

The Government of
3214SAO TOME ET PRINCIPE

Proposal for support submitted
to the
Global Alliance for Vaccines and
Immunization (GAVI)
and the
Global Fund for Children's Vaccines
(The Fund)

GAVI Global Alliance for
Vaccines and Immunization

This document is accompanied by an electronic copy on diskette for your convenience.
Please return a copy of the diskette with the original, signed hard-copy of the document to
GAVI Secretariat; c/o UNICEF; Palais des Nations; 1211 Geneva 10; Switzerland.

Enquiries please to: Dr Tore Godal, tgodal@unicef.ch or representatives of a GAVI partner agency. All documents and attachments must be submitted in English or French.

1. Executive Summary

Synopsis of the proposal including the specific requests for support from one or both sub-accounts - immunization services and/or new and underused vaccines. The figures essential for the calculation of award amounts should be presented here, including : baseline data, current DTP3 coverage and targets for increased coverage, requested no. of doses of vaccine(s) and their presentations (drawn from the tables in this form).

2. Signatures of the Government

The Government of SAO TOME ET PRINCIPE commits itself to develop the national immunization services on a sustainable basis in accordance with the multi-year plan presented with this document, and to annually review districts performance on immunization through a transparent monitoring system. The Government requests the Alliance and its partners to contribute financial and technical assistance to support immunization of children as outlined in this application.

Signature:



Title:

Minister of health

Date:

03.10.2000

The GAVI Secretariat is unable to return submitted documents and attachments to individual countries. Unless otherwise specified, documents may be shared with the GAVI partners and collaborators.

3. Immunization-related fact sheet

Table 1 : **Basic facts** (1998 or most recent; specify dates of data provided)1999

Population	137477	GNP per capita	141.7 \$US
Surviving Infants*	5912	Infant mortality rate	63/ 1000
Percentage of GDP allocated to Health	13.7%	Percentage of Government expenditure for Health Care	9.2%

* Surviving infants = Infants surviving the first 12 months of life

Table 2 : Immunization coverage and disease burden trends

Immunization coverage trends					Vaccine preventable disease burden				
As per annual reporting to UNICEF/WHO					As per annual reporting to UNICEF/WHO				
Vaccine	Reported		Survey		Disease	Reported cases		Estimated cases/deaths	
	1998	1999	1998	1999		1998	1999	1998	1999
BCG	80,3	78,8	98,6		Diphtheria	0	0	0	0
DTP	DTP1				Pertussis	0	0	0	0
	DTP3	73,2	73,8	71,6					
	Wastage rate (%)								
OPV3	72,4	70	70,2		Polio	0	0	0	0
Measles	Measles	59	70.2	58.7	Measles	0	0	0	0
	Wastage rate (%)								
TT2+ Pregnant Women	58.6	62.4	76		NN Tetanus	0	0	0	0
Hib (specify presentation)					Hib				
Yellow Fever					Yellow fever	0	0	0	0
hepB (specify presentation)					hepB seroprevalence (if available)				

- **Summary of health system development status:**

The national health system presents two levels.

First, the Central level that comprises the Ministry of Health and the Central Hospital of Sao Tome.

Second, the regional level that has 3 sub- levels in each of the seven districts

The coverage on health centres and hospitals is almost satisfactory. Despite this, some infrastructures must be rehabilitated and equipped.

The health staff coverage is one medical doctor per 2300 people and one nurse per 800 people.

Health professionals are unevenly allocated throughout the territory: 51% of national medical doctors and 92% of foreign medical staff are working at the Central Hospital.

It is worth noting that 40% of all health professional are foreigners

The health system reform is in progress.

The main axes are:

- 1- Health services decentralisation into the regional level
- 2- Capacity building for all levels staff.
- 3- Improvement of quality in service delivery

At the end of the reform it is expected that regional level will be reinforced and that rendered services will be improved.

Supporting documents: *(only copies of relevant pages are attached)*

Overall government health policies and strategies

Document number.

Structure of the government health services and how it relates to immunization services *(with an organisational chart)*

Document number.

Ongoing or planned health reforms (e.g. decentralisation, integration of functions, changes in financing) and their impact on immunization services

Document number.

Government policies and practices on private sector participation, as it relates to immunization services

Document number.

4. Profile of the Inter Agency Co-ordinating Committee (ICC)

(Various agencies and partners supporting immunization services in the country are co-ordinated and organised through an inter-agency co-ordinating mechanism which is referred to in this document as ICC) (Guidelines on Country Proposal # 4.1.)

