GUAYANA

by the Government of

The Vaccine Fund

and

Global Alliance for Vaccines and Immunization (GAVI)

to the

Progress Report

September 2003
6. Comments

5. Checklist

4. Please report on progress since submission of the last progress report based on the indicators...

3.3.
Commenced/revised request for Infection safety support for the Year...

3.2.
Commenced/revised request for new vaccine (to be shared with UNICEF Supply Division) for Year...

3.1.
U/P-active Immunization Logbook

3. Request for new and under-used vaccine for Year... (Indicate for forthcoming year)

2. Financial Sustainability

1.3.3.
Statement on use of GAVI/World Bank Fund and national support (if received in the form of a cash contribution)

1.3.2.
Program of transition plan for safe injections and safe management of sharps waste

1.3.1.
Receipt of Infection safety support

1.3.
Infection Safety

1.2.3.
Use of GAVI/World Bank Fund and national support (US$100'000)

1.2.2.
Major activities

1.2.1.
Receipt of new and under-used vaccines

1.2.
GAVI/Vaccine Fund New and Under-used Vaccines

1.1.3.
Immunization Data Quality Audit

1.1.2.
Use of Immunization Services Support

1.1.1.
Management of ISS Funds

1.1.
Immunization Services Support (ISS)

1. Report on progress made during the previous calendar year

Progress Report Form: Table of Contents
Table 1: Use of funds during reporting calendar year 2002

Reimbursement funds (carry over) from the previous year

Funds received during the reporting year 2002

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution:

I.1.2 Use of Immunization Services Support

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Management of ISS Funds

I.1.1

Immunization Services Support (ISS)

To be filled by the country for each type of support received from GAVI/Vaccine Fund.

Report on progress made during the previous calendar year

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

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

*As reported by PAHO/Revolving Funds - see attached Appendix I, see table I.2.3

<table>
<thead>
<tr>
<th>Year</th>
<th>Remaining funds for next 2002 (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total 2002 (c)</td>
</tr>
</tbody>
</table>

** | ** |
|----|----|

- FSP Preparation
- System assessment
- Cold chain equipment
- Vehicles
- Epidemiological surveillance
- Monitoring and evaluation
- Supervision
- Outreach
- IEC / social mobilization
- Training
- Maintenance and overheads
- Transportation
- Personnel
- Injection supplies
- Vaccines

* $14,656.38
* $228,484.92
* $1,668,100.00
* $1,686,152.50
* $1,689,461.00

<table>
<thead>
<tr>
<th>Other Sector</th>
<th>Public Sector</th>
<th>Private Sector</th>
<th>Amount of Funds</th>
<th>Service Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Region/State/Province</th>
<th>Central</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please list studies conducted regarding EPI issues during the last year (for example: coverage surveys, cold chain assessment, EPI review).

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 attach the plan and report on the degree of its implementation.

YES  NO

If YES, please attach the plan for a plan of action to improve the reporting system based on the recommendations from the DOA been prepared.

Immunization Data Quality Audit (IDQA) (if it has been implemented in your country)

In addition, there were mini-campaigns conducted during the first half of the year January–April 2003, to boost low coverage areas.

In a assessment of the solar powered cold chain equipment was undertaken. This assessment was conducted on the system located in the coastal and
1.2.2 Major Activities

The Ministry of Health has 10,000 doses of PCV3. The Ministry of Health during 2002

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

1.2.1 GAIV Vaccine Fund: New & Under-used Vaccines Support
### 1.3.1 Receipt of Infection Safety Support

**Infection Safety**

Updated CAVI/Support for 2003 as provided in the Appendix II

<table>
<thead>
<tr>
<th>7.148.2.4</th>
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<tr>
<td>2.375</td>
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<td>0.002</td>
<td>2.59</td>
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<td>65.00</td>
<td>106.24</td>
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<td>13.23</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2.999.25</td>
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<td></td>
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### 1.3.2 Use of CAVI/Vaccine Fund Financial Support (US$100,000) for the Introduction of the New Vaccine

