Joint appraisal report

Country	Guyana
Reporting period	*September 2014 - August 2015*
cMYP period	*2013-2017*
Fiscal period	*1 January to 31 December 2014*
Graduation date	*2017*

1. EXECUTIVE SUMMARY

(MAXIMUM 2 PAGES)

1.1. Gavi grant portfolio overview

According to the WHO UNICEF Joint reporting Report for 2014, Gavi financial contribution to the EPI programme in Guyana represented 18% of the total vaccine funds and 9 % of the national immunization budget for 2014. The government contribution of new and routine vaccines accounts to 81.9%. EPI Budgeting is included as a line item in the national budget.

The new vaccines rolled out have been introduced as per planned proposal to all ten regions. These new vaccines Rotarix (RV) and Pneumococcal Vaccine Conjugate 13(PCV13) have contributed to the country immunization programme in improving health for the children under 5 years due to protection of childhood vaccine preventable diseases. The vaccination coverage in 2014 for Rotarix and PCV 13 has been over 95% at the national level.

Since the country is in a graduating phase at the end of 2016, the amount the government is expected to fund has been taken into account in the 2016 National budget. The expected improved outcome is a reduction in the number of childhood morbidity and mortality from Rotavirus diarrheal diseases and respiratory infections due to pneumococcal diseases.

1.2. Summary of grant performance, challenges and key recommendations

Grant performance (programmatic and financial management of NVS and HSS grants)

Achievements

- Phased introduction of the new vaccines
- Provision of Gavi funding assisted in the regional trainings as well as provision for the guidelines prior to implementation.
- In the second year of implementation of the new vaccines RV and PCV 13, the target of 95 % was achieved at the national level.
- Supportive supervision was employed at the Primary Health Care level to ensure that the health workers understood the concepts of new vaccines.
- The country performed well at the Effective Vaccine Management assessment (Guyana ranked #3 out 75 countries with 88%)

Challenges

- Re-training for the new vaccines had to be done since the vaccines did not arrive at the expected time.
- The cold chain capacity had to be increased at the national level due to the large number of vaccines that needed refrigerator storage.
- Health workers even though trained had some difficulties in the adjustment from a three (3)

dose schedule Rotateq to a 2 dose schedule for Rotarix. This was eventually overcome with the development of further materials and training of the health workers

- Parents and guardians had concerns about multiple doses being given at the same time as such health workers at the Primary Health care level had to reinforce the justifications for this switch

1.3. Requests to Gavi's High Level Review Panel

Grant Renewals

New and underused vaccine support

Guyana EPI would request

- **R***enewal of Rotarix vaccine in the existing presentation of single dose is needed at the end of December 2016*
- *Renewal of PCV 13 vaccine in a single dose vaccine is also needed to the end of December 2016.*
- *Renewal of IPV vaccines in a single dose is needed as part of the Polio Endgame strategy at the end of December 2018.*

Health systems strengthening support is not applicable to Guyana

1.4. Brief description of joint appraisal process

An Interagency Coordination Committee (ICC) on immunization meeting was convened on 11th August, 2015 to review the process of the Joint Appraisal Report that was now a requirement of Gavi. The EPI manager of the Ministry of Public Health (MOPH) was tasked with the compilation of the report with the support from the PAHO/WHO Immunization Focal Point.

A conference call was made on the 27th August 2015 with the GAVI secretariat and Washington, DC to review the draft document and comments made to correct the document.

The process of the compilation of the report included literature review of the previous existing documents such as the WHO/UNICEF Joint reporting reports, Annual Progress Report for GAVI and EPI National Reports.

On completion of the draft report it was presented to the ICC for review on the 7 September 2015. After review by the ICC corrections were made to the report and it was endorsed for submission pending corrections. The report will be submitted to PAHO/WHO for submission to Gavi.

