



Partnering with The Vaccine Fund

# PROGRESS REPORT

June 2003

to the  
Global Alliance for Vaccines and Immunization (GAVI)  
and  
The Vaccine Fund  
by the Government of

RECEIVED ON  
- 6 01 2003  
GAVI Secrétariat

03/305

**COUNTRY:** **LESOTHO**

Date of submission: 29<sup>th</sup> September, 2003

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

( Tick only one ) :

- Inception report
- First annual progress report
- Second annual progress report
- Third annual progress report
- Fourth annual progress report
- Fifth annual progress report

*Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.*

**\*Unless otherwise specified, documents may be shared with the GAVI partners and collaborators**

## **Progress Report Form: Table of Contents**

### **1. Report on progress made during the previous calendar year**

- 1.1 Immunization Services Support (ISS)**
  - 1.1.1 Management of ISS Funds
  - 1.1.2 Use of Immunization Services Support
  - 1.1.3 Immunization Data Quality Audit
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines – Hep B**
  - 1.2.1 Receipt of new and under-used vaccines
  - 1.2.2 Major activities
  - 1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for introduction of the new vaccine
- 1.3 Injection Safety**
  - 1.3.1 Receipt of injection safety support
  - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
  - 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

### **2. Financial Sustainability**

### **3. Request for new and under-used vaccine for year 2004 (indicate forthcoming year)**

- 3.1 Up-dated immunization targets**
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year 2004**
- 3.3 Confirmed/revised request for injection safety support for the year 2004**

### **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/VF support**

### **5. Checklist**

## 6. Comments

## 7. Signatures

### 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). Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

- *GAVI funds are received by Lesotho Government after notification by UNICEF during the ICC Meeting; funds get deposited in the central Bank of Lesotho then Ministry of Health & Social Welfare Revenue Account.*

#### *Utilization:*

- *All Health Service Areas - Government and NGO health facilities prepare micro-plans for their various activities.*
- *Disbursements of funds are done on the basis of their requests in their Health Service Areas.*
- *Central level hires a truck for delivery of syringes and sharps containers.*
- *Monitoring and supervision conducted in all those Health Service Areas.*
- *IEC materials printed and distributed to all HSAs.*
- *Forms signed by each person during acceleration receiving funds for transport and lunch packs.*

### 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 USD 37,000

Remaining funds (carry over) from the previous year NONE

Table 1 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US \$	Amount of funds			PRIVATE SECTOR & Other
		PUBLIC SECTOR			
		Central	Region/State/Province	District/HSA	
Vaccines					
Injection supplies					
Personnel					
Transportation		US \$ 700			
Maintenance and overheads					
				US\$ 33,900	
				US\$ 1,900	
Outreach					
Supervision		UD\$ 500			
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ..... (specify)					
<b>Total: US\$ 37,000</b>					
<b>Remaining funds for next year: NONE</b>					

*\*If no information is available because of block grants, please indicate under 'other'.*

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

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

*Inform ICC on Berea Launching and the use of funds.*

- *Draft manual on Hep-B*
- *Support during NID*
- *Printing of IEC materials.*
- *Field Visits to HSAs for vaccine and logistics inventory.*
- *Dissemination of Information to all PHC Coordinators on Hep-B*

**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  N/A

→ If yes, please attach the plan and report on the degree of its implementation.

**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)

N/A

## **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.

Vaccine Received in 2003

### **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.

- *Lesotho launched Hep-B vaccine in one of the districts on the 28<sup>th</sup> August, 2003.*
- *Public Health Nurses from all districts attended Orientation Workshop on the administration of Hep-B - its management and cold chain.*
- *Lesotho has produced a training manual on Hep-B for Health Workers.*
- *Vaccination schedule including Hep-B is designed; printing and distribution to HSAs will be done soon.*
- *Health Cards have an extra page including Hep-B.*
- *A revised Health Card is being done.*

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

→ *Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.*

- *IEC material i.e banners, flyers, T-shirts and caps (all bearing Hep-B information) have been distributed to the districts.*
- *Health Service Areas will be conducting meetings with clinic vaccinators to orientate them on Hep-B and introduction to their various communities for understanding.*

## **1.3 Injection Safety**

### **1.3.1 Receipt of injection safety support**

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



*The safe injection proposal has just been approved for 2003 as planned for Hep-B injection administration.*

**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/IF support.

<b>Indicators</b>	<b>Targets</b>	<b>Achievements</b>	<b>Constraints</b>	<b>Updated targets</b>
<ul style="list-style-type: none"> <li>• <i>Number of HSAs with proper functioning Incinerators.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>By April 2004 10 HSAs will have constructed Incinerators.</i></li> <li>• <i>By November 2003 all health workers will have completed training on Waste Management and Injection Safety.</i></li> <li>• <i>Central level and HSAs have created space</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>All vaccinating centres are supplied with AD syringes and sharp disposal boxes.</i></li> <li>• <i>Space provided for storage of syringes and needles at central level and HSAs.</i></li> <li>• <i>All sharp are disposed in sharp containers.</i></li> <li>• <i>Disposal done at HSAs</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Timely availability of trainer for Waste Disposal and Injection Safety and cold chain for all cadres.</i></li> <li>• <i>Manpower attrition.</i></li> <li>• <i>Competing activities at HSAs using the same people.</i></li> <li>• <i>Insufficient transport.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>By December 2003 the 9 HSAs will have constructed incinerators.</i></li> </ul>