**CATEGORY**

<table>
<thead>
<tr>
<th>Estimated Cases</th>
<th>Total</th>
<th>Cost Committed</th>
<th>Cost Committed</th>
<th>Number Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Updated Targets</td>
<td>Constraints</td>
<td>Achievements</td>
<td>Targets</td>
<td>Indicators</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
<td>--------------</td>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>To have at least 80% of the implemented safe disposal facilities</td>
<td>Regulations for vaccination and implementation of needles and syringes facilities</td>
<td>About 70% of the health facilities have small health facilities who have implemented safe disposal of needles and syringes</td>
<td>To have at least 70% of the implemented safe disposal of needles and syringes for the group of facilities</td>
<td>Percentage of health facilities who have implemented safe disposal for syringes and needles</td>
</tr>
</tbody>
</table>

Please report on the progress based on the indicators chosen by your country in the proposal for CVL/UP support.

Progress of transition plan for safe injections and safe management of sharps waste.

For the year 2002, the following was received:
- 154 April 2002: 7,000 syringes received (includes syringes with disposable needles)
- 28 February 2002: 113,400 syringes received (includes syringes with disposable needles)
The following major areas of activities have been funded (specify the amount) with the CAVI/The Vaccine Fund Infection Safety Support in the past year:

Statement on use of CAVI/The Vaccine Fund Infection Safety Support (if received in the form of a cash contribution)

I33
Currently, the Financial Sustainability Plan for Immunization is being amended based on recommendations made in the previous submission in November 2002. A national task force has been created with representatives from the Ministry of Health and Finance, PVHO/WHO and UNICEF to draft the document. The plan has been prepared based on discussions with members of the IOC and also the Ministry of Finance.

High-level assistance needed from partners at local, regional, and global levels and mechanisms are described. The development of the FSP (latest version available on http://www.who.int/immunization) should be reported using the same standardized inputs. The updates should be reported using the same standardized inputs and outputs. The next 2 years, new trends, and changes in the baseline and indicators are described. The reasons for the evolution of these indicators in relation to the baseline and previous years are described. The immunization progress made against the FSP strategic plan and the progress to date are described. Indicators selected for monitoring financial sustainability plans and include baseline and current indicators. The progress taken so far is described and steps to be taken for improving financial sustainability are outlined. The development of a financial sustainability plan by given deadlines and financial assistance that will be needed are described.
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Proposal targets and estimated population</td>
<td>1,703,080</td>
<td>1,703,080</td>
<td>1,703,080</td>
<td>1,702,488</td>
<td>1,701,558</td>
<td>1,700,707</td>
<td>1,700,463</td>
<td>1,699,874</td>
<td>1,699,067</td>
</tr>
</tbody>
</table>

**Influenza**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Targets</td>
<td>1,703,080</td>
<td>1,703,080</td>
<td>1,703,080</td>
<td>1,702,488</td>
<td>1,701,558</td>
<td>1,700,707</td>
<td>1,700,463</td>
<td>1,699,874</td>
<td>1,699,067</td>
</tr>
</tbody>
</table>

**DTP3**

<table>
<thead>
<tr>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Targets</td>
<td>1,703,080</td>
<td>1,703,080</td>
<td>1,703,080</td>
<td>1,702,488</td>
<td>1,701,558</td>
<td>1,700,707</td>
<td>1,700,463</td>
<td>1,699,874</td>
<td>1,699,067</td>
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</table>

**Polio**

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Targets</td>
<td>1,703,080</td>
<td>1,703,080</td>
<td>1,703,080</td>
<td>1,702,488</td>
<td>1,701,558</td>
<td>1,700,707</td>
<td>1,700,463</td>
<td>1,699,874</td>
<td>1,699,067</td>
</tr>
</tbody>
</table>

**New Vaccines**

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Targets</td>
<td>1,703,080</td>
<td>1,703,080</td>
<td>1,703,080</td>
<td>1,702,488</td>
<td>1,701,558</td>
<td>1,700,707</td>
<td>1,700,463</td>
<td>1,699,874</td>
<td>1,699,067</td>
</tr>
</tbody>
</table>

The table above shows the proposed targets and estimated population for the years 2000 to 2008. The targets are set based on the estimated population for each year. Any changes or discrepancies MUST be provided in the space provided on the next page.
Please indicate that UNICEF Supply Division has assessed the availability of the new quantity of supply according to new changes.

