Joint Appraisal update report 2019

Country	TOGO
Full JA or JA update[1]	☐ full JA ☑ **JA update**
Date and location of Joint Appraisal meeting	From 08 to 12 July 2019 in Lomé (Togo)
Participants/affiliation [2]	See attendance list
Reporting period	Annual
Fiscal period[3]	01/01/2019 to 31/12/2019
Comprehensive Multi Year Plan (cMYP) duration	2016-2020
Gavi transition / co-financing group	*e.g. initial self-financing or preparatory transition…*

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	Yes ☒	No ☐	
Does the vaccine renewal request include a switch request?	Yes ☐	No ☒	N/A ☐
HSS renewal request	Yes ☒	No ☐	N/A ☐
CCEOP renewal request	Yes ☐	No ☒	N/A ☐

2. GAVI GRANT PORTFOLIO

Existing vaccine support *(to be pre-filled by Gavi Secretariat)*

Introduced / Campaign	Date	2017 Coverage (WUENIC) by dose	2018 Target		Approx. Value US$
			%	Children	
Yellow fever	2004	91%	91%	280,985	293K
Pentavalent	2008	90%		282,238	431K
PCV13, 3rd dose	2014	90%	91%	280,985	2.19M
Rotarix, 2nd dose	2014	90%	92%	284,073	938K
Measles / rubella	2018	91% (MR1)	91% (MR1)	117,077	20.5K
IPV	2018	NA	46%	117,078	550K

[1] Information on the differentiation between full JA and JA update can be found in the Guidelines on reporting and renewal of Gavi support, https://www.gavi.org/support/process/apply/report-renew/
[2] If taking too much space, the list of participants may also be provided as an annex.
[3] If the country reporting period deviates from the fiscal period, please provide a short explanation.

Health System and Immunisation Strengthening (HSIS) Support (US$ millions)

Grant	Channel	Period	First disb-urseme nt	Cumulative financing status @ June 2018			
				Comm.	Appr.	Disb.	Util.
HSS1	UNICEF	2010-2013	2016	1.25	1.25	1.25	1.25
	MoH	2010-2013	2001	2.43	2.35	2.35	2.35
HSS2	UNICEF	2017-2021	2017	6.45	3.79	2.1	1.0
CCEOP	UNICEF	2017-2021	2018	1.8	1.8	0.761	0.760
MR ops	UNICEF	2017-2019	2017	2.23	2.23	2.23	2
IPV intro	UNICEF	2015	2016	0.203	0.203	0.203	0.203
MR intro	UNICEF	2016	2018	0.262	0.262	0.262	0.172
MenA ops	WHO	2014	2014	1.35	1.35	1.35	1.08
MenA ops	UNICEF	2014	2014	0.391	0.391	0.391	0.391
HPV demo	UNICEF	2015/16	2015	0.188	0.188	0.188	0.140
Penta intro	MoH	2008	2007	0.100	0.100	0.100	0.100
Yellow fever intro	MoH	2004	2004	0.100	0.100	0.100	0.100
Rota VIG	MoH	2013	2014	0.228	0.228	0.228	0.203
PCV-13	MoH	2012	2014	0.223	0.223	0.223	0.218

Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future[4]

Indicative interest to introduce new vaccines or request HSS support from Gavi in the future	Programme	Expected application year	Expected introduction year
	MenA ops/ VIG	Application approved by the IRC in Nov. 2018	2020
	HPV	Application approved by the IRC in Nov. 2018	2021
	HSS	2019 tranche	For renewal

Grant Performance Framework – latest reporting, for period 2018 *(to be pre-filled by Gavi Secretariat)*

Intermediate results indicator	Objective	Actual
% of health centres equipped with a working refrigerator	76	69
% of health zones with no vaccine stockouts in the past 3 months	100	100
Comments		

[4]Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for informational purposes.
Countries are encouraged to highlight in subsequent sections, and particular in the Action Plan in Section 7, key activities and potentially required technical assistance for the preparation of investment cases, applications and vaccine introductions, as applicable.

PEF Targeted Country Assistance: Core and Expanded Partners at [insert date] *(to be pre-filled by Gavi Secretariat)*

	Year	Funding (US$ x 1000)			Staff in-post	Milestones met	Comments
		Appr.	Disb.	Util.			
TOTAL	2017	503.882	503.882	500.875	1	60%	The main assistance areas covered by the PEF/TCA include managing services, communication, strategic and operational planning, help introducing new vaccines and campaigns, data quality and DHIS2. The PEF TCA-approved funding for Togo in 2019 was approximately US$ 800,000.
	2018	566.172	566.172	106.358	4	94%	
	2019	565.620	565.620	-			
UNICEF	2017	203.148	203.148	203.148	0	20%	
	2018	186.322	186.322	0	3	0%	
	2019	186.840	186.840	-			
WHO	2017	300.734	300.734	297.727	1	100%	
	2018	379.850	379.850	106.358	2	100%	
	2019	378.780	378.780	-			

3. RECENT CHANGES IN COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR

The JA update does not include this section.

4. PERFORMANCE OF THE IMMUNISATION PROGRAMME

The JA update does not include this section.

5. PERFORMANCE OF GAVI SUPPORT

5.1. Performance of Gavi HSS support (if country is receiving Gavi HSS support)

Provide a succinct analysis of the performance of Gavi's HSS support for the reporting period.

- ***Progress of the HSS grant implementation*** *against objectives, budget and workplan, and significant deviations from plans (e.g. implementation delays, low expenditure rates, etc.),* ***using the table below****.*

The second Gavi grant to support health system strengthening (HSS2) in Togo is focused on reducing child and maternal mortality through improved coverage of essential health services, particularly those for mothers and children in remote, hard-to-access areas with low immunisation coverage in Togo's six health regions.

The HSS2 grant has four main objectives: (i) improve the organisation, management, and delivery of health services; (ii) increase the percentage of health districts and regions reporting quality data for decision-making to at least 90% by 2021; (iii) increase the percentage of fully immunised children from 61.4% (Togo DHS 3) to at least 90% from 2014 to 2021 by improving the availability, accessibility, equity and utilisation of quality integrated health services; and (iv) help strengthen the supply chain (cold chain and vehicle logistics) to ensure equity and better vaccine coverage.