2. COUNTRY CONTEXT

(MAXIMUM 1-2 PAGES)

2.1. Comment on the key contextual factors that directly affect the performance of Gavi grants.

In Health Vision 2020, the Ministry of Public Health national strategy has identified Universal Health coverage as one of the pillars which is used to guide the process of strengthening health care in Guyana. Universal Health coverage in this document is conceptualized as a direction not a destination since its dimensions such as people, service and finances change on a constant basis. This document also speaks to the renewed focus on primary health care as the principal overarching approach to health care in Guyana which is directly related to the vision of universal health coverage.
Areas of priority identified to be addressed under the heading of universal health coverage are;
-Population coverage
-Health care services e.g. vaccination services
-Financing
-Addressing the social and other determinants of health

There is special emphasis to the mobilization and reorientation of health resources both human and financial to be directed to the hinterland regions and other areas where there are pockets of vulnerable populations whose health outcomes are lagging behind the national levels.

Leadership and governance of the programme, functioning of the ICC

In Guyana, EPI is integrated into the Maternal and Child Health (MCH) Program of the Ministry of Public Health (MOPH). As such, EPI does not maintain an independent staff and is not separately financed. At the national level, the MCH/EPI Programme is directed by an MCH/EPI Officer and other staff includes: an EPI Disease Surveillance Coordinator, a Deputy Chief Nursing Officer, Senior Nursing Officers, National Cold Room Nurse, Vaccination Nurses, and an Administrative manager. National level staff is responsible for policy direction, planning, monitoring and evaluation.

At the regional level, EPI is managed by a Senior Health Visitor with support from the Regional Health Officer (RHO). Within specific health facilities, Senior Health Visitors, Medex or senior midwives coordinate implementation of the Program. Presently, there are 327 health facilities throughout Guyana's 13 health administrative regions and sub-regions. Staff members from these health facilities provide comprehensive primary health care services, including EPI. At the Annual National EPI Meeting, a designated regional representative provides feedback regarding regional coverage rates, plans of action, training needs and updates to the MOPH. These reports are compiled by the MCH/EPI Officer into a national report that includes comparative analysis of regional trends in vaccination coverage and the programme as a whole.

The Interagency Coordination Committee (ICC) on immunization oversees the implementation of the policies and the technical components of the programme. This committee has been functional since the inception of the Gavi programme in 2001 as a prerequisite for funding. This high level committee comprises senior officials from the Ministry of Public Health, including the Minister of Public Health, representatives from UNICEF, PAHO /WHO, Civil Society and other ministries of the government. This committee meets about 3 or more times per year depending on the need for decision making and planning.

Overall financing of the programme

MCH/EPI is a priority component of the newly appointed government and by extension the Ministry of Public Health. There is a specific line item in the Ministry of Public Health Budget allocated to EPI activities. The amount allocated represents 1.8% of the Ministry of Public Health Budget. Vaccines and syringes are procured under the Drugs and Medical Supplies allocation of the Family Health Care Budget. These vaccines and syringes are distributed through the government sector and are provided at no direct cost to the client.

Planning for EPI is undertaken annually at both the central and regional levels. All financial requests are designated as either capital or recurrent expenditures in accordance with the structure and process of the national budget. .

Cold chain management

The implementation of the previous Five-Year Immunization Plan 2006-2011 has resulted in the expansion of the cold chain capacity at the national and regional levels. Cold chain equipment and supplies (e.g., vaccine carriers, thermometers, and cold chambers) have been acquired using funding from various international partners and the Government of Guyana. Gavi has contributed to the infrastructural support of the procurement of the two cold chambers at the National Vaccine Centre storage facility. This has assisted the programme in ensuring that cold chain potency is maintained. The Multi-Year Plan 2013-2017 budgets for funding to ensure that the National Vaccine Centre storage facility is maintained in a timely manner.

In addition, over the course of the ten-year Immunization Plan 2007-2017, EPI has successfully procured vaccines and other supplies efficiently through the PAHO Revolving Fund for Vaccine Procurement. No major vaccine stock-outs have occurred. This reliability in vaccine procurement stems from the Government of Guyana's political and financial commitment to EPI.

