

Joint Appraisal Report 2019

Country	Sao Tome & Principe
Full JA or JA Update¹	<input type="checkbox"/> JA completed <input checked="" type="checkbox"/> JA Update
Date and location of Joint Appraisal meeting	2-5 September 2019 - National Library
Participants / affiliation²	SEE ATTACHED LIST
Reporting period	2019
Fiscal period³	September 2018 to September 2019
Comprehensive Multi Year Plan (cMYP) duration	2016-2020
Gavi transition / co-financing group	Accelerated Transition

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	Yes <input type="checkbox"/> X		
Does the vaccine renewal request include a switch request?	Yes <input type="checkbox"/> X	No <input type="checkbox"/>	N/A <input type="checkbox"/>
HSS renewal request	Yes X <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
CCEOP renewal request	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> X

2. GAVI GRANT PORTFOLIO

Existing vaccine support (to be pre-filled by Gavi Secretariat)

Introduced / Campaign	Data	Coverage (WUENIC) by dose	2018 Objective		Approx. amt. US\$ thousands	Comment
			%	Children		
Yellow Fever	2003	89	91	5,359	7	
Penta 3	2009	95	98	5,792	20	
PCV-13-3	2012	95	98	5,792	15	
Rotateq	2016	95	98	5,792	72	
IPV	2016	46	98	5,792	19	
MR1	2016	90	95	tbc	16	
MR2	2016	76	85	tbc	tbc	
HPV demo	2017/18	n/a	97	tbc	61	2 nd year of national demo

Existing vaccine support (to be pre-filled by Gavi Secretariat)

Grant	Channel	Period	First disbursement	Cumulative financing status @ June 2018, US\$ millions				Compliance	
				Comm.	Appr ox.	Disb.	Util.	Fin.	Audit
HSS1	AFAP	2015-2019	2017	3.5	3.0	2.4	2.3	Q3/2019	Yes

¹ Information regarding distinctions between the Full JA and the JA Update, <https://www.gavi.org/support/process/apply/report-renew/>

² If more space is required, the list of participants may also be provided as an annex.

³ If the country reporting period deviates from the fiscal period, please provide a short explanation.

Comments

Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future⁴

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year
	EPI-HPV	2019	2020

Grant Performance Framework – latest reporting, for period 2018 (to be pre-filled by Gavi Secretariat)

Intermediate results indicators	Target	Actual
EPI cell in place and operational	100%	100%
Number of CCV-STP meetings (NITAG)	4	0
"Maintenance" line item identified and confirmed in MSAS budget	YES	YES
Percentage of health districts having had at least one monthly supervision of their immunisation units	80%	100%
Percentage of immunisation units that have operational solar panels and/or generator	30%	100%
Percentage of civil society organisations contributing to immunisation activities who have benefited from training	50%	0%
HD report completeness rate	90%	100%
Percentage of Health Districts that furnish monthly AEFI reports.	50%	100%
Comments		
<p>Many intermediate results indicators have been reported as data unavailable – many related to stockouts at central level (not presented in this table).</p> <p>The HSS sectoral team has improved its work, with better coordination of resources from different donors, including Gavi. The team contracted with CSOs only in the second quarter of 2018. All immunisation units have received a new SDD solar fridge with HSS funding.</p>		

PEF Targeted Country Assistance: Core and Expanded Partners at [insert date] (to be pre-filled by Gavi Secretariat)

	Year	Funding (US\$)			Staff in-post	Milestones met	Comments
		Appr.	Disb.	Util.			
TOTAL CORE PARTNERS	2017	126,200	126,200	123,953	1		
	2018	150,380	150,380	14,916	0		
	2019	99,004			0		
UNICEF	2017	51,300	51,300	51,300	0		
	2018	62,640	62,640	0	0		
	2019	37,800			0		
WHO	2017	74,900	74,900	72,653	1		
	2018	87,740	87,740	14,915	0		
	2019	61,204			0		
	2017	30,986			-		

⁴ Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

Countries are encouraged to highlight in subsequent sections, and in particular in the Action Plan in Section 7, key activities and potentially required technical assistance for the preparation of investment cases, applications and vaccine introductions, as applicable.

TOTAL EXPANDED PARTNERS	2018	30,074			-		
	2019	29,981			-		
PATH	2017	30,986			-		
	2018	30,074			-		
	2019	29,981			-		

3. RECENT CHANGES in COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR

The JA update does not include this section.