This part of the analysis only considers the funds that were disbursed to the Ministry of Health and Public Hygiene (MoH) in 2018 through the PMU-Global Fund, in terms of the percentage of activities carried out and budget utilisation.

Objective 1: Improve the management, organisation, and delivery of health services	
Objective of the HSS grant (as per the HSS proposals or PSR)	Objective 1 aims to: - Strengthen the management capacities of Gavi-funded programmes and Ministry of Health programmes; - Strengthen the functionality of all health sector management and coordination bodies, including the ICC and HIV/Health Sector Committee; - Improve the financial management of Gavi-funded programmes and Ministry of Health programmes; - Improve the working and management conditions for human resources in health hired using the grant to support Peripheral Healthcare Units (PHU) located in hard-to-reach data [sic]
Priority geographies / population groups or constraints to C&E addressed by the objective	The interventions planned to achieve Objective 1 are directed towards the central Ministry departments (Planning, NHDP Permanent Secretariat, Financial Affairs, Human Resources and the Interventions Coordination Unit for Health System Strengthening (ICU-HSS), and the Platform of Civil Society Organisations in Support of Immunisation in Togo (POSCVI-Togo).
% of activities conducted / budget utilisation	- Activities completed: 87%, or 13 of the 15 planned activities - Budget utilisation: 95%, or XAF 215,031,512 out of XAF 225,867,150
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	- Support for operations of the Interventions Coordination Unit for Health System Strengthening (ICU-HSS); - Purchase of computer and office equipment for the ICU-HSS, the Immunisation Division (EPI), and Civil Society Organisations (CSOs); - Coverage of 17 months of salaries (5 months of arrears in 2017 and 12 months in 2018) for 35 health workers (6 midwives, 8 birth attendants and 21 state-certified nurses) hired using the HSS grant to support PHUs in 15 districts in 5 of Togo's regions (Maritime, Plateaux, Central, Kara and Savanes); - On-site monitoring at the post (monitoring mission) of 35 health workers hired using the HSS grant to support PHUs (6 midwives, 8 birth attendants, and 21 state-certified nurses); - Capacity-building for 25 health HR managers at the central, regional, and district levels; - Development of the 2019 workplan for the HSS2 grant; - Support for one management audit mission and one budget execution follow-up mission in regions and hospitals; - Endorsement of the national policy and equipment maintenance plan; - ICC operations strengthening (four meetings held, three were planned); - Organisation of two consultation meetings between the public and private health sectors; - Training of 115 actors (60 district and regional management teams and 55 central-level actors) on how to use the NHDP implementation tools (activity guides, health facility microplan, operational action plan framework, indicator dashboard, performance report framework by level); - Organisation of the workshop to decide which institution will house a Project and Programme Management Unit (PMU) within the Ministry of Health and Social Protection (MHSP); - Organisation of the Joint Appraisal of Gavi-funded programmes in Togo in July; - Purchase of two double 4x4 vehicles to improve the coordination of HSS activities with CSO activities; - Purchase of communication materials for CSOs for community mobilisation and awareness (Android RAM 2GB with integrated GPS, 2GB memory card, 3G internet connection kits, etc.).

Major activities planned for the upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**)[5]	- Strengthen the capacities of the HSS management unit; the main bodies in charge of planning, monitoring & evaluation; supervision and monitoring of NHDP programmes at the central and decentralised levels (train three managers, including one from ICU-HSS in financial engineering and two in strategic planning: one from ICU-HSS and one from DEPP); - Ensure the HSS coordination unit is operational; - Provide the Immunisation Division with 3 inverters; - Provide CSOs with awareness education materials (kits); - Provide CSOs in districts with 16 all-terrain motorcycles to monitor immunisation activities; - Equip the 25 desktop computers purchased for the CSO platform with inverters (25 inverters); - Support development of the technical assistance plan to support NHDP implementation; - Support the MoH three-year action plan (2019-2022) for the new NHDP; - Support the process to develop (finalise) the Ministry's annual performance report; - Establish a Programmes Coordination Unit; - Strengthen the functionality of the HIV/AIDS Health Sector Committee (ICC/sector committee meetings); - Support operations of the public-private health sector collaboration framework; - Organise one quarterly meeting for the National Immunisation Technical Advisory Group for immunisation (NITAG); - Equip the NITAG with IT equipment (one printer); - Provide support for the NITAG resource person; - Train planning and M&E managers on the unified strategic planning and budgeting tool (One Health Tool); - Train planning focal points on the mapping tools for health services and interventions (QGIS); - Validate the MOH integrated budget, financial, and accounting procedures manual; - Train authorising officers and accountants on the use of the MOH integrated budget, financial, and accounting procedures manual; - Support the organisation of audit, management control, and budget execution monitoring missions; - Pay the salaries of 35 key health workers hired using the HSS grant to support PHUs; - Build the skills of 25 health HR managers at the central, regional, and district levels; - Purchase 20 3G Internet connection kits; - Train 60 CSO workers over 4 days on EPI management, implementing the RED/REC approach (vaccination schedule, lost-to-follow-up, social mobilisation, monitoring, supervision, planning, ANC including field visit) and social mobilisation: 30 persons/session; - Organise social mobilisation activities in communities in the 15 priority districts during African Immunisation Week; - Strengthen the collaboration between CSOs and regions and districts by organising regional meetings (1 meeting x 6 regions); - Organise training for regional and district management teams (RMTs & DMTs) on the new training manual and co-management of health training in the 15 priority districts; - Organise an information and orientation workshop for actors on CSO activities that support immunisation.
Objective 2: By 2021, increase to 90% the percentage of health districts and regions that report quality data for decision-making	