In 2015-2016, Gavi has allocated Guyana funding from the Transitional Plan, this would further improve the cold chain nationally and regionally. For 2015, US $185,000 was allocated to be spent . The MOPH will work with consultants from PAHO/WHO to ensure that the inventories of the current operational status of existing cold chain equipment are updated. The cold chain assessment will also outline procurement and repairs needed to optimize the cold chain system, and plans for equipment replacement to ensure sustainability. This transitional funding, however, has not been received up to reporting time and as soon as it is available, the activities will be executed.

Surveillance and Reporting

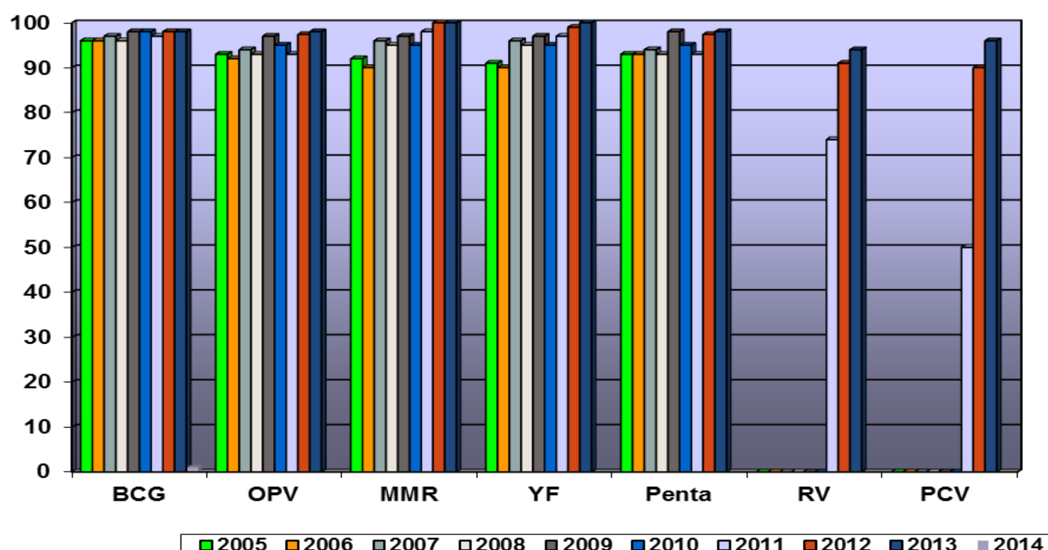
Even though there has been no reported vaccine preventable diseases in Guyana in the last two years, continued surveillance efforts and information exchange are crucial to maintaining this zero status of vaccine preventable diseases. Active surveillance for rash with fever, yellow fever, congenital rubella syndrome and acute flaccid paralysis will continue in all ten regions. Surveillance for rotavirus and pneumococcal vaccines should be extended within the next two years. The MOPH intends to expand surveillance activities to involve a wider cross-section of the population to provide data regarding appropriate, high-risk target groups for HPV vaccination.

Immunization service delivery

Improvements in vaccination coverage have been made in each of Guyana's 13 administrative health regions and sub-regions. From 2005 to 2014 the immunization coverage has been maintained at over 90% for the routine antigens. In 2011 and 2012, when the new vaccines were introduced the coverage for Rotavirus was 70% which gradually increased to over 95% in

2014. For PCV 13, the coverage started at 50 % and gradually increased to over 97 % in 2014 (as shown in the following Figure 1).

Figure 1: EPI coverage 2005-2014



Demand generation and communication

There has been a change in the national vaccination schedule with regards to the second dose of MMR vaccine from 3 years 9 months to 18 months. This is in keeping with the PAHO/ WHO strategy for the elimination of Measles.

Other events/factors

The Evaluation of Guyana's Expanded Programme on Immunization (2008) and the Effective Vaccine Management assessment (July 2014) highlighted three critical program constraints to achieving universal vaccination coverage in Guyana:

(1) Insufficient human resource capacity including technical and non-technical staff;

(2) Inadequate cold chain infrastructure; and

(3) Inadequate transportation and communication infrastructure.

