

September 2003



Progress Report

to the

Global Alliance for Vaccines and Immunization (GAVI)

and

The Vaccine Fund

by the Government of

COUNTRY:

GUYANA

Date of submission: 26th September 2003

Reporting period: January-December 2002 (*Information provided in this report **MUST** refer to the previous calendar year*)

(*Tick only one*) :

- | | |
|-------------------------------|-------------------------------------|
| Inception report | <input type="checkbox"/> |
| First annual progress report | <input type="checkbox"/> |
| Second annual progress report | <input checked="" type="checkbox"/> |
| Third annual progress report | <input type="checkbox"/> |
| Fourth annual progress report | <input type="checkbox"/> |
| Fifth annual progress report | <input type="checkbox"/> |

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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.

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).

Interagency Coordination meetings were convened at the Ministry of Health. The support of GAVI was discussed as an agenda item. The request to procure cold chain equipment was prepared by the EPI Officer and sent to the PAHO/WHO office, for its Washington office to procure the items (vaccine carriers, cold boxes and refrigerators). PAHO/WHO serves as the coordinating body for GAVI aspects of the programme. The request was made in December 2002. So far, some of the equipment has been received. Delays were due to the need for clarification and verification of the specification of items, which has been completed. Shipping details of expected items is now pending.

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

Remaining funds (carry over) from the previous year _____

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	
Total Project funds (a)	\$1,089,461 *			
Total Expenditure in 2001 (b)	\$186,152.50			
Total Expenditure in 2002 (c)				
Vaccines	\$ 226,845.48 *			
Injection supplies	\$ 14,565.5 *			
Personnel	0			
Transportation	0			
Maintenance and overheads	0			
Training	0			
IEC / social mobilization	0			
Outreach	0			
Supervision	0			
Monitoring and evaluation	0			
Epidemiological surveillance	0			
Vehicles	0			
Cold chain equipment **	\$ 65,901.24			
Solar system assessment**	\$ 9,200			
FSP preparation **	\$ 2,357			
Total in 2002 (c)	\$ 318,869.22			
Remaining funds for next year. (a)-(b+c)	\$584,439.3			

**As reported by PAHO/Revolving Funds-see attached- Appendix I, ** see table 1.2.3*

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

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

An assessment of the solar powered cold chain equipment was undertaken. This assessment was conducted on the system located in the coastal and hinterland areas of Guyana. Recommendations were made for improvement. An evaluation of the national cold storage was also undertaken. In addition, there were mini-campaigns conducted during the first half of the year January –April 2003, to boost low coverage areas.

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 DOA was discussed and endorsed by the ICC.

→ *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.

GAVI provided 60,000 doses of Pentavalent vaccines to the Ministry of Health during 2002

28th February 2003-10,000 doses

26th August 2003-30,000 doses

13th September 2003-20,000 doses

The Ministry of Health had to stagger vaccine arrival for the optimum use of cold chain.

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.

A cold room consultant from PAHO/WHO visited Guyana in the first half of the year to assess the central cold storage.. He reviewed the existing cold storage facilities at the Ministry of Health and the possibility of constructing a National Cold storage unit at the Government Central Pharmacy Stores. He met with representatives from the Ministry of Health including the EPI Officer and finance personnel. He also met with an engineering consultant and reviewed the possible site of such a store. A proposal was made for the total cost to be approximately, \$275,000 US dollars. This cost is being mobilised from government and other donors.

A sub committee has been formed to monitor the progress of the cold room construction and the solar refrigerator system rehabilitation at the Ministry of Health.

A preliminary assessment and inventory of cold chain facilities were done in each region to identify needs.

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

CATEGORY	Number Requested	Completed	Not completed	Estimated Cost- US D
COLD CHAIN EQUIPMENT				
Refrigerators-electrical , 110 volts (2002)	5	Yes		2,708.66
Vaccine carrier, Gio Style - (2002)	56	Yes		2,876.94
Dual refrigerators	12	Awaiting shipping details.		15,347.33
Kerosene and electric(2002)	26	Awaiting shipping details.		28,736.59
Gas and electric	13		Request sent to WDC, Clarifications of specifications of items was done .Awaiting Performa invoices	
Vaccine Cold Box (Igloos) (2002)	56	Awaiting shipping details.		2,999.25
Large vaccine carriers- 22.8 litres	10	Awaiting shipping details.		13,232.47
Electrical refrigerators] (2002) (240 volts/ 60 HZ)				65,901.24
Total				9,200
SOLAR ASSESSMENT				
Conducted an assessment of solar equipment in regions by consultant (2002)		Assessments conducted in Regions. Sub committee formed to identify priorities		2,357
FSP preparation				
Consultant contracted for initial FSP (2002)		Consultant was contracted		77,458.24
Total				

Updated GAVI/Support for 2003 is provided in the appendix 11

1.3 Injection Safety

1.3.1 Receipt of injection safety support

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

For the year 2002,

The following was received

28th February 2002 - 113,400 syringes received (½ cc plastic syringes with disposable needles).

