



Partnering with The Vaccine Fund

June 2003

Progress Report

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

by the Government of

COUNTRY: SAO TOME AND PRINCIPE

Date of submission: May 2004

Reporting period: Jan – Dec 2003 *(Information provided in this report **MUST** refer to the previous calendar year)*

(Tick only one) :

- Inception report
- First annual progress report
- Second annual progress report**
- Third annual progress report
- Fourth annual progress report
- Fifth annual progress report

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

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

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

- 1.1 Immunization Services Support (ISS)
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use if GAVI/The Vaccine Fund financial support (US\$100,000) for introduction of the new vaccine
- 1.3 Injection Safety
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
 - 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

2. Financial Sustainability

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

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year...
- 3.3 Confirmed/revised request for injection safety support for the year...

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

5. Checklist

6. Comments

7. Signatures

1. Report on progress made during the previous calendar year

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

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

→ Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC). Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The WHO and UNICEF funds are managed by the respective organizations, together with the Ministry of Health.

The GAVI funds are used only after authorization by the ICC, whose role it is to approve the plan for use of the funds.

The GAVI funds are not disbursed without the signature of the representative of WHO or UNICEF, as well as that of a representative of the Ministry of Health.

No problems have been encountered involving the use of the funds

1.1.2 Use of Immunization Services Support

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

Funds received during the reporting year: USD 29 959.16

Remaining funds (carry over) from the previous year: USD 29 942.19

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in USD	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads	3 700.00			3 700.00	
Training					
IEC / social mobilization	2 703.65	2 703.65			
Outreach					
Supervision					
Monitoring and evaluation	2 212.35	730.00		1482.35	
Epidemiological surveillance					
Vehicles	7 776.00	7 776.00			
Cold chain equipment	650.68	650.68			
Other: Institutional strengthening of EPI Purchase of computer & office eqpt	7 615.00	7 615.00			
Total:	24 657.68	19 475.33		5 182.35	
Remaining funds for next year:	35 243.67				

**If no information is available because of block grants, please indicate under 'other'.*

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

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

The following major activities have been conducted in the interests of strengthening immunization:

- Social mobilization activities (dramatization, media spots, training of community health workers and traditional midwives).
- Strengthening of supervision (elaboration of reference texts for supervision).
- Logistical support in the area of transportation for supervisors and immunization staff.
- Strengthening of the administrative side of the EPI. Purchase of data-processing equipment.
- Upgrading of the storage capacity of the central vaccine storage facility.

1.1.3 Immunization Data Quality Audit (DQA) (If it has been implemented in your country)

→ Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES

NO

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

Not applicable

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC. Not applicable.

→ Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

Not applicable

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

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

→ Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

As at 18 May 2003, we have 25 600 doses of Hepatitis B vaccine (Hepatitis B, DNA Vaccine Recombinan, 100 mcg, HB 21103, Expiry date: Dec. 2005) and 8000 doses of yellow fever vaccine (105 Amaril 10 Amp. 20 D Batch W 6157 – 1, Expiry date: 30.06.2005), in good condition.

Given that, for the first year, we ordered 24 000 doses of yellow fever vaccine (the wastage rate having been estimated at 18%) but received only 8000 doses, after one month of introduction it became clear to us that a stock outage of yellow fever was imminent, despite implementation of the grouping strategy for a certain number of children per immunization session. The fact that the vials of yellow fever received contained 20 doses represented a major constraint. A letter warning of this situation was sent to the GAVI Secretariat in September 2003. Since January 2004 and up until the time of writing, the only yellow fever vaccines used by the EPI have been those purchased in the course of international travel.