Objective of the HSS grant (as per the HSS proposals or PSR)	Objective 2 specifically involves: (i) improving data quality, including immunisation data, for decision-making; and (ii) strengthening the monitoring, supervision, and evaluation of health sector actions.
Priority geographies / population groups or constraints to C&E addressed by the objective	The geographic groups concerned include all 44 districts and 6 health regions. The number of target districts increased from 40 to 44 due to the creation of 4 new health districts in 2017.
% of activities conducted / budget utilisation	- Activities completed: 50%, or one of the two planned activities. - Budget utilisation: 87% or XAF 11,044,587 out of XAF 13,757,550.
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	- Training of 46 NHIS focal points from districts and regions in data quality management.
Major activities planned for the upcoming period (mention significant changes / budget reallocations and **associated changes in technical assistance**)[5]	- Organise regional reviews; - Organise national reviews; - Organise an annual NHIS review; - Organise an external EPI review; - Support missions to supervise CSO activities; - Organise a mission to supervise HSS2 grant activities, including monitoring key health workers hired using the grant; - Hold a quarterly meeting of the National Data Quality Group to analyse the data and assess implementation of the DQIP; - Conduct the qualitative evaluation and verification survey of immunisation data; - Organise a joint mission to supervise EPI focal points on the use of WHO Data Quality; - Organise two monthly meetings to validate EPI and surveillance data.
- **Objective 3: Increase the percentage of fully immunised children from 61.4% (Togo DHS-3) to at least 90% from 2014 to 2021, by improving the availability, accessibility, equity, and use of integrated quality health services**	
Objective of the HSS grant (as per the HSS proposals or PSR)	Objective 3 aims to: (i) strengthen the RED approach; (ii) strength HR capacities in immunisation services; and (iii) improve communication and social mobilisation to change social behaviour to embrace immunisation.
Priority geographies / population groups or constraints to C&E addressed by the objective	The geographic groups consist of the 15 priority health districts (those with low immunisation coverage) that were identified during the 2018 JA;: 1**-** District II, 2- District III, 3- Golfe, 4-Lacs, 5- Vô, 6- Haho, 7-Danyi, 8-Wawa, 9- Anié, 10- Agou, 11- Ogou, 12 Tchaoudjo, 13- Binah, 14-Tandjouare, 15-Tône. Note: Other districts will receive maintenance activities.
% of activities conducted / budget utilisation	- Activities completed: 66%, or two of the three planned activities. - Budget utilisation: 37%, or XAF 47,236,025 out of XAF 127,046,574.
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	- Organise an EPI activity monitoring meeting with participation from region and district management teams and the national level; - Implement microplans in districts that have conducted the in-depth analysis of the roots of equity in immunisation (Golfe and Ogou); - Organise mobile immunisation in 120 villages located more than 15 km from health facilities; - Train two managers in health logistics (degree program) at the IRSP [Regional Public Health Institute] in Ouidah.
Major activities planned for the upcoming period (mention significant changes / budget reallocations and	- Organise mobile immunisation in 120 villages located more than 15 km from health facilities in addition to the 15 priority districts (one outing will cover 2 villages); - Organise a monthly monitoring meeting in the 15 priority districts with the 331 facilities that offer immunisation, involving staff from private facilities and NGO/association managers; - Organise a twice-yearly monitoring meeting per region;

associated changes in technical assistance)[5]	- Organise support from the RMTs at the district monitoring meetings every other month; - Organise 2 supportive supervision visits by DMTs for EPI workers in health facilities in the 15 priority districts with 331 facilities; 2 sites per outing; - Organise 2 supportive supervision visits by RMTs for EPI workers in the 15 priority health districts; - Organise 2 twice-yearly supportive supervision visits by the central level for EPI/IDSR workers in six health regions; - Provide health facilities in the 15 priority districts with 150 schedules and 150,000 cards (100,000 cards for children + 50,000 for pregnant women) to find those lost-to-follow-up; - Strengthen AEFI surveillance and treatment; - Fund microplans in districts that have conducted in-depth analyses of the roots of equity in immunisation (Golfe, Ogou, Binah, Haho, Tône, Tchaoudjo, DDS2, DDS3, Agou, Danyi, Wawa, Anié, Tandjouré, Vo and Lacs); - Hold 2 sessions to train 44 EPI district focal points and 6 region EPI focal points over 4 days; - Educate 1 upper-level manager in an International Master's degree programme in Applied Vaccinology; - Train 48 EPI focal points and 48 IDSR focal points (pharmacovigilance) in AEFI surveillance; - Train/retrain 50 EPI focal points and 6 regional managers in stock management, and 10 central-level data managers in vaccine and supplies management; - Train 2 managers in health logistics; - Train/retrain 120 health facility managers (20 per region) in vaccine management over 3 days; - Train 8 DMTs on how to analyse equity in access to immunisation services as part of the RED/REC approach; - Train 30 providers/technicians per region in cold chain maintenance; - Develop regional communication plans to advocate for immunisation; - Contract with national media to produce and air shows about immunisation; - Organise bimonthly sessions to educate and inform community leaders, religious leaders, and authorities on immunisation and disease surveillance: in districts (by CSOs); - Send text messages about the EPI and disease surveillance through mobile telephone networks; - Strengthen community dialogue about vaccination through the "Papa Champion" community engagement model in health areas in the 15 priority health districts; - Organise community dialogues in the 15 priority districts with low Penta3 coverage (< 80%).
Objective 4: Help strengthen the supply chain (cold chain and vehicle logistics) to ensure equity and improve immunisation coverage	
Objective of the HSS grant (as per the HSS proposals or PSR)	Objective 4 involves: (i) strengthening the cold chain and vehicle logistics; and (ii) supplying quality vaccines and supplies.

[5]When specifying Technical Assistance needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner), the quantity/duration required, modality (embedded, sub-national, coaching, etc.), and any timeframes / deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as a reference guide.