For the Year (indicating forthcoming year)

3.2 Confirmed/Revised Request for new vaccine (to be shared with UNICEF Supply Division)

The figures displayed for 2002-2003 are actual data of the programme. Based on past needs, there is a downward trend in the target population and this is consistent with the trend in 2002. This downward trend could be due to migration, more effective family planning programmes or a reduction in the infant mortality rate. Therefore, the 2003-2008 estimated targets were recalculated using an average of the first three years (2000-2002). Since complete information from the Bureau of Statistics was not available, the reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

Please provide justification on changes to baseline, targets, wastage rate, vaccine preservation etc. from the previously approved plan and on

* Indicate actual number of children vaccinated in past years and updated targets
Table 3: Vaccine Use and Excess

<table>
<thead>
<tr>
<th>Vaccine Use and Excess</th>
<th>Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total vaccine doses (including those sent to excess)</td>
<td>( \sum (D_x + T_x) )</td>
</tr>
<tr>
<td>Total vaccine doses sent to excess</td>
<td>( T_x )</td>
</tr>
<tr>
<td>Total vaccine doses returned</td>
<td>( R_x )</td>
</tr>
<tr>
<td>Total vaccine doses received</td>
<td>( I_x )</td>
</tr>
<tr>
<td>Vials in stock</td>
<td>( V_x )</td>
</tr>
<tr>
<td>Vials of vaccine in stock at start of year</td>
<td>( V_{x,0} )</td>
</tr>
<tr>
<td>Vials of vaccine in stock at end of year</td>
<td>( V_{x,1} )</td>
</tr>
<tr>
<td>Total doses of vaccine distributed</td>
<td>( D_x )</td>
</tr>
<tr>
<td>Total doses of vaccine used</td>
<td>( U_x )</td>
</tr>
</tbody>
</table>

Remarks:

Please fill in the table for any other vaccine presentation required from

\[ \text{Estimated number of doses of vaccine (specify for one presentation only):} \]
<table>
<thead>
<tr>
<th>ITEM</th>
<th>Total BCG</th>
<th>Total DTP</th>
<th>Total AD</th>
<th>For other vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total of safety boxes for BCG</td>
<td>For the year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total of safety boxes for DTP</td>
<td>For the year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total of safety boxes for AD</td>
<td>For the year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Justification of changes from approved supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Formula: Estimated supply of each vaccine BCG, DTP, AD and measles for the next two years.

Table: Estimated supplies for safety of vaccination for the next two years with BCG, DTP, AD and measles.

- **BCG**: 2 doses for each child per year.
- **DTP**: 3 doses for each child per year.
- **AD**: 2 doses for each child per year.
- **Measles**: 1 dose for each child per year.

**Note**: This table is to be used for calculation of consultation supplies. It will be used for BCG, DTP, AD, and measles for the coming year.

Duration of consultation: 2 doses for pregnant women. It will be used for BCG, DTP, AD, and measles for the coming year.