1.2.2 **Major activities**

→ Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

Major activities undertaken in relation to the introduction, phasing-in and strengthening of services were as follows:

- Advocacy and social mobilization.*
- A ceremony, presided over by senior government officials, with the participation of ICC members.*
- Training for district head doctors, EPI and Reproductive Health Programme officials, healthcare providers including immunization staff, community health workers and traditional midwives. Training was also provided to media staff.*

1.2.3 Use of GAVI/The Vaccine Fund financial support (USD 100,000) for the introduction of the new vaccine

→ Please report on the proportion of the USD 100,000 used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

The financial support (USD 100 000 excluding bank charges) was received on 27 May 2003. The amount used was USD 16 075.00.

REPRODUCTIVE HEALTH PROGRAMME
IMMUNIZATION AREA
PLAN FOR THE INTRODUCTION OF NEW VACCINES IN THE NATIONAL IMMUNIZATION SCHEDULE

OVERALL EXPENDITURE PLAN

STRATEGIES

Person responsible:

Nurse Maria Elizabeth Carvalho

In charge of the EPI at national level

Financing from GAVI funds for the introduction of new vaccines – USD 100 000

Level of activities:

COSTS

IN DOBRAS

OBSERVATION

1. **Advocacy and social mobilization to strengthen immunization activities, including the introduction of new vaccines** (including, in the districts, the training of some 200 community health agents, activists and traditional midwives, interpersonal communication within communities, supervision of mobilization activities, etc., and, at the central level, social mobilization activities on radio and television, dramatization, production and dissemination of leaflets, calendars and other consumables for social mobilization purposes.

Central level:

National Health Education Centre: STD 31 760 000.00

District level:

STD 78 787 100.00

2. **Social mobilization** and training of community health agents, traditional midwives and activists – 53.1%

Distribution by district

a)	A Grande District	STD 9 221 000.00
b)	Mezochi District	STD 9 221 000.00
c)	Cantagalo District	STD 6 915 750.00
d)	Lobata District	STD 6 915 750.00
e)	Lembá District	STD 5 532 600.00
f)	Caué District	STD 4 610 500.00
e)	Príncipe District	STD 4 610 500.00

SUBTOTAL

STD 78 787 100.00

3. **Provision of quality immunization services, including competence in regard to the new vaccines** – (In-service training (7) of 115 service providers and nursing course graduates
Reproductive Health Programme / Expanded Programme on Immunization – Training of service providers – **43.4%**

SUBTOTAL

STD 64 440 700.00

4. **Planning, monitoring and assessment of actions for the introduction of new vaccines** (Purchase of office equipment, coordination meetings, supervision, preparation of lectures, supervision and monitoring, etc.) – 3.3%
RHP / EPI

SUBTOTAL

STD 5 000 000.00

OVERALL EXPENDITURE TOTAL (STD)

STD 148 227 800.00

(USD)

USD 16 075.00 *

** Exchange rate USD 1 = STD 9 221.00*

Balance: USD 99 959.68 (including bank charges) – USD 16 075.00 = **USD 83 884.68** (eighty-three thousand eight hundred and eighty-four dollars and sixty-eight cents)

1.3 Injection Safety

1.3.1 Receipt of injection safety support

→ Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

So far as injection safety is concerned, we received:

- 30 200 autodisable syringes
 - 500 reconstitution syringes
 - 375 safety boxes as at 5 May 2003
- No problems were encountered or reported.*

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

→ Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
1. Number of districts without stock outages of AD syringes in the last 12 months	To ensure injection safety as well as the safe elimination of sharps wastes	100%	Difficulties in obtaining a suitable model of incinerator	1. 0
2. Number of districts without stock outages of safety boxes in the last 12 months		100%		2. 0

3. <i>Number of health services without stock outages during the most recent surveillance visit</i>		100%		3. 0
4. <i>Number of districts with operational incinerator</i>				4. <i>The programme does not yet have any incinerators</i>
5. <i>Percentage of health stations and community stations which adequately burn and bury used injection equipment</i>	100%	100%		100%
6. <i>Percentage of used syringes and needles among wastes in waste deposit areas or in the vicinity of the health unit</i>	0%			0%
7. <i>Number of adverse post-immunization reactions reported at the national level during the year</i>	0%			0%

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

→ The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

No cash support received

2. Financial sustainability

- Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
- First Annual Report : Report progress on steps taken and update timetable for improving financial sustainability
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
- Second Annual Progress Report : Append financial sustainability action plan and describe any progress to date.
Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
- Subsequent reports: Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.
Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values.
Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gaviftf.org> under FSP guidelines and annexes).