Despite the best efforts of a dedicated EPI staff and significant investments by the Ministry of Public Health (MOPH) and its partners, these three issues remain of primary concern for EPI, particularly in relation to the hinterland Regions, with specific reference to Region #1. In these vast and sparsely populated rural and riverain areas, living conditions can be difficult and health staff retention is often problematic. Travel in these regions is only possible by boat or by air and can be prohibitively expensive. Often, the cost of fuel alone can limit the capacity of health care professionals to reach vaccination target populations. These high fuel costs, combined with a lack of reliable source of electricity, can also hinder the ability of providers to ensure the integrity of the cold chain and vaccination schedule. The situation is further exacerbated by the underdeveloped communication infrastructure in these regions, with most health care facilities relying on radio transmission, which is at times affected by weather conditions. It should be acknowledged that the availability of mobile phones has improved communication but challenges still remain.

Surveillance of vaccines preventable diseases is another of the areas that presents a

challenge to the success of the program with regards to the remoteness and the timely transportation of laboratory specimens. This also affects follow-up and investigation of suspected cases.

3. GRANT PERFORMANCE, CHALLENGES AND RENEWAL REQUESTS

(MAXIMUM 3-5 PAGES)

3.1. New and underused vaccine support

3.1.1. Grant performance and challenges

Performance on each Gavi supported programme activities against coverage targets from the APR

There are currently three main areas of Gavi support to Guyana

- *Introduction of RV and PCV 13 vaccines*
- *Transitional Funds Grant*
- *IPV introduction plan and infrastructure support*

The Interagency Immunization committee met on two occasions to discuss the activities in relation to the graduating process of RV and PCV 13 with reference to the transitional plan and the IPV introduction as part of the End Game strategy of Polio.

-Introduction of RV and PCV 13 vaccines

With reference to the new vaccines, the Government of Guyana continues to make efforts to expand routine vaccination services through the introduction of new antigens. The MOPH introduced into the national vaccination schedule: Rotateq vaccine in 2010 (which was subsequently replaced by Rotarix in 2014) and pneumococcal conjugate vaccine 13 in 2011 with support from Gavi. With reference to the targets in the Annual Progress Report in 2014, the vaccination targets of 95% for RV and 97% for PCV 13 have been achieved up to reporting time.

-Transitional Funding Plan for new vaccines

The Gavi transitional funding for the graduation process has not been received up to reporting time, however several activities have been completed in collaboration with PAHO/WHO (see section under Gavi implementation graduating plan).

-Introduction of Inactivated Polio Vaccine and Infrastructure support

The Inactivated Polio Vaccine (IPV) proposal was prepared and submitted to Gavi in January, 2015 and was approved with the corrections in April, 2015. Even though approved, infrastructural support funding has not been obtained up to reporting time. However, plans are in place in keeping with the Global Polio Endgame Plan, the EPI programme has introduced one dose of Inactivated Polio Vaccine (IPV) with Gavi support which commenced on the 1st September 2015. The additional dose of IPV which will be introduced in 2016 will be funded by the Government of Guyana.

In preparation for the introduction of the IPV vaccines training has been initiated at the national and sub-regional levels for all categories of staff. Gavi supported IPV vaccines have arrived and distributed to the 13 health administrative regions. The funding for IPV infrastructure

support of $100,000 has not been received in country up to reporting time. As soon as the funds are received the proposed activities will commence.

Equity access analysis that shows any socio-economic , geographic or gender barriers to health

Guyana's Health Vision 2020 addresses not only EPI but creating equity in health by improving access to quality health care for all, with particular focus on the poor, to geographic and gender barriers to health as well the indigenous population in remote villages. In its efforts to provide universal vaccination coverage, the program prioritizes investments in those areas where vaccination coverage (and often health status in general) are lowest. For example, the Multi-Year Plan 2013-2017 focuses on activities and funding on improving coverage in remote and hinterland communities, primarily inhabited by Indigenous People with limited economic opportunities and severely limited health care access. In addition, the health sector has implemented the Package of Publicly Guaranteed Health Services (2008/2012) which facilitated equity access at all levels of the health care system. This package reviews the available services at each level of care ensuring access to the very remote and hard to reach areas.