15th April 2002-57,000 syringes received (1 cc plastic syringes with disposable needles). The government is pursuing discussions with the World Bank on such issues as safe disposal of biological waste from Health facilities.

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/VPF support.

Indicators	Targets	Achievements	Constraints	Updated targets
Percentage of health facilities who have implemented safe disposal for syringes and needles	To have at least 70 % of health facilities implemented safe disposal of needles and syringes and needles.	About 70% of the coastland facilities have small burning chambers(incinerators) for the disposal of needles and syringes.	Special attention has to address the needs and facilities where disposal requires new financial outlays for vaccination.	To have at least 80% of the coastland areas implemented safe disposal of needles and syringes

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:

Not applicable

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.gaviff.org> under FSP guidelines and annexes).

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

Currently, the Financial Sustainability Plan for Immunization is being amended based on recommendations made on the previous submission in November 2002. A national task force have been selected which includes representatives from the Ministry of Health and Finance, PAHO/WHO and UNICEF. A draft of the document has been prepared. It was discussed with members of the ICC and also the Ministry of Finance, Office of the President and other officials of the Ministry of Health. The Office of the President made a commitment to fund the Immunization Programme after the GAVI support has been completed.

3. Request for new and under-used vaccines for year (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.

	Baseline and targets (actual)			Proposed targets and estimated population					
	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of									
DENOMINATORS									
Births (Live)	18,550	18,289	18,199	18,346	18,346	18,346	18,346	18,346	18,346
Infants' deaths	410	328	344	360	360	360	360	360	360
Surviving infants	18,149	17,961	17,855	17,988	17,988	17,988	17,988	17,988	17,988
Infants vaccinated with DTP3*/Pentavalent vaccine									
Number of Infants vaccinated with DTP3/pentavalent	15,750	15,199	16,271	16,548	16,728	16,728	17,086	17,086	17,086
NEW VACCINES									
Infants vaccinated with DPT3/ pentavalent vaccine (Percentage %)	88	85	91	92	93	93	95	95	95
INJECTION SAFETY									
Pregnant women vaccinated with TT /DT (in Guyana DT used)	81 %	83 %	87 %	90	90	90	92	94	95
Infants vaccinated with BCG	93 %	95 %	91 %	95	95	95	95	98	98
Infants vaccinated with Measles (in Guyana MMR used)	93 %	93 %	93%	95	95	95	95	98	98

(**Estimated targets calculated based on average for the first three years, complete information not available from Bureau of Statistics presently)

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

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 figures displayed for 2000- 2002 are actual data of the programme. Based on past trends, there is a downward trend in the target population and this is consistent with was reported 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.

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

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

NOT APPLICABLE

Table 3: Estimated number of doses of ... pentavalent ... 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	17,988
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	80
C	Number of doses per child	3
D	Number of doses	$A \times B / 100 \times C$ 43,171.2
E	Estimated wastage factor	(see list in table 3) 0
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$ 43,171.2
G	Vaccines buffer stock	$F \times 0.25$ 10,792.8
H	Anticipated vaccines in stock at start of year	15,000
I	Total vaccine doses requested	$F + G - H$ 38,964
J	Number of doses per vial	1 dose
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$ 43,250.04
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$ 43,250.04
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$ 960.15

Remarks

- ③ **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
- ③ **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.
- ③ **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.
- ③ **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.
- ③ **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.
- ③ **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- ③ **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) NOT APPLICABLE

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

Table 4: Estimated supplies for safety of vaccination for the next two years with (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year	For year
A	Target of children for vaccination (for TT : target of pregnant women) ¹	#		
B	Number of doses per child (for TT woman)	#		
C	Number of doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock ²	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor ⁴	Either 2 or 1.6		
I	Number of reconstitution ³ syringes (+10% wastage)	C x H x 1.11 / G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100		

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 ...	For the year ...	Justification of changes from originally approved supply:
Total AD syringes	for BCG			
	for other vaccines			
Total of reconstitution syringes				
Total of safety boxes				

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

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 Only for lyophilized vaccines. Write zero for other vaccines
⁴ 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. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/IF support-

Indicators	Targets	Achievements	Constraints	Updated targets
a) The percentage of children by the age of one year who have receive one dose of BCG and three doses of OPV and pentavalent vaccines	BCG-95 % OPV-90 % Pentavalent -90%	For 2002, BCG immunization coverage was 91%, OPV 90 % and Pentavalent 91%.	Although the national coverage is high, inequities exist in the regional coverage especially in hinterland areas. Coastland areas represent over 80% of the population.	To have at least 95% coverage in BCG and for the rest of antigens 93%.
b) Percentage of children at 12 months who are vaccinated against MMR/Yellow Fever.	MMR and Yellow Fever - 90%	For 2002, MMR was 93% and 92 %.	Same as above	To have at least 95% coverage in MMR and Yellow Fever.
c) Zero prevalence of vaccine preventable diseases.	Zero cases of vaccine preventable diseases	No cases of polio, tetanus, diphtheria, measles or yellow fever	There were two laboratory confirmed cases of whooping cough in a remote village in Hinterland area-Region 9 which is in very close proximity to the Brazil border. Access to some of the hinterland areas is extremely difficult during the rainy season.	No case of vaccine preventable disease reported.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	September 26 th , 2003	
Reporting Period (consistent with previous calendar year)	Jan-December 2002	
Table 1 filled-in	Yes	
DQA reported on	Not done	
Reported on use of 100,000 US\$	Yes	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	Yes	
Table 2 filled-in	Yes	
New Vaccine Request completed for 2004	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:

We, the members of the ICC support the Immunization programme in Guyana and will strive to give technical and financial support so that the goals and objectives could be realised.