4. PERFORMANCE OF THE IMMUNISATION PROGRAMME

The JA update does not include this section.

5. PERFORMANCE OF GAVI SUPPORT

5.1. Performance of Gavi HSS support (if country is receiving Gavi HSS support)

Objective 1	
Objective of the HSS grant (as per the HSS proposal or PSR)	Strengthening capacity of the MoH for coordination and planning of EPI activities for NHDP implementation
Priority geographies / population groups or constraints to C&E addressed by the objective	<p>Training of personnel from EPI, DAF and HIS</p> <p>EPI: 2 staff DAF: 1 staff HIS: 1 staff CNE: 2 staff DVE: 1 staff CNES: 1 staff</p> <p>With regards to one of the EPI elements, the second module of the Project Management training module was completed.</p>
% activities conducted / budget utilisation	See table below
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	<ul style="list-style-type: none"> • Activities conducted: • Completion of the procurement and installation of incinerators (one in São Tome and one in RAP) • Human resources (HR) development plan and HR policy prepared and undergoing validation. • Renovation of the Ministry of Health in the concluding phase (anticipated opening in 2019) • Participation in the network of transitioning countries (participation by the HSS coordinator) • Training DAF technicians in Tompro

	<ul style="list-style-type: none"> Procedures Manual (in conclusion phase) Activities not conducted: International technical assistance for planning and coordination (awaiting the launch of the tender to recruit the international expert) Cooperation with EPI regarding health matters (awaiting orientation proposal from Gavi) Advocacy activity with decision-makers (in progress) Analysis of fiscal space for health funding (in progress), pilot committee already created. Creation of the NITAG delegation (awaiting Gavi proposal for integration of STP into NITAG Angola or Mozambique)
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated requirements for technical assistance ⁵)	TA planning (international) Maintenance of equipment and vehicles
Objective 2	
Objective of the HSS grant (as per the HSS proposal or PSR)	Vaccines supply
Priority geographies / population groups or constraints to C&E addressed by the objective	At the geographic level, three additional vehicles were procured to support immunisation activities. Procurement of three vests for cold rooms and nine chemical powder extinguishers.
% activities conducted / budget utilisation	See table below
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	Major impact activities: <ul style="list-style-type: none"> Procurement of three new vehicles African Immunisation Week Repair of incinerator maintenance vehicle Clothing for cold rooms Nine extinguishers (chemical powder) Three PCs for EPI (DVD-MT) Pharmaceutical day held for pharmaceuticals policy Primary activities not conducted <ul style="list-style-type: none"> Study regarding inventory and vaccine management procedures manual. Develop a manual of procedures to strengthen the vaccine distribution process Develop a manual of procedures to strengthen vaccine inventory management Develop and implement a waste management plan
Major activities planned for upcoming period	Procurement of a pickup for Cantagalo

(mention significant changes / budget reallocations and associated requirements for technical assistance	
Objective 3	
Objective of the HSS grant (as per the HSS proposal or PSR)	Communication and social mobilisation
Priority geographies / population groups or constraints to C&E addressed by the objective	This objective is socially oriented at the national level with a major focus on distinct population groups (rural, urban and fishing areas)
% activities conducted / budget utilisation	
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	Activities conducted: <ul style="list-style-type: none"> Support for community activities involving CSOs in partnership with the EPI Activities not conducted <ul style="list-style-type: none"> Workshop for determining the community care package to be given by Community Health Workers CSO manager training in immunisation for those involved in immunisation programmes. Carrying out of two CAP studies
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated needs for technical assistance ⁵)	<ul style="list-style-type: none"> Support from CNES for health promotion and immunisation activities Support for community activities involving CSOs in partnership with the EPI
4 Objective	
Objective of the HSS grant (as per the HSS proposal or PSR)	Health Information System
Priority geographies / population groups or constraints to C&E addressed by the objective	This objective is national in scope, throughout the entire national health system
% activities conducted / budget utilisation	See table below
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	Activities Conducted <ul style="list-style-type: none"> Implementation of DHIS2 Training of multi-sector technicians in DHIS2 (national and international) Determination of parameters and modules for forms Activities not conducted <ul style="list-style-type: none"> Preparation of the SIS Strategic Plan

⁵ When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should, however, describe – to the extent known to date – the type of TA required (staff, consultants, training, etc), the provider of TA (core/expanded partner), the quantity/duration required, modality (embedded; sub-national; coaching; etc), and any timeframes/deadlines. JA teams are reminded to both look back (TA that was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc) when specifying TA priorities for the coming year. The TA menu of support is available as a reference guide.