If quantity of current request differs from the GAVI letter of approval, please present the justification for the difference.
<table>
<thead>
<tr>
<th>Constraints</th>
<th>Achievements</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported prevenable disease Yellow Fever: No case of vaccine</td>
<td>Yellow Fever: diphtheria, measles, or whooping cough in 9% of the population.</td>
<td>Vaccination prevalence:</td>
</tr>
<tr>
<td>yellow Fever coverage in MMR and OPV: To have at least 95%</td>
<td>Same as above</td>
<td>Zero cases of vaccine; Diphtheria, measles or whooping cough in 9% of the population.</td>
</tr>
<tr>
<td>Updated targets:</td>
<td>For 2002, MMR was 93%</td>
<td>Vaccination prevalence:</td>
</tr>
<tr>
<td>coverage in BCG and OPV: To have at least 95%</td>
<td>and OPV was 91%, BCG was 95%</td>
<td>Zero cases of vaccine; Diphtheria, measles or whooping cough in 9% of the population.</td>
</tr>
<tr>
<td></td>
<td>(b) Percentage of children who received MMR and Yellow Fever:</td>
<td>Vaccination coverage:</td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td>OPV-90% BCG-95%</td>
</tr>
<tr>
<td></td>
<td>(a) The percentage of children who have received one dose of OPV and three doses of BCG in the same year:</td>
<td>OPV-90% BCG-95%</td>
</tr>
<tr>
<td></td>
<td>90%</td>
<td>Vaccination coverage:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPV-90% BCG-95%</td>
</tr>
</tbody>
</table>

By your country in the proposal for GAVI/DF support:

Please report on progress since submission of the last Progress Report based on the indicators selected.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Applied</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>Government signatures</td>
</tr>
<tr>
<td>Yes</td>
<td>ICC minutes attached to the report</td>
</tr>
<tr>
<td>No</td>
<td>Revised request for Infection safety completed (where applicable)</td>
</tr>
<tr>
<td>Yes</td>
<td>New Vaccine request completed for 2004</td>
</tr>
<tr>
<td>Yes</td>
<td>Table 2 filled-in</td>
</tr>
<tr>
<td>Yes</td>
<td>FSP reported (progress against country FSP indicators)</td>
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<tr>
<td>Yes</td>
<td>Injection safety reported on</td>
</tr>
<tr>
<td>No</td>
<td>Reported on use of 100,000 US$</td>
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<tr>
<td>Yes</td>
<td>DOA reported on</td>
</tr>
<tr>
<td>Yes</td>
<td>Table 1 filled-in</td>
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<tr>
<td>Yes</td>
<td>Reporting Period (consistent with previous calendar year)</td>
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<tr>
<td>Yes</td>
<td>Date of submission</td>
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**Completed Comments**

Checklist of completed form:

ICC comments:

5.

6.

Comments:

Completed Comments:

Form Requirement:


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<th>Agency/Organization</th>
<th>Date</th>
<th>Signature</th>
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<tr>
<td>Roxy International</td>
<td>Ministry of Finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr. Fitz M. Leen</td>
<td>Ministry of Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Andrew Williams</td>
<td>Ministry of Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms. Adelle Clarke</td>
<td>Ministry of Health</td>
<td></td>
<td></td>
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<tr>
<td>Dr. G. O. Charman</td>
<td>Ministry of Health</td>
<td></td>
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<tr>
<td>Dr. Rudi B. Cummings</td>
<td>Ministry of Health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Financial accountability forms an integral part of the Zackin Vaccine Fund. The ICC members confirm that the funds received have been audited and accounted for according to standard government or partner requirements. All members have reviewed and approved the periodic reports received. The performance of the agency or organization does not imply any financial (or legal) commitment on the part of the ICC members or individuals. The undersigned members of the Inter-Agency Coordinating Committee endorse this report. Signature of endorsement of this document does not imply endorsement of the content.

Date: ____________________
Title: ____________________
Signature: ____________________

For the Government of GUYANA
<table>
<thead>
<tr>
<th>Product</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>GAVI Total</td>
<td>118,172,230</td>
<td>184,944,250</td>
<td>383,875,248</td>
<td>226,845,482</td>
<td>186,522,400</td>
<td>111,611,290</td>
<td>111,611,290</td>
</tr>
<tr>
<td>Other Support</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
</tr>
<tr>
<td>Supplies</td>
<td>123,425</td>
<td>6,667</td>
<td>214,988</td>
<td>112,011</td>
<td>130,000</td>
<td>283,224</td>
<td>283,224</td>
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<tr>
<td>Other Support</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Supplies</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Total</td>
<td>299,397,230</td>
<td>459,944,250</td>
<td>596,875,248</td>
<td>439,845,482</td>
<td>386,522,400</td>
<td>334,611,290</td>
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<tr>
<td>Year to Date</td>
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<td>2002</td>
<td>2003</td>
<td>2004</td>
<td>2005</td>
<td>2006</td>
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**FOR GUANAY VS. GAVI SECRATARIAT ACCOUNT INFORMATION**