*-**Progress of actual versus planned introduction***

The introduction has thus far been progressing satisfactorily but funding has not been received up to reporting time.

With reference to IPV, there was a delay in the implementation since the vaccines could not be obtained through PAHO/WHO and the timelines had to be adjusted to the 1sT September 2015.

Status of implementation of Internal Review Committee recommendations
- *The changing of the baseline targets in the annual progress report were reviewed with the ICC and resubmitted to Gavi.*
- *For each ICC meeting there must be a signature page and this is currently being implemented.*
- *The Minister of Public Health should be part of the ICC. With the change of government, the new Minister within the Ministry of Public Health has attended the ICC meeting.*
- *Endorsement of the minutes of each ICC meeting must be done by senior personnel of the MOPH, either the Minister of Public Health or the Permanent Secretary, which is currently being executed.*

-Status of surveillance activities

EPI Surveillance is maintained for poliomyelitis, tetanus including neonatal and adult, diphtheria, whooping cough (pertussis), tuberculosis and yellow fever. Since 1962, Guyana has maintained a polio free status. Since 1991, there was no reported case of Measles. The country was certified free of polio in 1991 by PAHO/WHO. The last case of yellow fever reported was in 1968. The last reported case of whooping cough was in 2002. In 2011, an assessment report of Measles and Rubella by PAHO/WHO revealed that there was no evidence of unreported cases of measles and rubella.

In 2014, there were 40 suspected cases of rash with fever, 3 suspected cases of Congenital Rubella Syndrome, 4 suspected cases of Polio and no adverse vaccine events. These samples were all sent to Caribbean Public Health Agency (CARPHA) for testing and there was no confirmed case of polio, measles nor Congenital Rubella Syndrome

-***Compliance with data quality and survey requirements***

As recommended by the ICC and the Annual progress Report, EPI programme has started to report by gender at each regional and national level. A UNICEF Multiple indicator cluster survey 2013 has just been completed for the assessment of the immunization coverage data.

- **Key lessons learnt**
- Carefully planned public education programmes and the development of personal health skills are necessary for the introduction of new vaccines.
-Preparation of information, education and communication (IEC) materials for all categories of health personnel involved in the introduction of new vaccines is important to ensure that the same message is being conveyed.
-Training for the introduction of new vaccines should be planned upon receiving confirmation of vaccine arrival. If training is done too early it would have to be repeated.

Key implementation bottlenecks

-Delay in funds for the graduating activities and IPV infrastructural support would delay the timeline of implementation of activities.

Overall programmatic performance to manage new grants

The EPI programme is receiving additional support from PAHO/WHO and UNICEF to implement the new vaccines PCV 13 and RV transitional plans and IPV introduction plan.

3.1.2. NVS renewal request / Future plans and priorities

Currently approved vaccines

Proposed targets for the next year implementation of the new vaccines, and change in the target

The proposed under 1 target in the Annual Progress Report 2014 is 15,433 for Rotarix and Pneumococcal Vaccines would remain the same based on the trends over the last two years.

The IPV proposed target is 15,433 and would remain the same.

Project growth in year by coverage performance

The performance estimated targets for PCV 13 is projected at 97 % coverage by year from 2016-2017, the target for Rotavirus (Rotarix) is 95%. Based on the trends, this should remain as proposed in the Annual Progress Report 2014.

Plans for any change in the vaccine presentation

The vaccine presentation for PCV 13 and Rotarix should remain as single dose .However, it would be preferable for the IPV vaccines to be single dose instead of 5 doses (we accepted the 5 doses since this is what was available at the given time but for the 2016-2017 period the single dose is the preferred choice).

-**Risk to future plans and mitigating factors**

-Risk of full graduation of PCV 13 and RV in 2016 includes the competitive funding for programmes that was currently funded by CDC and Global Fund (that is Prevention of Mother to Child Transmission of HIV) that is now being transitioned under the government system. Careful planning is currently underway to ensure that this issue is not a major one.