**Table 2 : Baseline and Annual Targets**

Number of	Baseline and targets						
	2000	2001	2002	2003	2004	2005	2006
Births	69083	70525	71956	73515	75196	76700	78234
Infants' deaths	5112	5219	5328	5440	5565	5676	5789
Surviving infants	64324	65666	66998	68450	70015	71416	72844
Infants vaccinated with DTP3 *	36062	39400	43549	47915	52511	57133	61917
Infants vaccinated with DTP3: administrative * figure reported in the WHO/UNICEF Joint Reporting Form	36062 (56%)	47265 (72%)	35220 (75%)				
NEW VACCINES							
Infants vaccinated with _____ * (use one row per new vaccine)	N/A						
Wastage rate of ** ..... (new vaccine)	N/A						
INJECTION SAFETY							
Pregnant women vaccinated with TT	27956	39400	43549	47915	52511	57133	61917
Infants vaccinated with BCG	34174	42315	46771	51461	56397	61360	66499
Infants vaccinated with Measles	30970	39400	43549	47915	52511	57133	61917

\* Indicate actual number of children vaccinated in past years and updated targets. The changes noted are due to review of target populations.  
\*\* Indicate actual wastage rate obtained in past years.

	<i>for storage of AD syringes and sharp disposal boxes.</i>	<i>Incinerators and Deep Pits.</i>		
--	---	------------------------------------	--	--

### 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

- *Training of opinion leaders in communities on importance of vaccine to improve routine coverage.*
- *Training of CHWs in remote areas ( demonstration and practices) on Hep-B administration.*
- *Printing and distribution of IEC material to HSAs on Vaccine Safety and Hep-B cold chain.*
- *Distribution of New Refridgerators and cold boxes to all HSAs.*
- *Monitoring of vaccines and logistics in all HSAs.*

## 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.

→ 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.

- Changes are due to review the populations.
- UNICEF together with the Ministry of Health & Social Welfare have worked on the actual vaccine requirements.
- UNICEF Supply Division - Copenhagen has been notified through UNICEF Country Office in Lesotho.

**3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2004 (indicate forthcoming year)**

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

- UNICEF Country Office- Lesotho together with the Ministry of Health & Social Welfare, has worked-out vaccine fore-casting. Information already transmitted to UNICEF Supply Division in Copenhagen.

**Table 3: Estimated number of doses of ..... 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
<b>A</b>	Number of children to receive new vaccine		* 47946

**Remarks**

**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

B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		3
D	Number of doses	$A \times B / 100 \times C$	143,838
E	Estimated wastage factor	(see list in table 3)	1.43
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	205,688
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year ....		56,150
I	Total vaccine doses requested	$F + G - H$	149,538
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	97334
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	16599
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	1,265

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 Confirmed/revised request for injection safety support for the year 2004 (indicate forthcoming year)

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

	Formula	For year 2004	For year 2005
A	Target of children for TT vaccination (for TT : target of pregnant women) <sup>1</sup>	#	41096
B	Number of doses per child (for TT woman)	#	2
C	Number of TT doses	A x B	82193
D	AD syringes (+10% wastage)	C x 1.11	91234
E	AD syringes buffer stock <sup>2</sup>	D x 0.25	0
F	Total AD syringes	D + E	91234
G	Number of doses per vial	#	10
H	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6	16
I	Number of reconstitution <sup>3</sup> syringes (+10% wastage)	C x H x 1.11 / G	N/A
J	Number of safety boxes (+10% of extra need)	$(F+1) \times 1.11 / 100$	1013

<sup>1</sup> 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).

<sup>2</sup> 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.

<sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and VF.



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

		Formula	For year 2004	For year 2005
A	Target of children for BCG vaccination (for BCG : target of pregnant women) <sup>1</sup>	#	54795	59558
B	Number of doses per child	#	1	1
C	Number of BCG doses	A x B	54795	59558
D	AD syringes (+10% wastage)	C x 1.11	60823	66109
E	AD syringes buffer stock <sup>2</sup>	D x 0.25	0	0
F	Total AD syringes	D + E	60823	66109
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6	2	2
I	Number of reconstitution <sup>3</sup> syringes (+10% wastage)	$C \times H \times 1.11 / G$	12164	13222
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	810	880

<sup>1</sup> 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).

<sup>2</sup> 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.

<sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

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

		Formula	For year 2004	For year 2005 – Pentavalent
<b>A</b>	<b>Target of children for Measles vaccination (for Measles : target of pregnant women)<sup>1</sup></b>	#	<b>47946</b>	<b>52552</b>
<b>B</b>	<b>Number of doses per child</b>	#	<b>3</b>	<b>3</b>
<b>C</b>	<b>Number of Measles doses</b>	A x B	<b>143838</b>	<b>157656</b>
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	<b>159660</b>	<b>174998</b>
<b>E</b>	<b>AD syringes buffer stock <sup>2</sup></b>	D x 0.25	<b>0</b>	<b>43750</b>
<b>F</b>	<b>Total AD syringes</b>	D + E	<b>159660</b>	<b>218748</b>
<b>G</b>	<b>Number of doses per vial</b>	#	<b>10</b>	<b>10</b>
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	<b>1.6</b>	<b>1.6</b>
<b>I</b>	<b>Number of reconstitution <sup>3</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	<b>0</b>	<b>28000</b>
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	<b>1772</b>	<b>2739</b>

*\* For Year 2005, Lesotho will be introducing Pentavalent Vaccine (DPT – Hep B – Hib)*

<sup>1</sup> 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).

<sup>2</sup> 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.

<sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.



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

		Formula	For year 2004	For year 2005
<b>A</b>	<b>Target of children for Measles vaccination (for Measles : target of pregnant women)<sup>1</sup></b>	#	<b>44521</b>	<b>49048</b>
<b>B</b>	<b>Number of doses per child</b>	#	<b>2</b>	<b>2</b>
<b>C</b>	<b>Number of Measles doses</b>	A x B	<b>89042</b>	<b>98096</b>
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	<b>98837</b>	<b>108887</b>
<b>E</b>	<b>AD syringes buffer stock <sup>2</sup></b>	D x 0.25	<b>0</b>	<b>0</b>
<b>F</b>	<b>Total AD syringes</b>	D + E	<b>98837</b>	<b>108887</b>
<b>G</b>	<b>Number of doses per vial</b>	#	<b>10</b>	<b>10</b>
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	<b>1.6</b>	<b>1.6</b>
<b>I</b>	<b>Number of reconstitution <sup>3</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	<b>15814</b>	<b>17422</b>
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	<b>1273</b>	

<sup>1</sup> 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).

<sup>2</sup> 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.

<sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Justification of changes from originally approved supply:	For the year 2004		For the year 2005	
	<ul style="list-style-type: none"> <li>• Review of populations and confirmation by ICC.</li> <li>• Provision of 5ml. Reconstitution syringes and 5ml. safety boxes.</li> </ul>	60,823	66,109	436,522
Total AD syringes	for BCG	60,823	66,109	4868
	for other vaccines	349731	436,522	4868
Total No. of reconstitution syringes		27978	58,644	4868
Total of safety boxes		4868	6,230	4868

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

*Quantity does not differ*

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/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
NOT APPLICABLE FOR LESOTHO				

**5. Checklist**

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission		
Reporting Period (consistent with previous calendar year)	2002	
Table 1 filled-in		
DOA reported on		
Reported on use of 100,000 US\$		
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in		
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		
Government signatures		
ICC endorsed	YES	

## 6. Comments

→ ICC comments:

*From the ICC member perspective, most of the goals and objectives for which funds were earmarked have been achieved.*

- *Funds have been disbursed for various activities in both Government of Lesotho and Christian Health Association of Lesotho's health delivery systems.*
- *AD syringes have been distributed as have boxes for safe disposal of sharps.*
- *Interest by ICC members has been very high, evidenced by attendance and active participation of all, in particular, the Honourable Minister of Health & Social Welfare.*
- *Coverage has been comparatively high even though some variables such as a population base has tended to lessen the impact.*
- *There may still be a need for a verification campaign to confirm, or otherwise, some facts if deemed necessary.*

*So overall process has been and is still being made.*

## 7. Signatures

For the Government of LESOTHO

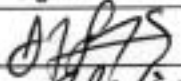
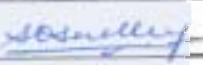
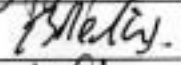


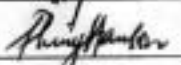

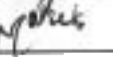
Signature: 

Title: MINISTER OF HEALTH & SOCIAL WELFARE

Date: 29-09-2003

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 for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
WORLD HEALTH ORG.	MIGUEL KUSKORWA WR	30/9/03		WORLD HEALTH ORGANISATION	DR. S. C. BARKLEY DISEASE PREVENTION & CONTROL OFFICER	30/9/03	
UNICEF	Dr. B. Dermanli	30/09/03		Ministry of Health	P. I. Mungu HUMANITARIAN	30/09/03	
LABORATORY	DIRECTOR	30.09.03		MINISTRY OF HEALTH	FAMILY HEALTH	DR. N. LETSIE	30.9.03
DEVELOPMENT COOPERATION	PHYIHY HANSON HEALTH ADVISOR	30.09.03		MINISTRY OF HEALTH AND SOCIAL WELFARE	T. J. RAMOTSOARI	30/09/03	
IRELAND	P. M. MURPHY	30/09/03		MASON City Council	Director Health	30/09/03	