Highlight assistance needed from partners at local, regional and/or global level

The financial sustainability plan has not yet been drawn up on account of the political situation prevailing in the month of July. The necessary steps were taken, but we need technical assistance. Sao Tome and Principe must submit during 2004 in accordance with the GAVI Secretariat's plan.

3. Request for new and under-used vaccines for year 2004 (indicate forthcoming year)

*Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.*

3.1. Up-dated immunization targets

→ Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10) . Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Infant mortality rate ‰		53.6	51.7	49.7	47.8	45.9	43.9	42.3
Births		4896	4946	4981	5028	5055	5072	5077
Infants' deaths		262	256	248	240	232	223	215
Surviving infants		4634	4690	4743	4788	4823	4849	4862
Infants vaccinated with DTP3 *			4445	4642	4596	4630	4752	4862
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form								
NEW VACCINES								
Infants vaccinated with Hepatitis B *	-	-	-	2146 ¹	4596	4630	4752	4862
Wastage rate of **	-	-	-	3 % ¹	20 %	15 %	10%	10%
Infants vaccinated with yellow fever *	-	-	-	1658 ¹	4309	4485	4607	4619
Wastage rate of **	-	-	-	76 % ¹	40%	40%	30%	25%
INJECTION SAFETY								
Pregnant women vaccinated with TT			4252	4341	5550	5721	5955	6134
Infants vaccinated with BCG			4846	4933	4827	4853	4971	5026
Infants vaccinated with Measles			4151	4294	4309	4485	4607	4619

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

¹ Introduction of the new vaccines began on 29 September 2003

→ Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

The baseline presented in the approved plan and in the WHO/UNICEF Joint Reporting Form were obtained by estimating the population growth rate at 2.3% with respect to the 1991 census.

However, the country conducted its third census in 2001, and we found the growth rate to have been 1.6%. The National Institute of Statistics has just published the new population data.

It is this official publication (March 2004) that we used in order to rectify the baseline, targets etc.

Unfortunately, we are unable to make any major changes in regard to the yellow fever wastage rate if the AAV vials continue to be provided in their 20-dose presentation. It has to be borne in mind that Sao Tome and Principe is a small country and that one of the principles of the immunization policy and strategy (UNICEF) is to open a vaccine vial even if there is only one child to be vaccinated. This is the case for the majority of our health stations and centres, with the result that the wastage rate for AAV is approximately the same as for measles (80%).

However, the health authorities are currently looking into the implementation of a number of strategies aimed at reducing the AAV wastage rate to the greatest extent possible.

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

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

UNICEF has not assured the requested supply.

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

		Formula	For year 2004
A	Number of children to receive new vaccine		* 4525
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100 %
C	Number of doses per child		1
D	Number of doses	$A \times B/100 \times C$	4525
E	Estimated wastage factor	(see list in table 3)	5
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	22625
G	Vaccines buffer stock	$F \times 0.25$	5656
H	Anticipated vaccines in stock at start of year		1030
I	Total vaccine doses requested	$F + G - H$	27251
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	10158
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	3025
M	Total of safety boxes (+ 10% of need)	$(K + L) / 100 \times 1.11$	146

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

*Please report the same figure as in table 1.

Table 3: Estimated number of doses of Hep. B (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004
A	Number of children to receive new vaccine		* 4829
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100 %
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	14487
E	Estimated wastage factor	(see list in table 3)	1.25
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	18109
G	Vaccines buffer stock	$F \times 0.25$	4527
H	Anticipated vaccines in stock at start of year		14890
I	Total vaccine doses requested	$F + G - H$	7746
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	4578
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	-
M	Total of safety boxes (+ 10% of need)	$(K + L) / 100 \times 1.11$	51

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

*Please report the same figure as in table 1.

