



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:

GHANA

Date of submission: ...30th September, 2003.....

Reporting period: 2002 (Information provided in this report
refer to the previous calendar year)

MUST

(Tick only one) :

- | | |
|-------------------------------|-------------------------------------|
| Inception report | ☐ |
| First annual progress report | ☐ |
| Second annual progress report | ☒ |
| Third annual progress report | ☐ |
| Fourth annual progress report | ☐ |
| Fifth annual progress report | ☐ |

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

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

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1. Report on progress made during the previous calendar year

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

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.

Management of the ISS funds followed the same mechanism reported in the 2001 report, i.e., GAVI funds are lodged in the dollar account of the Ghana Health Service (GHS). This account is a pooled one and has funds from other donors lodged in it. The signatories are the Director General and the Financial Controller of the Ghana Health Service. A proposal for the disbursement of GAVI funds for 2002 was presented by the EPI secretariat to the ICC. The proposal was extensively discussed and the ICC suggested modifications. Based on comments from ICC a modified proposal was then presented to the Director General for disbursement. The release of funds follows the procedures of the Ministry of Health with checks by Internal Audit/External Audit and also from Health Partners. This mechanism is working well.

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 2002 = \$264,500

Remaining funds (carry over) from the previous year 2001 = Nil

Table 1 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads	4,800	100%			
Training					
IEC / social mobilization	16,170			100%	
Outreach (Includes Regional and district level supervision and operations)	167,900		12%	88%	
Supervision (National level)	5,000	100%			
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)	26,230	100%			
• Allowance for FSP Drafting team (\$9,500)					
• Chronicling best practice in increasing immunization coverage (\$10,000)					
• Lap-top computer \$4,800)					
• Printing of logistics returns forms & cold chain inventory form (\$1,930)					
Total:	220,100				
Remaining funds for next year:	44,400				

The balance of \$44,400 is earmarked for printing of "Immunization Manual for peripheral health workers"

**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 see ICC minutes of 8th April, 2003).

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

1. Mid Level Management training to address management issues in EPI conducted at the National level for Regional core teams and facilitators. Regional and District level training also conducted in 8 regions. Two regions are yet to train staff at the Regional level. One of those regions is the poorest performing in the country.
2. Efforts made to address injection safety issues – AEFI case investigation form developed together with the Pharmaco-vigilance Unit of the Food and Drugs Board and implemented in the districts.

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.

DQA was conducted in July 2002 by a 4-member team constituted by GAVI. The verification factor for the country is 0.872. Following the recommendations a proposal was developed and a number of activities planned to address the limitations identified. Some of the key activities have been addressed and discussed at an ICC meeting held on 8 April 2003.

Please refer to ICC minutes of 8 April 2003, section 3 – 'Presentation on update on implementation of DQA recommendations, page 2-3.

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.
Meeting was held on 8 April 2003. Copy of minutes attached with update on implementation of recommendations

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

1. Data Quality Audit by external team
2. Studies on missed opportunities in EPI
3. Formative research on perceptions on Maternal Neonatal Tetanus in the Western region
4. Formative research on perceptions on Measles in Central region

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.

15 February 2002	- 842,000 doses (DPT-HepB+Hib)
12 March 2002	- 551,600 doses (yellow fever)
9 April 2002	- 275,800 doses (yellow fever)
21 August 2002	- 275,800 doses (yellow fever)
29 August 2002	- 938,000 doses (DPT-HepB+Hib)
30 November 2002	- 1,064,000 doses (DPT-HepB+Hib)
17 December 2002	- 496,800 doses (yellow fever)

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.

1. Mid-level management training for regional and district EPI managers on 7 adapted modules to strengthen immunisation service management.
2. Developed 5-year EPI strategic plan for 2002-2006
3. Developed 5-year communication strategic plan for EPI and surveillance
4. Stakeholders meeting held on Sustainable Outreach Service for Volta lake basin districts
5. Training of health staff on safe injection practices and waste management towards national measles campaign
6. National measles campaign organized in 9 regions out of 10.
7. Polio sub-NIDs organized in 55 districts
8. TT SIAs in 2 high-risk districts (phase 1)
9. From national and regional levels 33 Estate Officers were trained in construction of de monfort incinerators
10. Additional Paediatric meningitis sentinel surveillance initiated in Kumasi

Problems encountered –

1. construction of incinerators in the 98 districts for the measles campaign delayed to due to late arrival of materials so activity has been extended to 2003

Planned activities

1. District coverage surveys to validate routine/administrative data
2. Major EPI programme review
3. Construction of incinerators

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

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

The \$100,000 to support the introduction of the new vaccine has been accounted for in the first annual report (2001).

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

Injection safety support application has been submitted awaiting approval from GAVI

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.

1. 5 – year strategic plan developed with injection safety indicators as from 2003-2005.
2. Incinerators have been constructed in 12 districts hospital/health centres to support waste management. The remaining 98 districts will be completed in 2003.
3. Sub-districts are using pits for waste disposal and burning of injection waste pending construction of incinerators after approval of application for 2003-2005 by GAVI
4. Injection Safety Assessment is planned for September, 2003.

Indicators	Targets	Achievements	Constraints	Updated targets
▪ Proportion of health facilities disposing of needles and syringes properly	30% (2003)	Yet to be evaluated		
▪ Proportion districts reporting shortages of AD syringes during the year	10% (2003)	Yet to be evaluated		
▪ Proportion of districts reporting of shortage of safety boxes during the year	10% (2003)	Yet to be evaluated		
▪ Proportion district reporting on AEFI (including zero reporting)	30% (2003)	Yet to be evaluated		

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:

As at December, 2002, Ghana is yet to receive injection safety support from GAVI. The application has been submitted.

2. Financial sustainability

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

Financial sustainability plan to be re-submitted in 2003.

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								
Births	736,490	754,902	773,775	793,119	812,947	833,271		
Infants' deaths	41,243	42,275	43,331	44,415	45,525	46,663		
Surviving infants	695,246	712,628	730,443	748,704	767,422	786,608		
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	617,387	575,499						
NEW VACCINES								
Infants vaccinated with Pentavalent (DPT-HIB-HEB)_____*			623,641					
Infants vaccinated with Yellow fever			566,358					

Wastage rate of Pentavalent (new vaccine)			7%					
Wastage rate of Yellow fever (new vaccine)		30%	44%					
INJECTION SAFETY								
Pregnant women vaccinated with TT			543,038					
Infants vaccinated with BCG			763,405					
Infants vaccinated with Measles			668,527					

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

** Indicate actual wastage rate obtained in past years

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

Though the figures above may differ from the WHO/UNICEF Joint Reporting Form, which is a result of the changes due to the 2000 census, we are inclined to go along with our earlier submission because they are closer to the data received from the immunization service delivery points Meanwhile efforts are being made to reconcile the figures. A coverage survey is planned for early next year.

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.

This is in line with our procurement plan and has been agreed on with UNICEF.

Table 3: Estimated number of doses of PENTAVALENT (DPTHePBHib).. 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	90%	*690,680
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	75
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	1,554,030
E	Estimated wastage factor	(see list in table 3)	1.11
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	1,724,973
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		46,000
I	Total vaccine doses requested	$F + G - H$	1,678,973
J	Number of doses per vial		2
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	1,673,913
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	931,830
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	28,924

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

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	90%	*690,680
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	75
C	Number of doses per child		1
D	Number of doses	$A \times B/100 \times C$	518,010
E	Estimated wastage factor	(see list in table 3)	1.54
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	797,735
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		30,000
I	Total vaccine doses requested	$F + G - H$	767,735

J **Number of doses per vial**

20

Remarks