Key risks of introducing IPV include:

- The financial burden of simultaneous transition from donor support to country financing in parallel programs and graduating from GAVI financing for vaccine support.

-The temperature monitoring aspect of the cold chain management system was identified as an area for improvement during the recent EVM. It should be noted that IPV is a freeze-sensitive vaccine which needs proper temperature monitoring. Prior to IPV introduction, it is envisioned that this area will be improved.

-A possible recommendation is to develop a crisis communication plan should issues arise associated with community acceptability or introduction of a new vaccine. IPV introduction presents an opportunity to update monitoring forms and revise training materials to be utilized during refresher trainings in advance of the introduction date

Guyana has requested GAVI support for the implementation of HPV. In the initial pilot, donation of 20,800 doses of HPV (Gardasil) vaccines was introduced in Regions 3, 4, 5 and 6. Guyana has requested GAVI support for the expansion to other regions. It is hoped that with this expansion the country can see a long term impact in the reduction of cervical cancer in Guyana. EPI will complete a proposal in 2016 for the approval of HPV

3.2. Health systems strengthening (HSS) support

3.2.1. Grant performance and challenges

This area is not applicable to Guyana EPI programme

3.2.2. Strategic focus of HSS grant

This area is not applicable to Guyana EPI programme

3.2.3. Request for a new tranche, no-cost extension, re-allocation or reprogramming of HSS funding / Future HSS application plans

This areas is not applicable to Guyana EPI programme

3.3. Graduation plan implementation *(if relevant)*

- ***Progress of Implementation of graduation activities***

Even though the Gavi transitional Plan was approved, the country has not received the funding for implementation of the activities. With the support of PAHO/WHO, the status of the activities are as follows:

	Activities	*Status/Progress to date*
1	*Terms of Reference(TOR) for the cold chain technician Assess of the current status of the national cold room*	*Completed*
2	*PAHO/WHO will undertake to do the budgeting for the cold chain consultancy*	*Completed*
3	*Advertise for cold chain consultancy*	*Completed, awaiting Gavi funds to hire consultant*
4	*Ministry of Public Health to do the budgets for MOPH travel*	*Completed*
5	*Review catalogue for portable coolers and batteries (transport coolers)*	*In process*
6	*Purchase one cold chain alarm monitor for the cold room as per of the EVM recommendations by PAHO/WHO*	*Completed*
7	*Terms of reference for Human Resources(Health Qual) consultancy*	*Completed*
8	*Another person is identified to assist in Health Qual to be done by MOPH*	*In process*
9	*Listing is done of all health qual sites*	*Completed*
10	*Health Qual position to be advertised in the newspapers*	*Completed*
11	*Personnel identified in the Statistical Department/IT to ensure that the health qual programme is sustained.*	*To be completed*
12	*Revision of the EPI supervision budget*	*Completed*
13	*Technical Cooperation Request for all the above activities by MOPH sent to PAHO*	*Completed*
14	*Budget preparation for IPV training by MOPH*	*To be completed*

- ***Implementation bottlenecks***

The only implementation bottleneck is not acquiring the funds in a timely manner for the planned activities of the grant

- ***Changes required for the graduation plan***

Modify activities and request an extension to 2017 for full utilization of funds

3.4. Financial management of all cash grants

All Gavi funds are handled by PAHO/WHO as agreed by the Ministry of Public Health (MOPH) and the Interagency Coordination Committee (ICC) on immunization. All requests for support for activities by MOPH are made in accordance with PAHO /WHO rules and regulations. Each Technical Cooperation Request by the MOPH is signed by the EPI Manager and the Permanent Secretary, then sent to the PAHO/WHO Guyana Country Office for processing.

In terms of banking, the funds from these Gavi grants are consolidated into assigned bank accounts at the bank utilized by PAHO/WHO HQ, who issues Allotments to the PAHO/WHO Guyana Country Office, based on the budget contained in the Grant Agreement for activities to be implemented by the country.

