Ghana
Internal Appraisal 2014

1. Brief Description of Process

The first draft of the internal appraisal was prepared by an external consultant. The consultant, following discussions with the Senior Country Manager (SCM) reviewed the APR and supporting documents submitted by the country. The draft was reviewed by SCM and initial comments provided to the consultant. Following which the consultant revised the draft. This was then circulated by the SCM to the internal appraisal group and partners at HQ and regional levels. The comments received were addressed by SCM and final draft was circulated to internal appraisal group. The appraisal was finalized by the SCM and submitted to the GAMR team.

The country is requesting extension of new vaccine support till 2017.

2. Achievements and Constraints

According to the APR, Ghana has made strides towards achieving their coverage targets, the coverage of all antigens remains high and there is no discrepancy with the WUNEIC data.

	BCG	OPV3	PENTA3	YF	PCV3	ROTA (LAST)	MSD
JRF 2013	98	91	90	89	89	87	54
WUENIC 2013	98	91	90	87	89	87	54

No issues were found with the number of births as this was consistent across documents. However, the 2014 targets for the third dose of DTP-HepB-Hib and Pneumococcal (PCV13) and the 2nd dose of Rotavirus have been changed from 994,945 (96%) to 974217 (94%). The change was done to align the 2013 APR with the target provided in the GAVI HSS Proposal.

During the 2013 period, Ghana achieved a number of successes such as there was no recorded death from measles during this period, the country has not reported a wild polio virus case since November 2008, Ghana achieved non-polio AFP rate of 2.8 per 100,000, have eliminated neonatal tetanus (2011), no vaccine supply interruptions were reported during 2013, the 3rd dose of DPT-HepB-Hib has steadily increased and according to the APR, 3,599 additional children were reached in 2013.

There have also been a number of challenges such as the stagnant immunisation coverage, population data is a challenge, uncertain denominator affecting target setting, inadequate trained staff for immunisation activities, inadequate funds for immunization activities at all levels, inadequate cold chain equipment at the national, sub-district and Community based health planning & services (CHPS) levels together with high maintenance costs of cold chain equipment, weak community linkages, hard to reach areas and inadequate transport condition and provision and high number of unimmunised children in urban areas. Some of these challenges have been addressed by collaboration and expansion with health institutions, undertaking quarterly performance reviews, performance monitoring, training and orientation on data management and document and implementation of planned preventive maintenance among others.

Targets (100% coverage) for antigens were not achieved because of issues with the denominator. Some districts have poor documentation/tallying and recording, and low card retention. The newly created districts are inexperienced in program management and have inadequate funds for operations especially at the peripheral level.

3. Governance

Ghana submitted two sets of meetings from the ICC. The first one dated 5th May 2014 showed a number of discussion points including the GAVI HSS proposal update, the HSS and ISS annual progress reports, the introduction of inactivated polio vaccine (IPV), GAVI Human Papilloma Vaccine Demonstration (HPV) project, EPI programme of work 2014 and EPI performance (January-March 2014). An end of HSS grant evaluation was discussed to determine impact on the EPI programme. Further the ICC endorsed the request for an extension of PCV13, Rota and Measles second dose until 2017. Section 7.8 request extension of these three vaccines until 2019.

Minutes dated 3rd May 2013 discussed among other things the discrepancy in performance of new vaccines, specifically of the rotavirus vaccine against Pentavalent from May to December 2012. There were 20 districts with the highest disparities which the programme monitors and the January to March 2013 data showed that gaps were gradually closing. Gaps were attributed to data errors and lack of data validation. The APR reported that the ICC met 3 times per year and the August 2013 meeting discussed the new HSS proposal and the PIE findings.

4. Programme Management

Ghana has a large portfolio of vaccines supported by GAVI such as DTP-HepB-Hib & yellow fever active until 2015, measles second dose, PCV 13, rota virus vaccine active until 2014 and they are seeking extension until 2017. They have submitted a revised cMYP for the period 2015-19.