Name of the ICC INTER AGENCY CO-ORDINATING COMMITTEE

Date of constitution of the current ICC 26 -09-2000.

Organisational structure (e.g., sub-committee, stand alone) 3 (three) SUB-COMMITTEE

Frequency of meetings .ONE MEETING EACH THRES MONTHS.

Composition

Function	Title / Organisation	Name
Chair	Minister of health	Dr. António Marques Lima
Secretary	Health Care Director	Dr. Eduardo Matos
Members	<ul style="list-style-type: none"> • UNFPA Representative Assistant • WHO Representative • UNICEF Representative • Minister Adviser (French Cooperation) • Portuguese Cooperation (Portugal Embassy) • President of Rotary Club (Sao Tomé) 	Dr ^a Victória Menezes d' Alva Dr ^a Teresa Araujo Dr. Alberto Neto Dr ^a Lucie Brunet Eng. António Machado Dr. Acacio Bonfim

Major functions and responsibilities

Functional relationships of the ICC with other institutions in health sector : *(diagram)*

Attached are the supporting documents

- Terms of reference of the ICC Document umber...2.
- Minutes of the three most recent ICC meetings or of any other meetings in which partners participated that concerned improving and expanding the national immunization program Document number...3.

5. Immunization services assessment

Reference is made to the most recent assessments of the immunization system that have been completed within the three years prior to the submission of this proposal. (*Guidelines on Country Proposal # 4.2.*)

- Assessments, reviews and studies of immunization services for current reference

Title of the assessment	Main participating agencies	Dates
Evaluation of the immunization programme (PAV)	Health Ministry /WHO/ UNICEF	1998

- The three major problems identified in the assessments

The abandon rate in DPT1 and measles is high (12%)
Measles coverage is low (59%)
Activity of information and education still insufficient

- The three major recommendations in the assessments:

Find the most adequate mechanism for distribution vaccines destined centres of posts
Improve vaccines storage conditions
Reinforce the integration of To support the integration IEC activities in the Health unites and communities

- Attached is a complete copy (with an executive summary) of

- the most recent assessment report on the status of immunization services Document number 4.
- a list of the recommendations of the assessment report with remarks on the status of their implementation i.e. included in workplan, implemented, not implemented, in progress.... Document number 5.

- Components or areas of immunization services that are yet to be reviewed (or studied).

Title of the assessment	Month/Year

6. Multi-Year Immunization Plan

Based upon the recommendations of the assessment of immunization services, the Government has developed (or updated) the multi-year immunization plan or adjusted the health sector plan. (*Guidelines on Country Proposal # 4.3.*)

- Attached is a complete copy (with executive summary) of the Multi-Year Immunization Plan or of the relevant pages of the health sector plan.

Document number 5

- Table 3 : Vaccination schedule with traditional and new vaccines** (*add/correct/fill in as appropriate*)

AGE	Visit	Traditional antigens			New vaccines (specify presentation)		
Birth	1	BCG	OPV0				
6 weeks	2		OPV1	DTP1			
10 weeks	3		OPV2	DTP2			
14 weeks	4		OPV3	DTP3			
9 months	5				Measles		

- Table 4 : Baseline and annual targets¹**

	Baseline	Targets					
	1999	2000	2001	2002	2003	2004	2005
# of births	5911	6047	6160	6282	6408	6537	6657
# of infants' deaths	260	250	237	221	206	195	179
Surviving infants	5651	5787	5900	6022	6148	6277	6397
Drop out rate DTP1-DTP3 (%)	12%	10%	8%	7%	6%	5%	4%
Children vaccinated with DTP3 *	4485	5442	5544	5654	5767	5883	5911
Children vaccinated with*: (insert new vaccine or presentation being requested other than yellow fever)							
Children vaccinated with*: (insert new vaccine or presentation being requested other than yellow fever)							
Children vaccinated with Measles **	4151	4838	4928	5026	5126	5230	5326
Children vaccinated with yellow fever **							

While vaccinations with combination vaccines phase in, those with DTP3 only are expected to phase out

**Only complete if applying for yellow fever vaccine

¹ Children less than 12 months of age

- Summary of the major action points and timeframe for reduction of vaccines wastage rate:
 - Improve management of vaccines handling or manipulation
 - Staff training
 - Improve
- Summary of the safe immunization plan (*Guidelines on Country Proposal # 3.*):
 - Use of autoblocant syringes

Dilution of vaccines is made by using uni-dose syringes of the unit use

Attached is a copy of the Plan to achieve Safe Injections and Safe Management of Sharps Waste or of the relevant pages of the health plan. Document number...5.