6. Signatures

For the Government of GUYANA


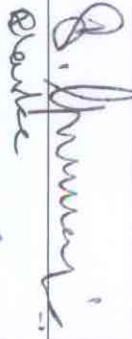
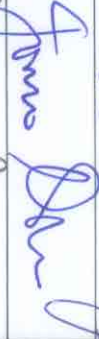





Signature: 

Title: *Minister of Health*

Date: *13th September 2003*

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 according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
Dr Rudolph Cummings	Chief Medical Officer Ministry Of Health	<i>13/9/03</i>		Dr Sreelaskmi Gururaja	Assistant Representative, UNICEF	<i>13/9/03</i>	
Dr Jomo Osborne	Maternal and Child Health Officer, EPI Manager (acting)	<i>13/9/03</i>		Ms Adele Clarke	Ministry of Finance	<i>13/9/03</i>	
Mr Aubrey Williams	Planning Department Ministry Of Health	<i>13/9/03</i>		Mr Murray Kam	CIDA	<i>13/9/03</i>	
Dr Bernadette Theodore-Gandi	PAHO/WHO Representative, Guyana	<i>13/9/03</i>		Mr Fritz Mc Lean	Rotary International	<i>13/9/03</i>	

Appendix 1

**SUMMARY OF PAHOWHO REVOLVING FUND GAVI ACCOUNT INFORMATION
FOR GUYANA VERSUS GAVI SECRETARIAT ACCOUNT INFORMATION**

GAVI Secretariat (reflects year AND amount of funds released)	2001	2002	2003 Year to Date	2004	2005	2006	Total
Vaccines without freight	283,224	130,000	112,011	214,988	214,988	-	955,211
Supplies	12,370	4,944	3,602	6,667	6,667	-	34,250
Injection Safety material							
Shares							
Other Support		100,000					100,000
<i>Grand Total</i>	<i>295,594</i>	<i>234,944</i>	<i>115,613</i>	<i>221,655</i>	<i>221,655</i>	<i>-</i>	<i>1,089,461</i>
PAHO Revolving Fund Account Information (reflects year vaccines received by country and invoice cost)	2001	2002	2003 Year To Date	2004	2005	2006	Total
Vaccines (with freight)	297,763.50		-	-	-	-	-
GAVI-funded	186,152.50	226,845.48	38,824.24				451,822.22
MoH-funded	111,611.50	0	0				111,611.50
Doses of Pentavalent received	80,000 (50K GAVI and 30K MoH)	60,000	10,000				
Injection Supplies (GAVI)	NONE	14,565.5 (AD syringes)	12,854.35	-	-	-	27,419.85
Other Support	-	100,000					100,000
<i>Grand GAVI Total</i>	<i>186,152.50</i>	<i>341,410.98</i>	<i>51,678.59</i>				<i>579,242.07</i>
<i>Grand Total</i>	<i>304,344.26</i>	<i>341,410.98</i>	<i>51,678.59</i>				

Appendix 11

Use of GAVI/ Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine in 2003

CATEGORY	Number Requested	Completed	Not completed	Estimated Cost- US D
COLD CHAIN EQUIPMENT				
Vertical hanging thermometer (2003)	500	Yes		1,346.35
Alcohol stem Thermometer (2003)	100	Yes		352.96
Bimetal Vaccine Thermometer (2003)	100	Yes		516.11
GAVI/Survey to Region 1 by MOH, PAHO and MOF personnel, (2003)		GAVI FSP survey conducted		1,543.24
GAVI/Survey to Region 7 an 8 by MOH, PAHO and MOF personnel I (2003)		GAVI FSP survey conducted		
GAVI/Survey to Region 9 by MOH, PAHO and MOF personnel (2003)		GAVI FSP survey conducted		
Total				3,758.66

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

- ③ Review minutes of the last ICC Meeting
- ③ Review the coverage of immunization for 2001
- ③ Plan of Action for 2002
- ③ 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;

ξ Biologicals 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.

ξ 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

**MINUTES OF THE
INTER-AGENCY COORDINATING COMMITTEE (ICC) MEETING
AUGUST 23, 2002
CHIEF MEDICAL OFFICER'S OFFICE**

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
☞ Lloyd 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
3. Review of Annual Report for GAVI 2001
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