The Financial Statements received from the Finance Department (FRM) at PAHO's HQ in

WDC, are signed by the authorized official and can be used as the supporting documents for the GAVI Reports, as these have been accepted by GAVI over the years of our reporting on these grants.

3.5. Recommended actions

Actions	**Responsibility** (government, WHO, UNICEF, civil society organizations, other partners, Gavi Secretariat)	Timeline	Potential financial resources needed and source(s) of funding
Adequate human resources to carry out the functions of the program	Government	2016	
Availability of transportation and communication to carry out day to day vaccination activities especially in Hinterland Regions	Government and all partners	2016	

4. TECHNICAL ASSISTANCE

(MAXIMUM 1 PAGE)

4.1 Current areas of activities and agency responsibilities

PAHO/WHO Immunization Unit has been the main agency for the implementation of the GAVI transitional funds and the IPV introduction plans. All activities for EPI are channeled through PAHO/WHO for implementation.

UNICEF in 2014 assisted with the following activities:

- *Vaccination Week Activities in several sub-districts of Barima/Waini, Region 1*
- *Purchase of Solar Refrigerator and accessories for Bara Cara Health Centre in Region #6.*
- *Purchase of Vaccination Carriers*
- *Procurement of the PCV 13*

PAHO/WHO also assisted with the following in 2014

- *Vaccination week of the Americas*
- *Effective Vaccine Management assessment*
- *Technical support in the production of the IPV Proposal for GAVI and the GAVI Annual Progress Report.*
- *Activities for the elimination of Measles, Congenital Rubella Syndrome developed*
- *Printed the Standard Operating guidelines for EPI*
- *Workshop on Rotavirus surveillance*
- *EPI evaluation meeting at the national level*
- *Procurement of routine and new vaccines*

4.2 Future needs

Based on the current situation as it relates to immunization future needs to maintain high coverage and high standards of services are

- *Strengthening of surveillance (including transport of samples and follow up of patients especially in remote areas) and reporting (PAHO/WHO and MoPH)*
- *Health workforce (training, monitoring and supervision) (PAHO/WHO,UNICEF and MoPH)*
- *Modification of the EPI reporting tool (PAHO/WHO and MoPH)*
- *Revised and update Policies, Manuals and IEC materials (PAHO/WHO,UNICEF and MoPH)*
- *Support for recommendations from the cold chain assessment(PAHO/WHO,UNICEF and MoPH)*
- *Support for regional cold chain management(MoPH)*

5. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT & ADDITIONAL COMMENTS

(MAX. 1 PAGE)

Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism:

The Inter-Agency Coordinating Committees met on August 11th, 2015 and 8th September 2015, members of the committee reviewed the process and outline for the completion of the joint appraisal report. The Minister within the Minister of Public Health was in attendance at both meetings.

During the first ICC meeting on the 11th August 2015, a detailed description of the Joint appraisal report guidelines were shared with each member of the ICC. Each member was asked to review the information needed and provide input where necessary.

With the data provided the report was then compiled by the EPI manger in collaboration with PAHO/WHO Immunization focal point.

In the second ICC meeting on the 8th September 2015, the draft report was then reviewed with the senior personnel of the Ministry of Public Health and members of the ICC. Each section of the document was corrected and endorsed by the members of the ICC for submission to Gavi with the minor adjustment to be made prior.

Please see attached document with signatures.

Issues raised during debrief of joint appraisal findings to national coordination mechanism:

-New Health Vision 2020 has regarded EPI as a priority programme and there was a special line item in the national budget.
-There are still major challenges to the Immunization programme such as transportation- to hard to reach areas and communication difficulties. In addition, maintenance of the cold chain at the regional level needs strengthening. It was recommended that the Ministry of Public Health needs to establish a clear plan of management on the sustainability of solar and other systems of cold chain. There is no technical expertise at the regional level to maintain the cold chain system.