				<ul style="list-style-type: none">Statistics YearbookData quality workshop					
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated needs for technical assistance ⁶				Establish a routine system for identifying / recording / responding to AEFIs (adverse effects following immunisation) Support for determination of parameters and conclusion of the DHIS2					
OBJECTIVOS	Total de actividades	Totalmente Executada		Não Executada		Em Execução		Outros (Atividades sem valor e/ou referentes TCA OMS e UNICEF)	
1- Coordenação e planeamento das actividades do PAV dentro da implementação do PNDS	54	7	13%	14	26%	23	43%	10	9%
2- Oferta das Vacinas	31	8	26%	6	6%	9	29%	8	7%
3- Comunicação e mobilização social	11	0	0%	4	4%	2	19%	5	5%
4- Sistema de informação de saúde	17	2	12%	2	2%	6	36%	7	7%
Total	113	17	15%	26	23%	40	36%	30	27%
OBJECTIVES	Total activities	Total completed		Not completed		In progress		Others (activities with no amount and/or WHO and UNICEF TCA)	
1 – Coordination and planning of EPI activities within implementation of the NHDP									
2 – Supply of vaccines									
3 – Communication and social mobilisation									
4 – Health information system									
TOTAL									

1. Coordination and planning of activities of the EPI

- Civil Society Organisation (CSO) participation in service delivery and the funding modality** (i.e. whether support provided through Gavi's HSS or other donor funding).

NGOs have been fundamental to the policy of immunisation promotion in communities. We initially selected three NGOs, specifically ASPF, the Red Cross and MARAPA. ASPF, for reasons beyond our knowledge, did not move forward with the contract. The Red Cross and Marapa, however, have faithfully carried out their activities. Thus we were forced to reallocate the line item that was intended for ASPF to the other NGOs, therefore extending the period of the campaign through 2020. The financial disbursement method for the HSS grant is defined in the contract between the Ministry of Health and the NGOs in 20% instalments, against presentation of financial and activity reports.

5.2. Performance of vaccine support

⁶ Ibid.

- **HPV demo and preparation of application for national introduction**

A first administration of the HPV vaccine was carried out in 2017/2018 and a second administration in 2018/2019 with an interval of six months between doses. The target group was 10-year-old girls, 98% of them in the school system and 2% outside of the school system. Two immunisation systems were implemented in São Tomé and in RAP, a stationary team at the schools and at the health outposts and centre, and one mobile team in the community. The result was higher than 90% coverage for all districts. All the documents requested by Gavi were prepared and submitted for Gavi approval on September 3.

- **Direction for HPV and response**

A survey was conducted at the level of the Ministry of Health and Ministry of Education with INE regarding the target group. The submission documents were prepared with support from a consultant and submitted to Gavi on 3 September. We have already received a response since there were some issues to be clarified.

- **Analysis of measles status**

An addendum was already prepared to the cMYP, the budget is being prepared, and the portal will start to be filled out for submission to Gavi.

5.3. Financial management performance

FUNDING RECEIVED

To date, the total financing mobilised through HSS grants/Gavi is US\$ 2,483,703.13

The last disbursement by Gavi to the special grant account occurred in 2018 in the amount of US\$ 1,084,583.84.

It must be noted that in 2017, US\$ 461,087.65 was transferred directly from the Gavi Fund to UNICEF for the procurement of equipment, including vehicles, as specified in the Annual Activities Plan of the Health System Strengthening Project in São Tomé and Príncipe. This amount was considered to be an integral part of the financial resources mobilised in the context of the HSS/GAVI-STP project.

For 2019, no funds have yet been disbursed for implementation of the planned activities.

The 2019 PAT is budgeted at **US\$ 1,058,853.00**, distributed across the four Objectives, as shown in the table below.

However, performance of the 2019 PAT activities is in progress and they were funded with the remaining funds disbursed in 2018. From this perspective, in 2019 a total of **US\$ 393,396.31** has already been disbursed, corresponding to a rate of **37.15%**.