**SUMMARY OF PAHO/WHO REVOLVING FUND GAVI ACCOUNT INFORMATION**

Appendix 1
<table>
<thead>
<tr>
<th>Category</th>
<th>Equipment (Cost: US$1.8M)</th>
<th>Estimated Cost</th>
<th>Completed</th>
<th>Not Completed</th>
<th>Number Required</th>
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<tbody>
<tr>
<td>COID CHAIN EQUIPMENT</td>
<td>GAVI FSP survey conducted</td>
<td>3.758.66</td>
<td>Yes</td>
<td>Yes</td>
<td>500</td>
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<tr>
<td></td>
<td>GAVI FSP survey conducted</td>
<td>1.545.24</td>
<td>Yes</td>
<td>Yes</td>
<td>100</td>
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<tr>
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<td>GAVI FSP survey conducted</td>
<td>516.11</td>
<td>Yes</td>
<td>Yes</td>
<td>100</td>
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<tr>
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<td>GAVI FSP survey conducted</td>
<td>352.96</td>
<td>Yes</td>
<td>Yes</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>GAVI FSP survey conducted</td>
<td>1.463.5</td>
<td>Yes</td>
<td>Yes</td>
<td>500</td>
</tr>
</tbody>
</table>

Use of GAVI Vaccine Fund Financial Support (US$100,000) for the Introduction of the New Vaccine in 2003

Appendix II
Appendix 111
Minutes of the
Inter-Agency Coordinating Committee (ICC) Meeting
April 3, 2002

Venue: Office of the Chief Medical Officer
       Ministry of Health
       Brickdam

Agenda of the Meeting

1. Review minutes of the last ICC Meeting
2. Review the coverage of immunization for 2001
3. Plan of Action for 2002
4. Any other business

Present were:
- Dr. R. Cummings - MOH
- Dr. G. Maynard - PAHO/WHO
- Mr. M. Hamid - UNICEF
- Mrs. D. Roberts - MOH
- Ms S. Plummer - CARICOM
- Dr. J. Woolford - MOH
- Ms H. Laasko - European Union
- Ms D. George - CIDA
- Mrs. L. Hughes - MOH
- Ms C. Watson - MOH

The meeting commenced at 10:10 hrs. The chairman by Dr. R. Cummings, Chief Medical Officer who extended a warm welcome to those present.

Minutes of the last meeting held in September 2001 were read. Corrections made and then the minutes adopted.

Documents tendered at the Meeting were as follows:

1. Immunization coverage for January - December 2001 in tabulated and graphical formats.

2. Review of Plan of Action 2001

3. Plan of Action for 2002
Discussion of the meetings were as follows;

1) **REVIEW OF PLAN OF ACTION 2001**

The 2001 Review Plan of Action was presented by Dr. J. Woolford under the following headings:

 exile  **Biologica\als and Logistics**

There was a high wastage factor with the use of 20 doses vial of Yellow Fever. This resulted in a shortage of vaccines. Alternate arrangements put in place to use five (5) doses vials which are presently in stock.

 exile  **Cold Chain**

Dr. Cummings needed some more clarification on the information presented on the Cold Chain Inventory such as the number of Health Facilities by Region, number of working refrigerators, and number of not-working refrigerators. He reinforced the point that there was a need for new refrigerators as the majority were more than 10 years in service.

The need to have a detailed financial plan in order to determine the cost of delivery of the immunization programme was discussed. This cost should include both central and regional cost.