Pneumococcal, Rotavirus and Yellow Fever vaccines were received during 2013 in the quantities agreed in the 2013 decision letters. The measles vaccine amount was postponed on its entirety to 2014. The country requested UNICEF to convert the measles vaccine into MR having the country pay the difference but the arrangement was not agreed by GAVI which delayed the 2013 original supply. For DTP-HepB-Hib only about a third of the stated quantity was received by the end of December 2013, the balance postponed to 2014 to avoid overstocking. During this period the country reports a continuous supply.

Ghana counts with an integrated M&E framework disseminated at all levels. With various bodies aimed at guiding, coordinating and monitoring health system activities such as the inter-agency leadership committee deliberates on health policies, the sector working groups (SWG) addresses cross cutting sectoral issues and the health summits or sector reviews aim to discuss annual performance among others.

5. Programme Delivery

Ghana introduced Pneumococcal PCV13 and rotavirus vaccine into the routine immunisation system in 2012. An additional dose of measles (measles second dose MSD) was also introduced in 2012 and undertook a post introduction evaluation (PIE) during 2013. Recommendations included making all vaccine introduction training materials available and updated versions of the EPI data capturing tools at all levels. Written feedback should be sent to lower levels after monitoring and supervision and vaccine wastage should be tracked and reported monthly. All pits and incinerators should have fences and repair and or replace cold chain equipment. During the August 2013 ICC meeting it was suggested the use of the PIE as the basis for the new HSS proposal. Many of these issues have been addressed in the HSS proposal approved in Feb 2014. Penta1 target showed 100% achievement in 2013. Dropout planned in 2013 was 0% and actual was 4%. Wastage of the 10ds vial planned was 10% and reported was 6% (versus benchmark of 15%).
The last EVM was conducted in September 2010. Ghana reports a 95% completion of the EVM improvement plan. At the end of 2013 all 10 regions had fully installed walk-in-cold rooms to increase cold chain capacity. Specific facilities for the Ashanti region have been built to accommodate the OPV vaccine. Data loggers were procured through UNICEF though they are yet to be installed. The next EVM assessment is planned for October 2014.

6. Data Quality

EPI Coverage Surveys were conducted in the 1st Quarters of 2012 and 2013 to identify strengths for replication and weaknesses that have to be addressed in subsequent years. The results are also used to validate the administrative data. Coverage results of the 2013 National EPI Coverage Survey differed from the administrative data. Whereas the coverage survey results showed very high coverage for all antigens (BCG; 100%, DTP-HepBHib-1/OPV-1; 100%, Measles; 92.5% etc.), the administrative coverage were averagely about 90%. This is partly due to the estimated denominator and data management problems. There was however no discrepancy between Ghana's data and the WHO/UNICEF Estimate of National Coverage data for 2013. The APR makes reference to lack of achievement for all targets and antigens because of issues with the denominator which is creating uncertainty about indicator measurement in some districts. New districts are inexperienced in reporting new vaccine information and the low card retention for pregnant women and failure to tally the appropriate status of pregnant women are hampering the MOH's ability to collect quality data.

To improve data systems Ghana is currently conducting EPI coverage surveys to assess immunisation performance and validate administrative coverage. The Ghana Health Service has instituted monthly data validation meetings at the national level to reconcile immunization, laboratory and surveillance data. The National EPI Office has instituted monthly feedback of routine immunization data to regions who have instituted monthly data validation with districts. To improve data accuracy and consistency, the Ghana Health Service has deployed a web-based Districts Health Information Management System (DHIMS) where data entry is captured at the district level. Key actors at the regional and national level have access to the database. The Programme still uses an Excel-based District Vaccination Data Management Tool (DVDMT) to analyse data in the DHIMS. As part of the activities for the introduction of pneumococcal and rotavirus vaccines staff at all levels were trained in data management (Tallying, recording, filling and reporting).

7. Global Polio Eradication Initiative, if relevant

The ICC has endorsed the introduction of the Inactivated Polio Vaccine (IPV) into routine immunisation by the end of 2015. The objective of the introduction is to hasten the interruption of all poliovirus transmissions and to help achieve the global polio eradication goals. The country submitted the application to Gavi in September 2014 and if successful an expected introduction of IPV into routine immunisation by August 2015.