In the sections below, the distribution of funds applied throughout the quarter are shown by Objective and by PTA activities.

With regards to the disbursement of funds by Objectives, in the quarter in question, Objective 1 accounted for the majority of funds: **US\$ 124,613.94** (corresponding to **11.77%** of the budget), followed by Objective 2 with **US\$ 115,313.43** (corresponding to **10.89%** of the budget)

Objectives 3 and 4 accounted for only **US\$ 15,003.37 (1.42%)** and **US\$ 5,849.88 (0.55%)** respectively.

Plano transição/RSS integrado 2019 detalhado São Tome e Principe					
Objective number	Descrição	Valor Orçamentado	Realização 2º Trimestre 2019		S 30/
			Valor	Taxa	
1	1. Coordenação e planejamento das atividades do PAV dentro da implementação do PNDS	613 960,00	124 613,94	11,77%	
2	2. Oferta das Vaccinas	211 100,00	115 313,43	10,89%	
3	3. Comunicação e mobilização social	119 800,00	15 003,37	1,42%	
4	4. Sistema de informação de saúde (SIS)	113 993,00	5 849,88	0,55%	
TOTAL		1 058 853,00	260 780,62	24,63%	

Comprehensive integrated Transition Plan/HSS, 2019, Sao Tome & Principe					
Objective No.	Description	Budget amt.	Disbursed – Q2 2019 Amount	Rate	Balan 30 Jun
1	1. Coordination and planning of EPI activities within implementation of the NHDP				
2	2. Supply of vaccines				
3	3. Communication and social mobilisation				
4	4. Health information system				
TOTAL					

5.4. Transition plan monitoring (applicable if country is in accelerated transition phase)

The 2018 HSS grant enabled several projects, in particular:

- Structural organisation of the DAF and the Ministry of Health;
- Greater coordination in the control of assets;
- Strengthening of DAF, for better NHS management;
- Implementation of the SIS via the installation, adjustment of parameters and modelling for DHIS2;
- Strengthening of vehicle inventory for the immunisation system;
- Training of technicians (EPI, SIS, DAF, CNE and Epidemiological Monitoring);
- Agreement with NGOs (Marapa and Red Cross);
- Internal training on the TomPro accounting software.

Despite all this, implementation of the transition has galvanised an entire process related to effective strengthening of the health system and the training of executives from the Ministry of Health, who have taken several trainings, creating additional value for the system as such, in order to rehabilitate the ministry headquarters building. The aim of the rehabilitation is to: bring together services that are currently widely dispersed, which makes coordination of work within the Ministry of Health difficult; the creation of the GTCV; involvement of social and political stakeholders in health-related activity; the preparation of several documents including the HR strategic plan, the HR policy and the DAF Administrative and Financial Procedures Manual; ongoing training in TomPro; and the installation of the DHIS2, etc.

In terms of reform of the ICC in the context of its internal regulation, the ICC and CCM were merged and the new CCM is the driving entity for EPI activities. Thus, with regards to the introduction of the VII Immunisation Initiative, the overall objective will be to launch the procurement process for medications and immunisation as of 2019; to this end, there was progress on signing the memorandum and guaranty letter by the Minister of Health and the Minister of Finance in order to undertake Process VII.

At the Process VII level, a team is awaiting the decision of the Office of the Minister of Health to update this same team, given that there were elements that have not been a part of the management of the Ministry of Health. Additionally, it is important to stress that an initial purchase has already been made with funds made available through UNICEF.

Human resources were identified as one of the priority areas for the transition plan. Priority areas were identified that were related to project management, budgeting, planning, follow-up and assessment, health financing, data analysis, and the supply chain. More recently, the need to train professionals in health statistics and epidemiological monitoring was stressed. A significant investment was made with the HSS grant in the transition plan; however, there is a need to focus more resources on the specific and priority areas of training human resources.

5.5. Technical Assistance (TA) (progress on ongoing TCA plan)

- WHO and UNICEF continued to provide TA to the EPI through their cooperation with the Ministry of Health and funding supplied by Gavi.
- With regards to WHO, the primary TA missions undertaken since early 2018 relate to:
 - - Gavi/country assessment
 - - Vaccine coverage survey
 - - Training of HPV service providers and trainers
 - - Pre-introduction assessment of the HPV vaccine
- Regarding UNICEF, support since early 2016 has focused primarily on:
 - - Support for maintaining cold chain equipment, including vehicles (in all health units involved in immunisation in the seven districts in the country);
 - - Performance of a study regarding the condition of children not affected by the EPI
- AFAP started to serve in a technical assistance capacity in financial management and procurement and launched financial training activities. It is essential that the Technical Assistant for planning budgeted for the EPI be recruited very quickly, especially given the transition.