Any additional comments from
- Ministry of Public Health:
- Partners:
- Gavi Senior Country Manager:

Other comments

It was a good report but we need to implement the activities as soon as the funds have been received

6. ANNEXES

[Please include the following Annexes when submitting the report, and any others as necessary]

- **Annex B. Status of implementation of the key actions from the last joint appraisal and any additional High Level Review Panel (HLRP) recommendations**

Key actions from the last appraisal or additional HLRP recommendations	Current status of implementation
The country to take action to finalize and implement the 2014 EVM improvement plan recommendations	-EVM Plan finalized and being implemented -Two main areas were identified as the priority areas in the EVM; temperature monitoring and distribution. -For temperature monitoring, as recommended by EVM, an updated remote temperature monitoring device was procured by PAHO/WHO for EPI Guyana. Virtual training was done and the device will be installed by the MOPH at the National Cold Room by the end of September 2015. For the improvement of the regional temperature monitoring and effective distribution, 115 vaccine carriers were procured by MoPH. In addition, 27 large vaccines carriers received as part of the backup plan for the National Cold Room.
The country to ensure robust reporting systems and data quality	Tri –annual monitoring of the EPI coverage is done with all ten regions on the

	programme strengthens and weaknesses. Each regional data is reviewed and analysis and recommendations made to improve coverage
The country to consider how to strengthen its AEFI and surveillance systems.	In 2015, EPI and the Communicable Disease Department had a joint National Surveillance Training for vaccine preventable disease and the general surveillance syndromes. The specific target for the training was the medical doctors, public health nurses and other Primary health Care workers
The country to develop mechanism for gathering gender desegregated data.	EPI data is now being reported as male and female.
The country to ensure more robust involvement of CSOs at all levels including possible expansion at ICC level.	An attempt is being made by MoPH to include CSO at the regional level to support the implementation of EPI activities
Should strengthen development partnerships with EPI and scale up C4D for future introductions of new vaccines.	Partnership for the EPI programme of the MoPH is being done with other Ministries e.g. Ministry of Communities and Ministry of Indigenous People. Health workers plan activities with other regional department e.g. Vector Control/Malaria to conduct simultaneous activities of health in the regions.
EPI should provide comments on reasons why PCV and Rotavirus vaccine coverage estimates for 2015 are lower than in the past and lower than Pentavalent	PCV 13 and Rotavirus vaccines are two new vaccines and it is expected that with the start of the programme as projected, the coverage would not be as high as other routine vaccines e.g. Pentavalent. In addition, the vaccines did not reach all areas within the first year of introduction at the same time. Also some of the health workers had to have retraining in the new vaccines e.g. in the case of Rotavirus especially in the area of switching from a three doses to a two doses scheduled

- **Annex C. Description of joint appraisal process** (e.g. team composition, how information was gathered, how discussions were held)

The two main team personnel who completed the report were the EPI Manager and PAHO/WHO Immunization Focal Point. The report was reviewed by the ICC and the corrections were made then the report was endorsement by all present.

Information was used from the following existing documents to complete the joint appraisal report:

- Annual Progress Repot 2014
- CMYP 2013-2017
- WHO UNICEF Joint Reporting Format
- Guyana IPV introduction Plan 2014

- Guyana Health Vision 2020
- Overview of the EPI programme in 2014
- Guyana EPI National Data
- Interagency Immunization Coordination Committee meeting of meeting May , 2015
- GAVI IRC notes
- GAVI Transitional Plan funding proposal

- **Annex D. HSS grant overview**

Not Applicable – Guyana does not have HSS support

General information on the HSS grant							
1.1 HSS grant approval date							
1.2 Date of reprogramming approved by IRC, if any							
1.3 Total grant amount (US$)							
1.4 Grant duration							
1.5 Implementation year			month/year – month/year				
(US$ in million)	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
1.6 Grant approved as per Decision Letter							
1.7 Disbursement of tranches							
1.8 Annual expenditure							
1.9 Delays in implementation (yes/no), with reasons							
1.10 Previous HSS grants (duration and amount approved)							
1.11 List HSS grant objectives							
1.12 Amount and scope of reprogramming (if relevant)							

- **Annex E. Best practices (OPTIONAL)**