Priority geographies / population groups or constraints to C&E addressed by the objective	The geographic groups concerned include all 44 districts and 6 health regions. The number of target districts increased from 40 to 44 due to the creation of 4 new health districts in 2017.
% of activities conducted / budget utilisation	- 0% of activities conducted - 0% budget utilisation
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	No activity was planned in 2018 for this objective.
Major activities planned for the upcoming period (mention significant **changes** / budget reallocations and associated changes in **technical assistance**[6]	- Support the operations of the health logistics working group (EPI partners, CAMEG, UNICEF, Rotary); - Organise a mission to repair cold chain equipment in regional warehouses; - Purchase a long frame truck for the Kara region to transport vaccines and supplies to the Savanes and Centrale regions; - Map newly acquired cold rooms (Maritime, Plateaux and Kara); - Organise supervisions of new cold chain equipment installations; - Build the capacities of the vaccine logistics working group (GTLV); - Organise an inventory of equipment and vehicles belonging to the MOH; - Transport three cold rooms and three generators to the Maritime, Plateaux and Kara regions; - Install three cold rooms (one each in Maritime, Plateaux and Kara); - Install three generators (one each in Maritime, Plateaux and Kara); - Renovate/build storage facilities to house the cold rooms in Maritime, Plateaux and Kara; - Unload every vaccine shipment at the airport; - Unload every shipment of supplies at the airport; - Provide vaccines and supplies to regions every other month and to districts/PHUs every month

Remarks on activities performed and results achieved

The implementation of HSS2 grant activities has been delayed due to the suspensive conditions (Gavi grant management requirements). These conditions were temporarily lifted only in July 2018. Overall, the funds disbursed in 2018 covered 22 activities: 18 have been completed, 1 is in progress and 3 have not been implemented, for a physical implementation rate (PIR) of 84.09%.

The process of disbursing funds from the 2019 annual workplan, updated as a result of the Joint Appraisal, was time-consuming so did not occur until late November 2018.

a) Achievements vis-à-vis agreed targets

Despite the delay in implementing the grant, notable progress was made by the four priority districts that received HSS2 grant support during the last quarter of 2018: Golfe (Maritime region), Ogou (Plateaux region), and districts 2 and 3 (Lomé Commune region). Two of the four (Gulf and Ogou), had performed the

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immunisation equity analysis with microplans at the time of the 2018 Joint Appraisal and the review of the 2018 fourth quarter work plan; district 2 performed the equity analysis after the Joint Appraisal.

A total of 12,551 children were immunised with all vaccines in the four districts thanks to HSS2 grant support; 85% (10,674 children) were immunised in the three districts that conducted the equity analysis: 3,663 children in Golfe, 3,016 in Ogou and 3,995 in D2.

Antigens	Health District				Total
	D2	D3	Golfe	Ogou	
BCG	0	0	105	285	**390**
PENTA1	873	92	470	533	**1,968**
PENTA3	1,251	532	703	543	**3,029**
MR1	817	397	849	602	**2,665**
YFV	817	397	849	605	**2,668**
TT1	57	28	131	108	**324**
TT2+	180	431	556	340	**1,507**
Total	**3,995**	**1,877**	**3,663**	**3,016**	**12,551**

Overall, HSS2 grant support to the four districts improved immunisation coverage between November and December 2018 through outreach and mobile strategies.

The situation by district is given below.

- **Golfe district**

Antigen	Coverage end of October 2018 (%)	No. of children immunised using HSS2 funding support	Coverage end of December 2018 (%)
BCG	68	105	**69**
PENTA 1	89	470	**89**
PENTA 3	87	703	**87**
MR	84	849	**84**
YFV	84	849	**84**
TT1	27	131	**27**
TT2+	69	556	**70**
Total		**3,663**	

Remarks: Golfe is one of the districts most affected by the socio-political crisis that hit the country between September 2017 and December 2018. Despite this social crisis, the Golfe district maintained its immunisation coverage levels for almost all antigens. These results were helped by the support of HSS2 funding in the last quarter of 2018. Between November and December 2018, 3,663 children lost-to-follow-up were found and vaccinated.

- **Ogou district**

Antigens	Coverage end of October 2018 (%)	No. of children immunised using HSS2 funding support	Coverage end of January 2019 (%)
BCG	11	285	89
PENTA1	83	533	99
PENTA3	92	543	83
MR	72	602	75
YFV	70	605	75
TT1	28	108	35
TT2+	69	340	77
Total		**3,016**	

- **District 2**

Antigen	Coverage end of October 2018 (%)	No. of children immunised using HSS2 funding support	Coverage end of December 2018 (%)
BCG	78	0	73
PENTA1	74	873	76
PENTA3	66	1251	71
MR1	69	817	69
YFV	71	817	71
TT1	33	57	33
TT2+	60	180	57
Total		**3,995**	

- **District 3**

Antigen	Coverage end of October 2018 (%)	No. of children immunised using HSS2 funding support	Coverage end of January 2019 (%)
BCG	82	0	81
PENTA1	81	92	81
PENTA3	75	532	79
MR1	85	397	85
YFV	85	397	85
TT1	34	28	34
TT2+	74	431	78
Total		**1,877**	

b) Relevance of the activities chosen

The activities selected and programmed in 2018 focused on the main objective of the grant generally and these four priority objectives in particular. This programming also incorporated the recommendations (conclusions) of the 2017 Joint Appraisal and the changing national context. However, the delay in starting activities is a factor that compromises this planning and implementation.

c) Role of public-private partnerships

The private sector is heavily involved in implementing HSS2 grant activities through the Private Health Sector Platform in Togo (PSPS-TOGO). Two meetings were organised between the Ministry of Health and PSPS-TOGO about financing the HSS2 grant (implementing the 2018 fourth quarter workplan). Four themes were discussed: (i) strengthening immunisation in the private sector; (ii) the maternal and neonatal health situation in Togo; (iii) accountability in the health system; and (iv) the process of preparing the 2015-2016 health accounts.

The discussions on strengthening immunisation in the private sector were an opportunity to address the following issues:

- how to improve collaboration between the Ministry of Health and the private health sector;
- the comprehensive survey of private health facilities and setting up an accreditation system for those offering immunisation services;
- improving the collection of immunisation data from the private health sector;
- (decentralised) training in EPI technical management for the private health sector;
- compliance with established immunisation standards in the private sector;
- the mechanism for incentivising private facilities that participate in EPI activities.

d) Participation of civil society organisations

CSO involvement is a part of the HSS2 grant. The goal of planned actions is to garner their support for the social mobilisation of communities and individuals to improve EPI performance.

A CSO platform to support immunisation was set up in 2012 using Gavi support. This process was facilitated by the Union of NGOs of Togo (UONGTO) and Catholic Relief Services (CRS.) This platform will be officially created in 2015 as the “Platform of Civil Society Organisations for Vaccination and Immunisation in Togo” (POSCVI - TOGO).