- **Constraints and planning for Polio Eradication Initiative (*Guidelines on Country Proposal # 2.*):**

- Low coverage of rate Polio3 (70%)

- Low staff moral

- Deficient Epidemiological vigilance

7. New and under-used vaccines

Summary of those aspects of the multi-year immunization plan that refer to the introduction of new and under-used vaccines (*Guidelines on Country Proposal # 4.4.*).

- (*if new and under-used vaccines have been already introduced*)

- Implications for storage capacity, staff training, cold chain, logistics, drop out rate, wastage rate etc...in relation to the current experience with new and under-used vaccines :

- *Acquisition of the new vaccine

- * Stock capacity is low generally because the rate of lost is high in BCG vaccine and Measles

- * Formation

- **Required number of doses and presentations of requested, first preference, new and under-used vaccines**

- (*For each one of the requested, first preference new and under-used vaccine*)

Table 5. Estimated number of doses of Hepatite B vaccine (specify for one presentation only)

	2001*	2002*	2003	2004	2005
Target number of children to receive new vaccine (match with targets in table 4)	6160	6282	6408	6537	6667
# of doses	18483	18846	19224	19611	20001
Estimated wastage rate in % ²					
Buffer stock (only in the first year of introduction)					
Total vaccine doses required ³	23104	23557	24030	24514	25001
% of vaccines requested from the Fund					
Preferred vial size(s)					
AD syringes (Include maximum 5% wastage)					

*Adjust target estimates if a phased or mid-year introduction is intended.

Table 5.2 : Estimated number of doses of Yellow Fever vaccine (specify for the other presentation only if any other presentation of the same vaccine is required) :

	2001*	2002*	2003	2004	2005
Target number of children to receive new vaccine (match with targets in table 4)	6160	6282	6408	6537	6667
# of doses	6160	6282	6408	6537	6667
Estimated wastage rate in % ²					
Buffer stock (only in the first year of introduction)					
Total vaccine doses required ³	7700	7853	8010	8171	8334
% of vaccines requested from the Fund					
Preferred vial size(s)					
AD syringes (Include maximum 5% wastage)					

*Adjust target estimates if a phased or mid-year introduction is intended.

(Add any other table 5.3, 5.4...as necessary to calculate required doses of different vaccines in different presentations)

Required number of doses and presentations of requested, second preference, new and under-used vaccines

(Add any other tables to the above format to calculate requested, second preference, doses of different vaccines in different presentations)

² Maximum wastage rates of 25% for the first year and a plan to gradually reduce this to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials. For vaccine in single dose vials the maximum wastage allowance is 5%.

Calculation of total vaccine requirement according to given wastage rate:

The total vaccine requirement in the 1st year = Target no. of children x (100 / (100 - wastage %)) x Buffer stock multiplier (eg. 1.25)

The total vaccine requirement in subsequent years = Target no. of children x (100 / (100 - wastage %))

(Add any other tables to the above format to calculate requested, second preference, doses of different vaccines in different presentations)

- Summary of the action points that address possible implications for storage capacity, staff training, cold chain, logistics, drop out rate, wastage rate etc... in the Plan for Introduction of New and Under-used Vaccines :

Improvement of management of vaccines and material of vaccination

Improvement of the coordination with partners

Training all staff (managers and nurses)

Improvement of supervision

Acquisition of health centres equipments and rehabilitation

- Assessment of burden of relevant diseases *(if available)*

Disease	Title of the assessment	Date	Results

- Attached is the plan of action for vaccinations with new or under-used vaccines *(if already contained within the national, multi-year plan, indicate page and paragraphs)*

Document number.

8. Strategic directions to mobilise additional resources for immunization

- Summary of strategies that the Government intends to pursue to increase the resources for immunization of children, (*Guidelines on Country Proposal # 4.3, 4.4, 5.*) and that will be converted in a comprehensive «Resource Mobilisation Plan» by the time of the mid-term Review (*Guidelines on Country Proposal # 6.1.*):

The Ministry of Health is preparing a plan to submit to partners

- Tables of expenditure for 1999 and resource needs detailing the sources of funds are attached in Annex 1. Document number
- List of current/projected financing mechanisms for immunization including agreements made with other agencies (i.e.: Vaccine Independence Initiative): (the relevant documents are attached)

Title	Partners	
Vaccines, Equipments, formation	UNICEF	Document number
Formation and equipments	WHO	Document number
		Document number

Remarks on recurrent cost reduction strategies which contribute to financial sustainability, such as vaccine wastage reduction:

- Summary of support to immunization generated from the poverty reduction strategies (including the use of funds freed by debt relief), of which relevant pages are attached :

Document number.