6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Current status
1 - Reverse the low vaccine coverage trend <ul style="list-style-type: none"> - improve information provided to mothers; - review content of communications; - contract CSO; - improve coordination of sessions; 	Contracts were signed with NGOs (Marapa, Red Cross and ASPF) and only Marapa and the Red Cross conducted activities in the field. With NGO activities, in particular by Marapa, conducted in coastal zones, there was an increase in information provided to mothers.

<ul style="list-style-type: none"> - reflect on the implementation of an electronic register. 	<p>Improve measles coverage in low performing districts.</p>
<p>2 - Make HIS activities more flexible and implement DHIS2 with all partners</p> <ul style="list-style-type: none"> - Operate the pilot team NHDP/MS/WHO/UNICEF/HSS. - Organise an indicators workshop (five SR tables, three diseases and immunisation + logistics), - Include HSS activities in existing itineraries (training, software) - Establish follow-up for adverse immunisation effects 	<p>With the support of the NHDP/FG, a consultant was recruited to determine parameters and install and set up DHIS2 modules. During these sessions, several workshops were conducted on parameter-setting and determination of indicators. Contribution to training and formation of technicians for development of the DHIS2 at the national and international levels.</p>
<p>3 - Improve performance of the epidemiological monitoring system:</p> <ul style="list-style-type: none"> - Update the guide (VIDR) - Verify measles elimination plan status - Strengthen laboratory and obtain certification - Invest in active monitoring 	<p>There was an initial workshop where several recommendations were presented.</p> <p>The laboratory accreditation process is in progress. A consultation took place to assess the laboratory and a laboratory was selected.</p> <p>The VIDR guide is planned for late September 2019.</p>
<p>4 - Continue the financial management training process for the Ministry of Health and improve follow-up on HSS implementation with AFAP support</p> <ul style="list-style-type: none"> - prepare a TomPro basic training plan - prepare financial reports on a quarterly basis and comment 	<p>Training has been conducted internally for technicians (CNE, DAF, EPI). Two modules have yet to be completed.</p> <p>TomPro is installed and settings adjusted for DAF. Quarterly reports were prepared.</p>
<p>5 - Make the NHDP operational: NHDP mid-point review</p> <ul style="list-style-type: none"> - Decide on governance (CCSS?) and HSS/GabPlan direction?; - Work plan + annual budget (OneHealth) including the HSS Gavi plan within it; - Institutionalise the "Health Accounts" functional group; - Immunisation law, follow-up on the Addis statement; - Preparation of the business plan and annual plans; - 2018/2019 national health account; - Promote the planning process at the central level and the district level (GAB. PLAN); - Prepare a NHDP S&E Plan. 	<p>Re-establish the CCM by merging the CCM and the ICC.</p> <p>Support the conclusions of the 2014/2015 and 2016/2017 health accounts</p> <p>Re-budget the NHDP with assistance from One Health, co-funded by WHO</p>
<p>6 - Finalise the human resources development plan and continue to invest in training health care personnel with support from various partners (Univ. Brazil, etc):</p> <ul style="list-style-type: none"> ✓ Health Statistics ✓ health economy (national accounts team) 	<p>Support the conclusion of the 2014/2015 and 2016/2017 health accounts</p> <p>Human resources development plan prepared and submitted for CCM review.</p>