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

Table 4.1: Estimated supplies for safety of vaccination for the next two years with DTP (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8) *Not applicable – these supplies are financed by UNICEF*

		Formula	For year 2004	For year 2005
A	Target of children for vaccination (for TT : target of pregnant women) ¹	#	4829	4853
B	Number of doses per child (for TT woman)	#	3	3
C	Number of doses	A x B	14487	14559
D	AD syringes (+10% wastage)	C x 1.11	16080	16160
E	AD syringes buffer stock ²	D x 0.25	4020	4020
F	Total AD syringes	D + E	20100	20180
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ³	Either 2 or 1.6	1.6	1.6
I	Number of reconstitution ⁴ syringes (+10% wastage)	$C \times H \times 1.11 / G$	----	----
J	Number of safety boxes (+10% of need)	$(F + I) \times 1.11 / 100$	223	224

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

² The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

³ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

⁴ Only for lyophilized vaccines. Write zero for other vaccines

Table 4.2: Estimated supplies for safety of vaccination for the next two years with TETANOL (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8) Not applicable – these supplies are financed by UNICEF

		Formula	For year 2005	For year 2006
A	Target of children for vaccination (for TT : target of pregnant women)⁵	#	4674	4767
B	Number of doses per child (for TT woman)	#	2	2
C	Number of doses	A x B	9348	9534
D	AD syringes (+10% wastage)	C x 1.11	10376	10583
E	AD syringes buffer stock ⁶	D x 0.25	2594	2646
F	Total AD syringes	D + E	12970	13229
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁷	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ⁸ syringes (+10% wastage)	$C \times H \times 1.11 / G$	----	----
J	Number of safety boxes (+10% of need)	$(F + I) \times 1.11 / 100$	144	147

⁵ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

⁶ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁷ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

⁸ Only for lyophilized vaccines. Write zero for other vaccines

Table 4.3: Estimated supplies for safety of vaccination for the next two years with MEASLES (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8) Not applicable – these supplies are financed by UNICEF

		Formula	For year 2004	For year 2005
A	Target of children for vaccination (for TT : target of pregnant women)⁹	#	4525	4701
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	4525	4701
D	AD syringes (+10% wastage)	C x 1.11	5028	5218
E	AD syringes buffer stock ¹⁰	D x 0.25	1256	1305
F	Total AD syringes	D + E	6284	6523
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ¹¹	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	1005	1044
J	Number of safety boxes (+10% of need)	$(F + I) \times 1.11 / 100$	81	84

⁹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

¹⁰ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

¹¹ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

¹² Only for lyophilized vaccines. Write zero for other vaccines

Table 4.4: Estimated supplies for safety of vaccination for the next two years with BCG (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8) Not applicable – these supplies are financed by UNICEF

		Formula	For year 2004	For year 2005
A	Target of children for vaccination (for TT : target of pregnant women) ¹³	#	4829	4853
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	4829	4853
D	AD syringes (+10% wastage)	C x 1.11	5360	5387
E	AD syringes buffer stock ¹⁴	D x 0.25	1340	1347
F	Total AD syringes	D + E	6700	6734
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ¹⁵	Either 2 or 1.6	2	2
I	Number of reconstitution ¹⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	536	539
J	Number of safety boxes (+10% of need)	$(F + I) \times 1.11 / 100$	80	81

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

ITEM		For the year 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	6700	6734	<i>The reasons are the same as those given in the box corresponding to Table 2</i>
	for other vaccines	39354	39932	
Total of reconstitution syringes		1541	1583	
Total of safety boxes		528	536	