9. Summary of requests to GAVI/GFCV

With reference to all points presented above, the Government of S. Tomé e Príncipe

* being eligible for support from the Global Alliance for Vaccines and Immunization (GAVI) and the Global Funds for Children's Vaccines (The Fund),

- considering that its DTP3 coverage for 1999 was 73.8 % corresponding to 4629 - number of children vaccinated with DTP3.

*differs from
Table 4*

hereby requests the Alliance and its partners to contribute financial and technical assistance required to increase immunization of children.

Specifically, the Government does hereby apply to receive support from the Fund:

• IMMUNIZATION SERVICES SUB-ACCOUNT

To fund the immunization services in year 2001 according to the number of additional children those are targeted to be immunized with DTP3 (single and combined presentations), as presented in table 4, namely 5236. (# of children).

AND/OR

• NEW AND UNDER-USED VACCINES SUB-ACCOUNT

To supply the following vaccines : *(fill in only what is being requested from the Fund in line with tables 5.1, 5.2...)*

Table

Table 8

	Presentation	Starting month and year	Number of doses requested for first calendar year	Vaccines will also be requested for following years as described in tables 5.1, 5.2...
Hep B	(1)	2001	20024	
	(2)			
Hib	(1)			
	(2)			
yellow fever	(2)	2001	8048	

Presentation (1) Monovalent or combination
(2) Monodose vial or multidose vial

- (Only for countries seeking support from the Immunization Services sub-account)

- Transfer of funds from the immunization services sub-account will be by (tick only one)

Government A Partner agency (specify name) An Independent third party

- Operational mechanism in place for safeguarding transparency, standards of accounting, long-term sustainability and empowerment of the government in using the funds (*Guidelines on Country Proposal # 5.1.*):

- *(Only for countries seeking support from New and Under-used Vaccines sub-account)*

- Vaccines will be procured *(tick only one)* :

By UNICEF X

By GOVERNMENT

- (If vaccines is procured by the Government)*

Process and procedures of the National Regulatory Authority to control the purchase and delivery of vaccines into the country, including weaknesses, constraints and planned measures to improve the control system *(Guidelines on Country Proposal # 5.2.)*:

10. Additional comments and recommendations from the ICC

ANNEX 2

Summary of documentation⁴ requested

Background information on Health System Development status	
a) Overall government health policies and strategies	Document number... 1
b) Structure of the government health services at central, provincial and peripheral levels and how it relates to immunization services (<i>with an organisational chart</i>)	Document number
c) Ongoing or planned health reforms (e.g. decentralisation, integration of functions, changes in financing) as they impact immunization services	Document number
d) Government policies on private sector participation, as it relates to immunization services.	Document number.....
Profile of the Inter Agency Co-ordinating Committee (ICC)	
e) Terms of reference of the ICC	Document number.. 2
f) Minutes of the three most recent ICC meetings or any meetings concerning the introduction of new or under-used vaccines	Document number ..3
Immunization Services Assessment	
g) Most recent, national assessment report on the status of immunization services	Document number 4
h) Summary of the recommendations of the assessment report with remarks on the status of implementation of each recommendation.	Document number 5
Multi-Year Immunization Plan	
i) Complete copy (with executive summary) of the Multi-Year Immunization Plan or of the relevant pages of the health sector plan.	Document number.....
j) Action plan for the introduction of new or under-used vaccines into immunization services (if already contained within the national, multi-year plan, please indicate page and paragraphs)	Document number...4
k) Safe injections Plan	Document number...4
Unmet needs requiring additional resources	
l) Tables of expenditure for 1999 and resource needs (Annex 1)	Document number.....
m) Agreement made with other agencies as sustainability strategy (i.e.: VII)	Document number.....
n) The priority given to immunization in the poverty reduction strategies for the use of funds freed by debt relief (for countries targeted in the HIPC initiative)	Document number.....

⁴ Please submit hard copy documents with an identical electronic copy whenever possible