On 30 November 2018, the Ministry of Health signed a sub-grant agreement (ASS/2018/N°011/MSPS/POSCVI-TOGO) with POSCVI-TOGO as part of the HSS2 grant implementation, the purpose of which is to stimulate demand for immunisation through a variety of actions, including:

- involving local elected officials and community leaders in promoting routine immunisation by creating initiatives targeting community dialogue;
- maximising the potential of community workers engaged in programmes that promote routine immunisation;
- supporting the EPI in information and social mobilisation of populations;
- strengthening the partnership between the community and health entities to increase the demand for immunisation services;
- mobilising resources to conduct immunisation activities;
- organising searches for those lost to follow-up;
- organising educational talks in the community.

POSCVI received vehicles and computer equipment to improve activity coordination and build its members’ skills.

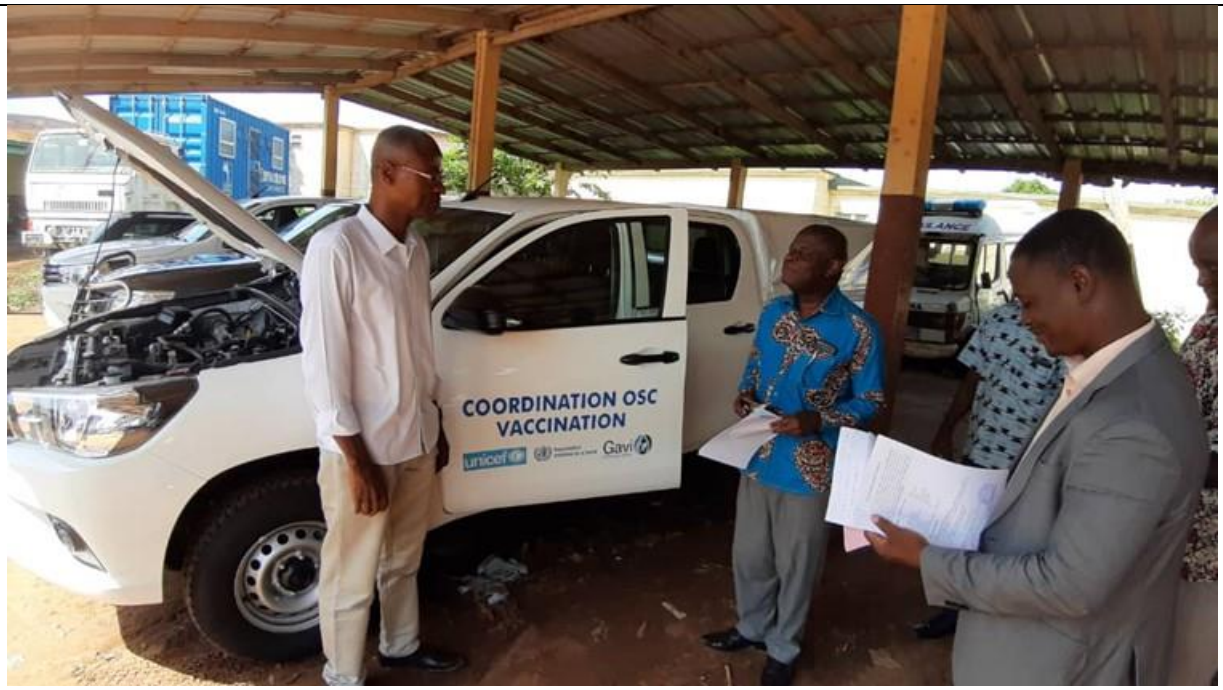


Photo of POSCVI-TOGO coordination vehicle delivery

The activities scheduled in this agreement will begin in 2019.

5.2. Performance of vaccine support

5.2.1. Vaccine-related problems revealed during vaccine renewals

Togo did not experience any stockouts or overstocks of vaccines co-financed by Gavi and the country in 2018 or from January to June 2019. A sufficient quantity was received to meet needs. However, some districts and health facilities did experience stockouts because the supply schedule was not followed (logistical and financial problem); these generally did not exceed 30 days.

The country experienced a two-to-three month stockout of two traditional vaccines, bOPV and BCG, due to the lack of funds in Copenhagen to procure them. This is currently no longer an issue, thanks to efforts by the Ministry of Health. The vaccine wastage rate is controlled throughout the system. No vaccines expired at either the national or regional warehouses.

5.2.2. NVS introduction and change

The PCV13 pneumococcal vaccine monodose was replaced in 2017 with the four-dose per vial presentation, effective beginning 1 August 2017 at the operational level.
New vaccines have been introduced into routine immunisation over the past two years:

- the first dose of the measles-rubella vaccine (MR1), in February 2018, replacing the measles-containing vaccine (MCV);
- the inactivated polio vaccine (IPV) on 4 October 2018; and
- the second dose of the measles-rubella (MR2) vaccine on 30 January 2019.

The figure below shows the coverage rates for these new vaccines in 2018 as compared to other vaccines given at the same time.