2) **REVIEW THE COVERAGE OF IMMUNIZATION FOR 2001.**

The immunization coverage was presented.

3) **Any Other Business**

Dr. G. Maynard was concerned that there are two (2) meetings per year (February and September) and felt that the ICC should meet at least three times to give more technical support.

Concerns about the membership of the committee were raised. It was previously discussed that there should be a representative each from the Ministry of Finance, Ministry of Amerindian Affairs, Rotary Organizations and Lions Club.

It is hoped to schedule the next meeting for early September and a representative the above mentioned organisation would be invited to attend the meeting.
Dr. Woolford informed participants of the two (2) investigated outbreaks of Whooping Cough. The first occurred in early January in Region 9. A 19 year old was confirmed by CAREC as being positive. Region 8 had suspected cases in the second outbreak.

There being no other business Dr. Cummings thanked all present for taking the time to be present.

The meeting ended at 12:00 noon.

Recorder

Nurse Lloyd Hughes
Present were:
- Dr. Rudolph O. Cummings MOH
- Aubrey Williams MOH, Planning Unit
- Dr. Janice Woolford MOH
- Deserdeen Roberts MOH
- Adele Clarke MOF
- Debra George CIDA-PSU
- Charles Woon-A-Tai ROTARY
- Mike Hamid UNICEF
- Pauline Lucas-Cummings MOF

Absent were:
- Dr. G. Maynard PAHO/WHO
- Lloyda Hughes MOH
- Clarice Watson MOH

The meeting commenced at 11.00 a.m., chaired by Dr. Rudolph O. Cummings, Chief Medical Officer who welcomed those present.

AGENDA
1. Corrections to Minutes of last meeting
2. Review of January – June 2002 coverage
4. Matters arising out of Minutes
5. Any other Business

Minutes of the last meeting were read and corrections made. There were adopted.

Documents distributed to participants were as follows:
- Annual Report for GAVI 2001
- January – June 2002 coverage
- Minutes of the last ICC meeting

Matters Arising:

A team visited Moruca and had discussions with the Regional Health Officer and Assistant Regional Executive Officer in the EPI Program.

There needs to be improvement in the performance of the refrigeration solar system in the regions. Presently an assessment is being conducted on the solar system.

A suggestion was made that the vaccines should go through Charity and use Waramuri as a storage point for vaccination in Moruca. This has already been initiated.
Matthew's Ridge still has cold storage problems, alternative arrangements have been made, to store vaccines and organize vaccination days.

There is inadequate participation of NGOs for the vaccination program in the hinterland areas especially in Regions 1 & 8. It was suggested that the NGOs be integrally involved in the immunization program.

Gas refrigerators in Region 1 – Moruca, Mabaruma and Matthews Ridge have various problems such as: inadequate gas supply for the proper functioning of the refrigerators. There is a need to procure refrigerators with the support (GAVI) that is being received.

It was suggested that the Post Office be asked to deal with a subvention to the NGOs so that funds can be released to purchase gas for the refrigerators.

Transportation in the hinterland areas is of critical importance. There is inadequate transportation of vaccines from one area to another. It was suggested that CHWs collect vaccines when they obtain salaries and organize vaccination activities to coincide with the receipt.

There is a need for a team to visit Regions 1 & 7 to meet with residents, church groups to work out issues of concern.

It was suggested that a representative be invited to attend the ICC meetings from Ministry of Regional Development and Ministry of Amerindian Affairs.

5. Correction to the GAVI Report
Pg. 1 – change ‘NA’ to not given, not available
Pg 3 – change ‘funds’ to Technical Assistance materials

6. Any other Business
MMR is actually given to children in their 13th month of life.

The question was raised, when is a child fully immunized? – between the ages of 2 – 3 yrs. Maternal antibodies could still be present at 15 months.
Financial Sustainability Plan to be prepared by November 30, 2002
Contracting a consultant is in process
There being no other business, the meeting ended at 12.50 p.m.

M. Smith
Recorder