¹³ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

¹⁴ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

¹⁵ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

¹⁶ Only for lyophilized vaccines. Write zero for other vaccines

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

The reasons are the same as those given in the box corresponding to Table 2.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets 2003*	Achievements	Constraints	Updated targets ¹	
				2003 ²	2004 ³
Total population	140 156		Population data very heterogeneous prior to their publication by the National Institute of Statistics	143 186	146 056
Births	6489			4991	5028
Infant mortality rate	n/a			49.7	47.8
Infant deaths	883			248	240
Surviving infants	5,606			4743	4788
Children vaccinated with BCG	6156	4933		4741	4827
Children vaccinated with OPV3	5326	4666		4506	4596
Children vaccinated with DTP3	5326	4642		4506	4596
Children vaccinated with measles	4765	4294		4032	4309
Children vaccinated with monovalent Hepatitis B	5326	2146	New vaccines introduced only on 29 September 2003	4506	4596
Children vaccinated with pentavalent Hepatitis B	0	0		0	0
Children vaccinated with yellow fever	4765	1658	New vaccines introduced only on 29 September 2003	4032	4309
Pregnant women vaccinated with TT	5840	4341		5143	5550

* Indicators selected by the country in the proposal for GAVI/FV support

¹ Baseline updated on the basis of the 2001 census published in March 2004

² For 2003 we set a target of 95% for BCG, DTP, OPV and HepB; 85% for measles and yellow fever; and 90% for TT.

³ For 2004 we set a target of 96% for BCG, DTP, OPV and HepB; 90% for measles and yellow fever; and 95% for TT.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	Yes	
Reporting Period (consistent with previous calendar year)	Yes	
Table 1 filled in	Yes	
DQA reported on	---	Not applicable
Reported on use of USD 100,000	Yes	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	Yes	
Table 2 filled in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	---	Not applicable
ICC minutes attached to the report	Yes	
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

→ ICC comments:

In their discussions, the ICC members are, in regard to the plan for the use of the funds, of the view that:

- the budget presented in this plan must tally with the budget presented in the plan of expenditure for the introduction of new vaccines in the national immunization schedule.

Comment: This remark was accepted, but bearing in mind that the expenditure concerned different items we elaborated two separate plans, one for the use of funds in regard to immunization services support, and the other for support for the introduction of new vaccines.

- the balance in respect of implementation of the plan approved the previous year should be presented in an annex. (*see page 4*)
- account must be taken of the need to strengthen the transportation component and cold chain in terms of the purchase of spare parts, particularly for those districts in which the coverage rates are lowest. (*See the plan for use of the funds for immunization services support in 2003/2004*)
- given the importance of epidemiological surveillance, account must be taken of the need to implement activities in that field and foresee the corresponding budget. (*See the plan for use of the funds for immunization services support in 2003/2004*)

As regards § 3.1 “Updated immunization targets”, the baseline and annual targets were updated on the basis of the 2001 census data, including the population growth rate and infant mortality rate.

The ICC members recommended the following:

- The scheduling of an EPI assessment in 2004-2005 in order to confirm coverage rates.
- The carrying out of a population and health survey in the middle of the period 2001-2009 for the purpose of updating the relevant data.

7. Signatures

For the Government of **Sao Tome and Principe**

Signature: **Vilfrido Gil**

Title: **Minister of Health**

Date: **27 May 2004**

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organization	Name/Title	Date	Signature	Agency/Organization	Name/Title	Date	Signature
WHO	Teresa Araujo Representative	27 May 2004		Rotary Club of Sao Tome	Jorge Torres	27 May 2004	
UNFPA	Vitória M. d'Alva	27 May 2004		Embassy of France	Marie Paule Jeron	27 May 2004	
UNDP	Christian Lehembre Representative	27 May 2004		Embassy of Portugal	Antonio Machado	27 May 2004	
UNICEF	Batilloi Warritay Programme Official	27 May 2004		Embassy of Taiwan China		27 May 2004	
ADB	Helder Costa Neto	27 May 2004					

~ End ~