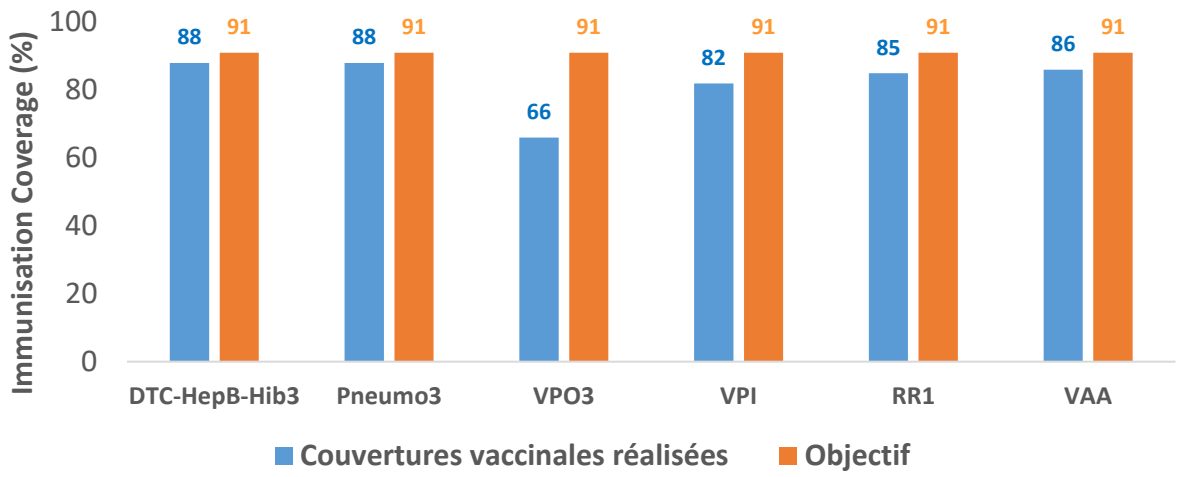


Figure 1: Routine immunisation coverage in Togo in 2018 for children 0-11 months

The immunisation coverage (IC) for IPV administered with the third dose of PCV-13, DTP-HepB-Hib3 and OPV3 is 82%, compared to 88% IC for PCV-13 and DTP-HepB-Hib3. The 82% IC for IPV was calculated on the basis of the expected target of children ages 0-11 months over a three-month period (this new vaccine was introduced on 4 October 2018). The IC for IPV is six points lower than that for PCV-13-third dose and DTP-HepB-Hib3.

The low OPV3 coverage (66%) is due to a national stockout during the first quarter of 2018.

The IC for MR1 (85%) and YFV (86%) are virtually the same, differing by one point.

The figure below shows a comparison of 2017 and 2018 immunisation coverage.

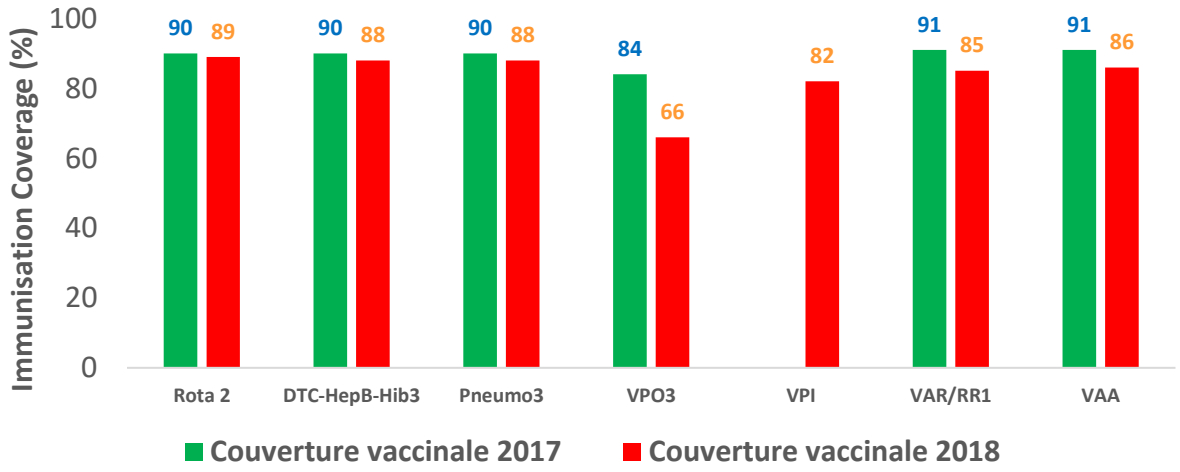


Figure 2: Comparison of 2017 and 2018 immunisation coverage for routine immunisation in children 0-11 months (IPV was introduced in October 2018)

Figure 2 shows that IC decreased in 2018 compared to 2017. There are several reasons for the poor performance of routine immunisation services in 2018, including:

- the strike by health workers in the first quarter;
- insufficient outreach strategies;
- stockouts of the OPV and BCG vaccines in the country in 2018.

The situation has recovered in 2019, as shown by the figure below, which gives the IC achieved in the first half of 2019 according to administrative data compared to IC in the first half of 2018.

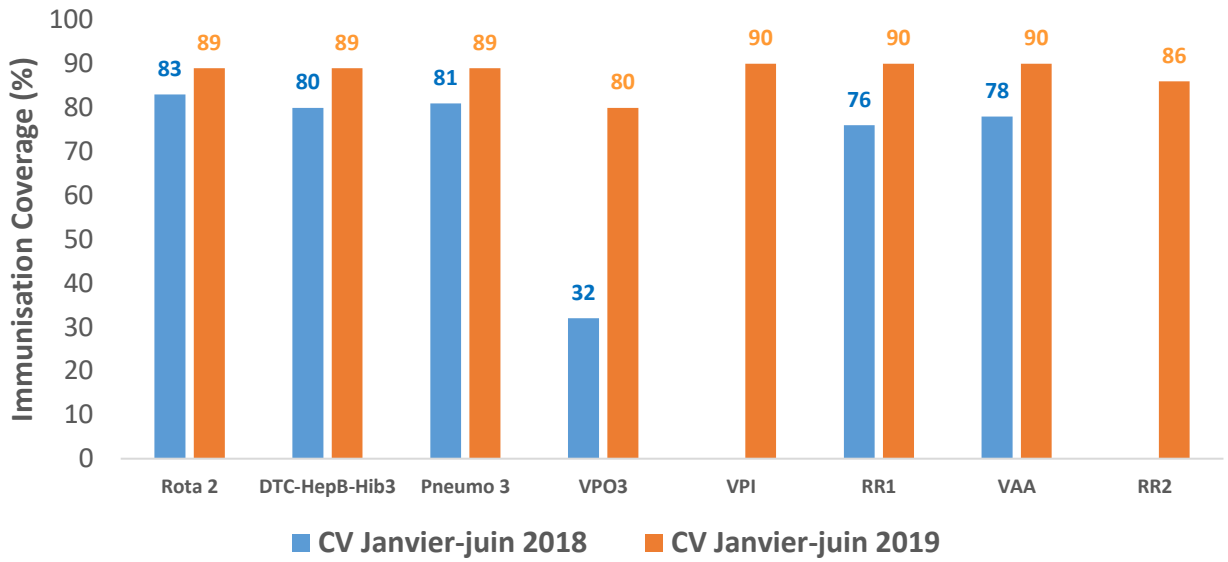


Figure 3: Comparison of immunisation coverage in 2018 and 2019 (January to June) for children aged 0-11 months

The graph shows that IC increased in 2019 compared to 2018, and that IPV coverage (90%) is essentially the same as that for the DTP-HepB-Hib3 and pneumo3 vaccines (89%).