7- Coordinate partner support (Gavi, FG, WHO, UNICEF, UNDP, FNUAP, etc) in the following areas: <ul style="list-style-type: none"> ✓ Implementation of DHIS2 ✓ Vehicle maintenance plan ✓ Definition of the Community Health Workers package ✓ Training of healthcare personnel ✓ Preparation of the workshop for the group of community agents to define the unique incentives package 	Prepared several trainings at the DHIS2 level nationally and internationally. Vehicle maintenance plan and Community Health Worker package to be developed, the latter awaiting the workshop for determination of the minimum health package.
8 - Continue training in quantification of vaccines and the required annual budget <ul style="list-style-type: none"> - complete the VII process - train the Douala team - use the LNCT - connection with FNM 	Process VII was completed and is in progress (first purchase of vaccines and supplies) Two persons were trained in the TomPro environment in Douala. Country team plus an HSS element participated.
9 - Prepare the application for support for HPV introduction (Jan 2019?)	The application was made for submission of the process this year.
10 - Develop dialogue and exchange of experience with countries in transition as follow-up from the Hanoi workshop (advocacy with the Min. of Finance, information on prices, training, etc).	The workshop was conducted, with attendance of Ministry of Health personnel. A meeting was held with the Minister for advocacy along with the Minister of Finance to increase funding for vaccines.
Other important recommendations from the CCM (as applicable)	Current status
N/A	

7. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

Overview of key activities planned for the next year and requested modifications to Gavi support: <p>Support from UNICEF and WHO PATH (HPV) TA Christian Human Resources TA for planning TA for pharmacovigilance TA for integrated supervision TA for continuation to set parameters and develop modules for DHIS2 TA for the NHDP mid-point review</p>
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This table draws from the previous JA sections, summarizing key findings and agreed actions, as well as indicating required resources and support, such as associated needs for technical assistance.⁷

Key finding / Action 1	Strengthen EPI team capacities
Current response	
Agreed country actions	<ul style="list-style-type: none"> Develop a programme to train professionals related to immunisation activities with the objective of maintaining vaccine coverage; Strengthen the communications team for immunisation actions.
Expected outputs / results	
Associated timeline	
Required resources / support and TA	
Key finding / Action 2	Maintain vaccine coverage
Current response	
Agreed country actions	<ul style="list-style-type: none"> Renovation of the EPI building and three health outposts (diogo Vaz, Uba budo-Roça and Milagrosa); Purchase solar refrigerators for the EPI national level; Preparation of submission of the RR campaign; Prepare the annual data quality workshop.
Expected outputs / results	
Associated timeline	Renovation of the EPI building will start in October 2019. Process of purchasing and installation of solar panels for the national EPI and maternity hospitals began in 2019.
Required resources / support and TA	Need to reallocate 2019 HSS resources for cold chain procurement.
Key finding / Action 3	Strengthen NHS strategic policies
Current response	
Agreed country actions	<ul style="list-style-type: none"> Harmonise the vaccine and medication quantification process; Prepare the procedures manual for procurement of medications, vaccines and supplies; Assess and revise the NHDP at its mid-point; Completion of the NHDP Procedures Manual and development of accounting management capacity at the DAF level; Continue to support implementation of the pharmaceutical policy;

⁷ The needs indicated in the JA will inform the TCA planning. However, when specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. TA needs should, however, describe – to the extent known to date – the type of TA required (staff, consultants, training, etc), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc), and any timeframes/deadlines. The TA menu of support is available as a reference guide.

	<ul style="list-style-type: none"> • Definition and harmonisation of work and incentives packages for Community Health Workers; • Strengthen and train the operational planning and budgeting technical group of the EPI and the NHDP; • Preparation of the business plan and annual plans; • 2018/2019 National Health Account; • Promote the planning process at the central level and the district level; • Develop the process of the strategic policy for funding health and universal health coverage
Expected outputs / results	
Associated timeline	<p>Mid-point assessment of the NHDP will take place in 2020.</p> <p>The vaccine, medication and supply quantification committee will be created in October 2019.</p> <p>The vaccine procurement procedures manual will start in November 2019 and continue in 2020.</p> <p>Workshop to define Community Health Worker incentives will take place in Q4 2019.</p>
Required resources / support and TA	
Key finding / Action 4	Finalise parameters for DHIS2 for immunisation and oversight and analysis of data to improve service delivery
Current response	
Agreed country actions	<ul style="list-style-type: none"> • Prepare the annual data quality workshop; • Train technicians for EPI data entry; • Establish follow-up for adverse immunisation effects.
Expected outputs / results	
Associated timeline	<p>Data quality workshop: October 2019</p> <p>Follow-up of adverse effects: October 2019</p>
Required resources / support and TA	Support from WHO, TA from Cristiana for the use and analysis of data (trainings)
Key finding / Action 5	Prepare the integrated oversight, immunisation, laboratory and SIS supervision guide
Current response	
Agreed country actions	<ul style="list-style-type: none"> • Prepare the integrated oversight, immunisation, laboratory and SIS supervision guide; • Implementation of active monitoring; • Development of pharmacovigilance sheets; • Conduct integrated formative supervision actions (decentralised monitoring).
Expected outputs / results	
Associated timeline	<p>Pharmacovigilance sheets: October 2019</p> <p>Reactivation of Mores: September/October</p>

Required resources / support and TA	UNICEF for decentralised monitoring; WHO for supervision and support for the oversight laboratory.
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Based on the above action plan, please outline any specific technology or innovation demand that can be fulfilled by private sector entities or new innovative entrepreneurs.