8. Health System Strengthening

While there are no further funds to disburse, USD 2,634,756 has been carried forward to 2014. Until the APR submission date an expenditure of USD 844,464 was executed and USD 1.8 million was expected to be spent by the end of July 2014. CSOs are fully engaged in the HSS grant implementation and HSS funds have been utilised to strengthen civil society. The Paediatric Society of Ghana, the Ghana coalition of NGOs in Health, Rotary International, Ghana National Polio Plus Committee, Ghana Registered Midwives Association, Church of Jesus Christ of Latter Day Saints (LDS) were listed as forming part of the ICC membership.

Most activities are reported to be completed in full except for training NGOs, RHMT and DDHS in teambuilding, trained CHOs in the use of mobile phones and undertake operational research and the review and evaluation of the HSS support. The delay has been due to the decentralisation which has affected the sub district certification process. With the HSS grant ending the certification will not be implemented. GHS was unable to carry out operational research however, the integrated monitoring carried out provided some insights into the support to regions and district levels with HSS resources.

Table 9.3. 'Progress on targets achieved' lacks detail. It provides an explanation of the indicator and the baseline and target for 2013 but there is no information as to the achievement (over the years or for 2013). This table would be useful if it were to be completed as requested. HSS activities are based on the bottleneck analysis health planning tool. 3106 people were trained to

identify bottlenecks in immunisation and service delivery and put forward solutions to address the problems. Smart phones are used for data collection and were helpful during the introduction of two new vaccines with GAVI support as a new integrated web based immunisation e-register was developed. The HSS framework (section 9.2 HSS activities for the reporting year), mentions that 'train CHOs in the use of PDA (smart phone) equipment' (activity 3.2) is only completed 60%, the remainder 5 regions are will be trained in 2014. The major cost driver of the 2014 activities is the provision of fuel and stationery to district level (USD 739,444), review and evaluation of HSS support (USD 100,000), operational research (USD 61,184) and USD 45,000 for the customisation and integration of PDA data into DHIMS.

Implementation challenges were in part due to poor coordination and management capacity given that service delivery activities often were not implemented as planned. With planning and management training a coordinated system has been set up and departments provide weekly activity plans discussed on a weekly basis for successful implementation.

9. Use of non-HSS Cash Grants from GAVI

The 2013-2014 demonstration of HPV is taking place two districts in the greater Accra and Northern Regions. However, during the implementation the 2 districts have been divided into a further two districts resulting in the coverage of 4 districts. Thus far, 6,212 girls on class 4 have been targeted and currently the demonstration project is entering the 2nd year of implementation. However inadequate funding for activities such for the post implementation evaluation (PIE), coverage survey, costing analysis and the adolescent health needs assessment were cited.

In 2013 Ghana counted with USD 667,993 ISS funds with an execution of USD 593,051. These are included in the National Health Sector Plans and budgets and prepared and submitted to the ICC for approval. The delays in disbursement of ISS funds affect programme implementation. The country used the ISS funds to undertake the national EPI survey, maintain and procure parts for cold chain equipment, vehicle maintenance, print guidelines for the revised child health record book, procure air conditioners, photocopiers and laptops, monitor and support visits to regions and districts and finalise the EPI annual report for 2012.

The country is not eligible for any cash reward.

10. Financial Management

The External Audit report for HSS grant (2012) found a number of instances in which BMCs utilised the drug fund account for non-drug expenditures such as for running costs, vehicle procurement, salaries etc. In a number of BMCs audited a large number of expired drugs and drug items were found with no action taken for their disposal. Other findings included the payment of unearned salaries (salary payment to people months after being separated, non-compliance with budgetary control procedures, advances to staff not recovered, outstanding health insurance claims, unserviceable vehicles etc.
The exchange rate used to calculate dollars from local currency is significantly different from current and past exchange rates. The local currency has devalued significantly against the dollar in the last year.
The next audit is due in September 2014.

11. NVS Targets

The Penta 3 achievement for 2013 is 90% (against the original approved target of 94%). The target for 2015 is 1,020,391 which is about 4 % higher than the achievement in 2013. This may be a bit optimistic, as the country mentions that it is concerned about stagnating/declining immunization coverage.