The major difficulties encountered during the IPV vaccine introduction were:

- the overlap of activities that led to the introduction date being postponed. The initial plan was to introduce the IPV on 10 July; this was postponed to 4 October 2018 due to agenda conflicts, in particular with the activities to prepare for the Child Health Days that took place from 19 to 22 July 2018, preparation of the proposal to introduce the human papillomavirus (HPV) vaccine and the MenAfriVac vaccine, and activities to prepare for the Joint Appraisal of Gavi-funded programmes;

- insufficient time for supervision by DMTs (three days per district), which did not allow a sufficient number of health facilities to be supervised.

To counter these issues, the following actions will be taken in future introductions:

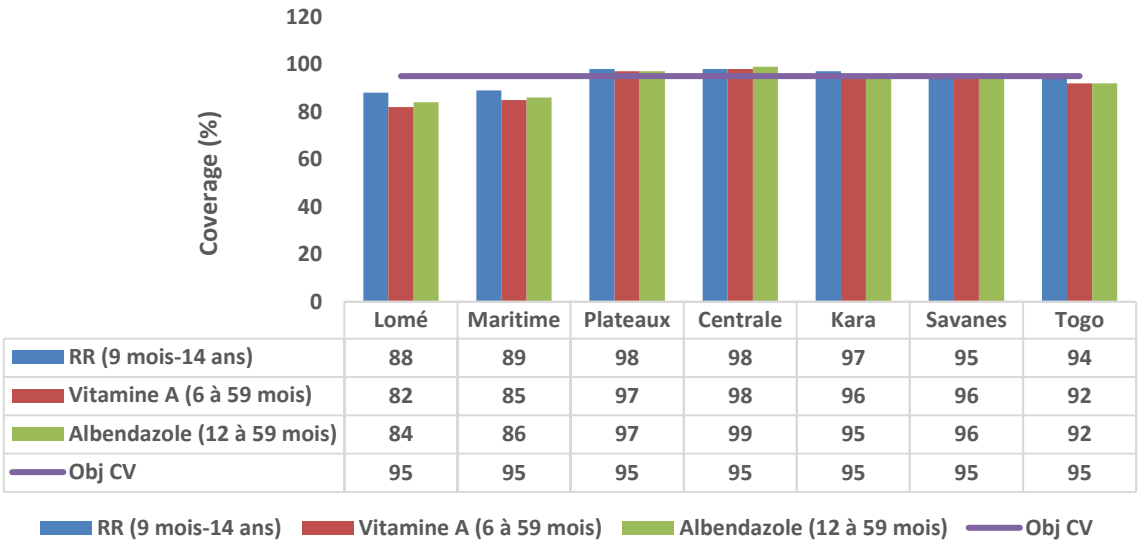
- ✓ better activity planning and monitoring;
- ✓ allowing a longer period of time for supervision.

5.2.3. Campaigns/SIA

From 12 to 18 February 2018, a national catch-up campaign targeting children aged 9 months to 14 years was conducted throughout the country as part of the measles and rubella elimination strategy. This campaign was combined with vitamin A and albendazole for children aged 6 to 59 months as part of the fight against childhood malnutrition and anaemia. The IC from this campaign was evaluated from 28 May to 8 June 2018.

The administrative and rapid assessment results were presented in the Joint Appraisal report in July 2018. The results of the external evaluation were not available prior to this Joint Appraisal.

The figure below shows the IC of interventions by regions, using the results of the external evaluation.



	Lomé	Maritime	Plateaux	Centrale	Kara	Savanes	Togo
RR (9 mois-14 ans)	88	89	98	98	97	95	94
Vitamine A (6 à 59 mois)	82	85	97	98	96	96	92
Albendazole (12 à 59 mois)	84	86	97	99	95	96	92
Obj CV	95	95	95	95	95	95	95

Figure 4: Coverage of interventions in the national integrated campaign of measles and rubella immunisation, vitamin A supplementation and albendazole deworming according to external evaluation data

The external evaluation showed that IC for the country as a whole was 94% for MR vaccination and 92% for vitamin A and albendazole. At the regional level, IC achieved the target (95%) in four of the six regions: Plateaux, Centrale, Kara, and Savanes. The Lomé and Maritime regions recorded the lowest coverage.

The figure below shows a comparison of IC using administrative data versus external evaluation data.

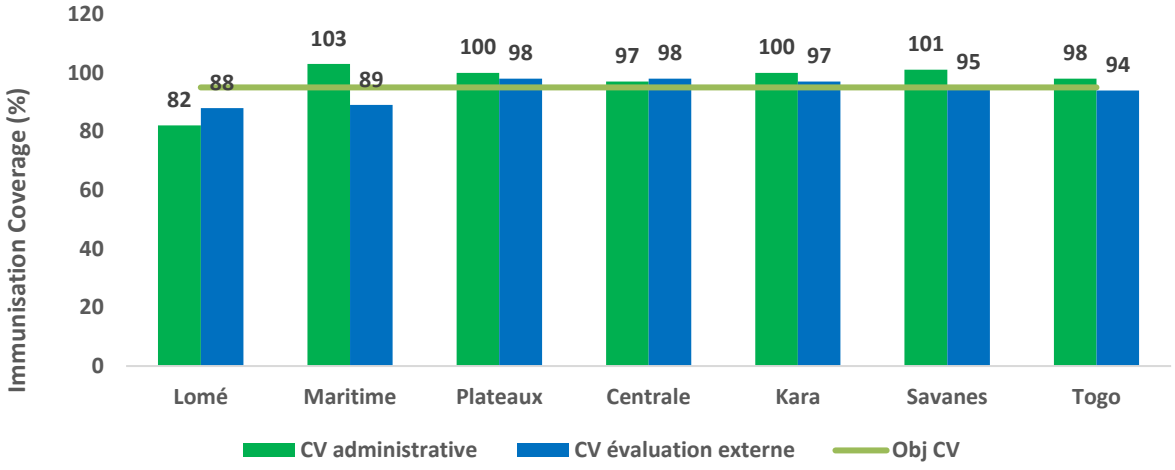


Figure 5: IC of interventions in the national integrated campaign of measles and rubella immunisation, vitamin A supplementation, and albendazole deworming according to external evaluation data

The greatest difference between administrative IC and external evaluation IC was recorded in the Maritime region (14 points); administrative coverage was higher. In the other regions, the difference ranged from one to six points.