The individual registry specified in funding from the United Nations

8. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

- The joint assessment took place from 2 to 5 September 2019, with extensive participation by personnel from the Ministry of Health, WHO, UNICEF, UNDP and NGOs. A total of 33 persons participated in the work.
- The prioritisation of activities was conducted by the entire group and this facilitated the integration of activities corresponding to the HSS/transition plan and those brought by the EPI team. The joint assessment facilitated dialogue between various teams from the Ministry of Health.
- During the Joint Appraisal, a specialist contracted by Gavi participated to help the Ministry of Health to assess human resource needs.
- The CCM should meet after completion of the joint assessment report, to validate it in September.

SUMMARY OF JOINT APPRAISAL FINDINGS

1. Strengthen EPI team capacities

- Develop a programme to train professionals related to immunisation activities with the objective of maintaining vaccine coverage;
- Strengthen the communications team for immunisation actions.

2. Maintain high vaccine coverage

- Renovation of the EPI building and three health outposts (diogo Vaz, Uba budo-Roça and Milagrosa);
- Purchase solar refrigerators for the EPI national level;
- Preparation of submission of the RR campaign.

3. Strengthen NHS strategic policies

- Harmonise the vaccine and medication quantification process;
- Prepare the procedures manual for procurement of medications, vaccines and supplies;
- Assess and revise the NHDP at its mid-point;
- Completion of the NHDP Procedures Manual and development of accounting management capacity at the DAF level.
- Continue to support implementation of the pharmaceutical policy;
- Definition and harmonisation of work and incentives packages for Community Health Workers;
- Strengthen and train the operational planning and budgeting technical group of the EPI and the NHDP;
- Preparation of the business plan and annual plans;
- 2018/2019 National Health Account;

- Promote the planning process at the central level and the district level;
- Develop the process of the strategic policy for funding health and universal health coverage.

4. Complete the DHIS2 parameters for immunisation and oversight

- Prepare the annual data quality workshop
- Train technicians for EPI data entry
- Establish follow-up for adverse immunisation effects

5. Prepare the integrated oversight, immunisation, laboratory and SIS supervision guide

- Implementation of active monitoring;
- Development of pharmacovigilance sheets;
- Conducting of integrated formative supervision actions (decentralised monitoring);

9. ANNEX: Compliance with Gavi reporting requirements

Please confirm the status of reporting to Gavi, indicating whether the following reports have been uploaded onto the Country Portal. **It is important to note that in the case that key reporting requirements (marked with *) are not complied with, Gavi support will not be reviewed for renewal.**

	Yes	No	Not applicable
End of year stock level report (due 31 March) *		X	
Grant Performance Framework (GPF) * reporting against all due indicators	X		
Financial Reports *		X	
Periodic financial reports		X	
Annual financial statement		X	
Annual financial audit report		X	
Campaign reports *	X		
Supplementary Immunisation Activity technical report	X		
Campaign coverage survey report	X		
Immunisation financing and expenditure information	X		
Data quality and survey reporting	X		
Annual data quality desk review	X		
Data improvement plan (DIP)	X		
Progress report on data improvement plan implementation		X	
In-depth data assessment (conducted in the last five years)	X		
Nationally representative coverage survey (conducted in the last five years)	X		
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	X		
CCEOP: updated CCE inventory			X
Post Introduction Evaluation (PIE) (specify vaccines):	X		
Measles & rubella situation analysis and 5-year plan		X	
Operational plan for the immunisation programme	X		
HSS end of grant evaluation report			X
HPV demonstration programme evaluations	X		
Coverage Survey	X		
Costing analysis	X		
Adolescent Health Assessment report	X		
Reporting by partners on TCA and PEF functions			

In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document/information will be provided.

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