. This system will be implemented in

was postponed for 2006.
Table 2.1: Sources of Vaccines by Year and Proportion of New Vaccine

| Year     | Proportion from Government and Other Sources (%) | CAVL/IF Support (%) | Percentage of Total Vaccine
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2007</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2008</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2009</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2010</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2011</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2012</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2013</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2014</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2015</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Note: In April 2005, the WHO and partners prepared a proposal for pentavalent vaccine support.
expected to be consistent with those reported in the WHO/UNICEF Joint

Confirmation data as approved with country applications. Figures are

3.1. Up-dated Immunization Targets

and infection safety for 2007

Section 3 is related to the requests for new and under used vaccines

2006

Request for new and under used vaccines for Year

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Financial Sustainability</th>
<th>Financial Sustainability</th>
<th>Progress Indicators</th>
<th>Progress Indicators</th>
<th>Progress Indicators</th>
<th>Progress Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2.2: Progress against major financial sustainability strategies and

progress against indicators.

In Table 2.2 below, describe progress and sustainability strategies and
corresponding indicators.

- Percentage of DTP3 coverage (or measles coverage in case of yellow fever) that is

continued.
### Table 3: Update of immunization achievements and annual targets

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Reporting Forms</td>
<td>3605</td>
<td>3972</td>
<td>3849</td>
<td>3824</td>
<td>3937</td>
<td>3690</td>
<td>3724</td>
<td>3698</td>
<td>3698</td>
</tr>
</tbody>
</table>

**NEW VACCINES**

| | | | | | | | | | |
| | | | | | | | | | |

**Denominators**

**Section Title:** Reporting Forms. Any changes or discrepancies MUST be justified in the comments provided on page 12. Targets for future years MUST be provided.
Due to underfunding, the target for 2007 has been revised to 70% of the previous year's coverage by DTP-3 against 47% achieved. The space provided below allows for a comparison of the previous year's performance with that of the current year. Please note any necessary adjustments and indicate the full and updated number of children vaccinated in 2007 and any new vaccines introduced.
Table 6: Estimated supplies for vaccination for the next two years - 2007

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>1.1</th>
<th>1.11</th>
<th>1.12</th>
<th>1.13</th>
<th>1.14</th>
<th>1.15</th>
<th>1.16</th>
<th>1.17</th>
<th>1.18</th>
<th>1.19</th>
<th>1.10</th>
<th>1.11</th>
<th>1.12</th>
<th>1.13</th>
<th>1.14</th>
<th>1.15</th>
<th>1.16</th>
<th>1.17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine waste</td>
<td>50%</td>
<td>55%</td>
<td>60%</td>
<td>65%</td>
<td>70%</td>
<td>75%</td>
<td>80%</td>
<td>85%</td>
<td>90%</td>
<td>95%</td>
<td>100%</td>
<td>105%</td>
<td>110%</td>
<td>115%</td>
<td>120%</td>
<td>125%</td>
<td>130%</td>
<td>135%</td>
</tr>
</tbody>
</table>

Table 5: Wasteage rates and factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Formula</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>( \frac{1}{10} )</td>
<td>Total of extra boxes (10% of extra need) (AVL)</td>
</tr>
<tr>
<td>K</td>
<td>( \frac{1}{N} \times 100 \times 0.001 )</td>
<td>Reconstitution supplies (+10% wasteage, AVL)</td>
</tr>
<tr>
<td>G</td>
<td>( \frac{1}{N} \times 100 \times 0.001 )</td>
<td>Number of HD supplies (+10% wasteage, AVL)</td>
</tr>
<tr>
<td>F</td>
<td>( \frac{1}{N} \times 100 \times 0.001 )</td>
<td>Total vaccine doses distributed on AVL</td>
</tr>
<tr>
<td>H</td>
<td>Number of doses per valid vaccine</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Vaccines buffer stock AVL</td>
<td>Estimated vaccine wastage rate</td>
</tr>
<tr>
<td>D</td>
<td>Number of doses (AVL)</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Number of doses per child</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Percentage of vaccines indicated from the Vaccine Fund</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Number of children to be vaccinated with the first dose</td>
<td></td>
</tr>
</tbody>
</table>

Please report the same figures as in Table 3.
<table>
<thead>
<tr>
<th>Country</th>
<th>To DTP3</th>
<th>Drop out rate (DTP1)</th>
<th>DTP3 coverage &gt;80%</th>
<th>% Districts with Routine Immunization coverage</th>
<th>National Routine Immunization coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>%</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td>%</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70%</td>
<td>7% (1/164)</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19%</td>
<td>%</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Updated targets 2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Indicators**

**Progress Report** based on the indicators selected by your country in the proposal for GAVI/VIE support.

4. Please report on progress since submission of the last approval. Please present the justification for fundamental changes or differences from the GAVI/VIE letter of intent.
<table>
<thead>
<tr>
<th>Commission</th>
<th>Form Requirement</th>
<th>Comments</th>
</tr>
</thead>
</table>

Checklist of completed form:

- Yes endorsed
- Government signatures
- Yes
- Yes
- Annex NºI
- Yes
- Yes
- Table 4
- New Vaccine Request completed
- Table 2 filed-in
- May, 15th 2006
- FSP Report on Progress Against Country FSP Indicators
- NA
- Annex 2
- Injection Safety Report on
- Reported on use of 100,000 USS
- DOA reported on
- Table 1 filed-in
- Planned to use in 2006
- NA
- NA
- Planned for September 2006
- May, 15th 2006
- Jan-Dec 2005
- Reporting Period (consistent with previous calendar year)
- August 11th 2006
- Date of submission

Completed
acquaintance to standard government or partner requirements.

Members confirm that the funds received have been audited and accounted for.

Government audit requirements are detailed in the banking form. The CEG
monitoring of reporting of country performance. It is based on the regular
financial accountability forms an integral part of GAVI/VE Vaccine Fund

Individuals

Any financial or legal commitment on the part of the partner agency or
councils this report. Signature of endorsement of this document does not imply
endorsement of the Institute of Public Relations (IPR) or any of its members.

We, the undersigned members of the Inter Agency Coordinating Committee

Date: 07/10/1996

Title: Deputy Director

Signature: [Signature]

For the government of [Name]

Signatures

For 2006, MOH and partners are committed to closely monitor the implementation of routine EPI activities and the results.

Routine immunization activities planned for 2005 faced multiple constraints in particular, epidemics of maternal mortality fever and introduction of

IC/AVC comments:

6. Comments