PCV achievements are in line with Penta, although slightly lower for both 1st (948, 979 vs. 936,986) and 3rd dose (912,046 vs. 896,929). Similarly, rota achievements are also in line with Penta, but slightly lower than Penta & PCV for both doses (926,217 and 883,335). The dropout &

wastage rates are acceptable for both vaccines. The targets for PCV & rota are in 2015 are in line with Penta.

Immunization Decision support will draft the dose calculations for 2015 for all NVS programs using the approved targets (numbers of infants & wastage). The number of doses to be allocated (and planned for shipment) for 2015 for the pentavalent are based on the approved targets (2015) as well reported opening stocks (Jan 2014), shipment plan (2014) and target closing stocks (2015). For others programmes, a stock analysis is carried out to determine the right level of stock to be deducted from 2015 allocation. Syringes and safety box calculations are derived from dose calculation. All this is done in consultation with the Vaccine programme manager and (if there are any significant changes) the country, and are signed off by the SCM or Head.

12. EPI Financing and Sustainability

The government expenditure on immunization in 2013 was about US$ 4.19 million (this doesn't include certain operational costs like running cost of health centres, salaries of health workers etc.). 77% of this amount was for vaccine procurement (Ghana pays for its traditional vaccines) and co-financing for vaccines supported by Gavi. About US$ 43.5 million was provided by Gavi and US$ 3.12 million by partners.
In 2013 there was a delay in co-payment for PCV and Penta with no satisfactory explanation as to the reasons for the delayed payment. Co-payments for 2015 are proposed to be paid in June 2015 and amount to approximately USD 2.43 million. Ghana has pursued an aggressive coverage policy and currently has support for six vaccines from GAVI. Ghana should be more strategic in their approach and ensure they can meet their financial commitments while requesting extensions or applying for further vaccines.
Ghana expects technical assistance to advocate for funds to support immunisation activities to Government, civil society and the private sector. GAVI financial support is reported on the national health sector budget. Given that Ghana is classified as an intermediate country, sustainability plans should be in place that would reflect co-payments paid on time (and not defaulting in two vaccines) and utilising HSS funds for strategic long lasting investments rather than for paying fuel. There seems that the country has not contemplated an exit strategy from GAVI support.
The country will enter graduation in 2015 and needs to develop financial sustainability plan.

13. Renewal Recommendations

Topic	Recommendation
New Vaccine	DTP-HepB-Hib: 10 dose per vial liquid active until 2015, extension with a revision of quantities depending on stock position in country at end of 2014. Yellow fever: 5 dose per vial lyophilised until 2015. There is currently a global yellow fever vaccine supply shortage, quantities and ds presentation will be determined by availability. Measles: Second dose, 10 dose per vial lyophilised, extension approved PCV: 1 dose per vial liquid until 2017, extension approved Rotavirus: 1 dose per vial oral, extension approved

14. Other Recommended Actions

Topic	Action Point	Responsible	Timeline
Vaccine extension	Since the ICC endorsed the vaccine extension to 2017 and not 2019, the country should submit ICC endorsement for extension till 2019.	MOH EPI	Dec 2014
Co-payment	The country should ensure that appropriate budget allocation is made for co-financing this & coming years.	MOH EPI	ASAP

HSS targets achieved	Complete the progress on targets achieved for the HSS grant during the life of the grant to include achievements not simply the 2013 target and baseline.	MOH EPI	Dec 2014
Financial management	Gavi to scrutinize the financial statements and audit reports submitted by the country and plan for a cash program audit, if needed	Gavi	2015
Financial Sustainability	The country is expected to enter the graduation process in 2015 and needs to start working on a financial sustainability plan	MoH with support from Gavi	2015
New Vaccines	The country is scheduled to submit NVS application to introduce Meningococcal Conjugate A Vaccine in routine EPI together with mini catch up campaigns to reach the unimmunized cohort. The country will need to preparatory plans to meet the application deadlines	MoH with support from GAVI	2016
	The country is planning to submit an NVS application seeking additional support for yellow fever mass preventive campaigns to cover the at risk population not reached during the previous campaigns conducted in 2012	MoH with support from GAVI	2015-16