No meningitis immunisation campaigns were organised in 2018. However, vaccine response campaigns were organised in 2017 and 2018 to respond to outbreaks of meningococcal meningitis A, including Neisseriameningitidis (NmW 135).

In 2017, campaigns were organised in the districts of Akébou (Plateaux region) and Tône (Savanes region). The figure below shows the results obtained in those two districts.

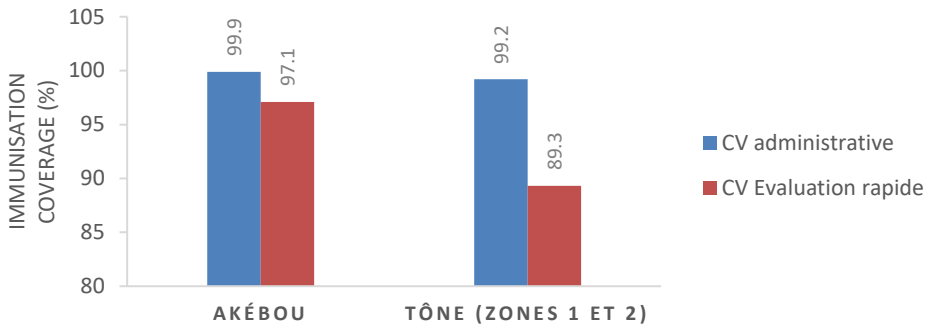


Figure 6: Administrative and rapid assessment coverage of the NmW135 meningitis response campaign in the Acebu district and Tône zones 1 and 2 in 2017.

The target of the campaign was individuals aged 2 to 29 years old, i.e. 50,603 people in the Akébou district and 108,018 people in zones 1 and 2 of the Tône district. The campaign target of 95% was achieved according to administrative data in both districts. However, according to the rapid assessment, the Tône district IC was below the campaign target.

Response campaigns were conducted in the following regions and districts in 2016 to address the NmW135 meningitis outbreak: Kara (Bassar, Dankpen, Kozah, Binah, Doufelgou, Kéran, and Assoli), Centrale (Plaine de Mô) and Savanes (Cinkasse).

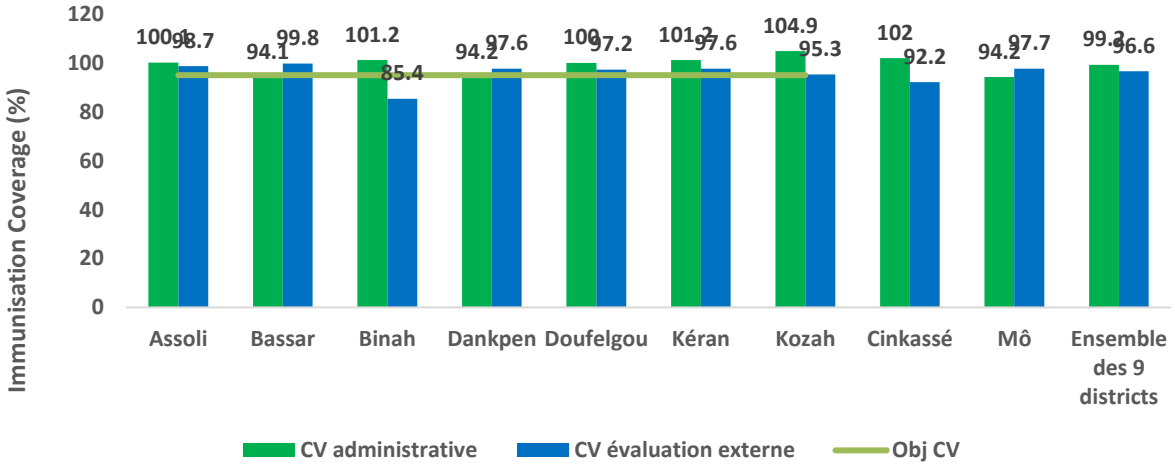


Figure 7: Administrative and rapid assessment coverage of the NmW135 meningitis response campaign in the districts of the Kara region and in the Cinkassé and Mô districts (2016)

According to administrative data, the average IC was 99.2% and ranged from 94.1% in the Basar district to 104.9% in the Kozah district. The Bassar, Dankpen, and Plaine du Mô districts, which were immunised in the first phase of the campaign, reported IC rates slightly below the 95% goal, due to a shortage of vaccines to cover the entire target population.
The rapid assessment data show that an average of 96.6% of those surveyed were immunised, which is a satisfactory result. Immunisation coverage varied from 85.4% in the Binah district to 99.8% in the Basar district. Survey results indicate IC was over 90% in all districts other than Binah.

5.2.4. Vaccine-preventable disease surveillance

a) Analysis of the measles and rubella situation

The first dose of the measles and rubella vaccine (MR1) was introduced in February 2018 and the second (MR2) in January 2019. MR1 coverage was 85% in 2018.
The results of case-based surveillance of measles and rubella from 2016 to 2018 are illustrated in the figure below.

A total of 675 suspected cases of measles were reported by the disease surveillance system from January to December 2016. Blood samples were taken in all cases: 15 tested positive for measles and 274 were positive for rubella. In 2017, blood samples were taken for 352 suspected cases of measles, of which 46 were positive for measles and 37 were positive for rubella. In 2018, blood samples were taken for 353 suspected cases of measles, of which 35 were positive for measles and 41 were positive for rubella. A high percentage of cases were reported between epidemiological weeks 1 and 15 every year.

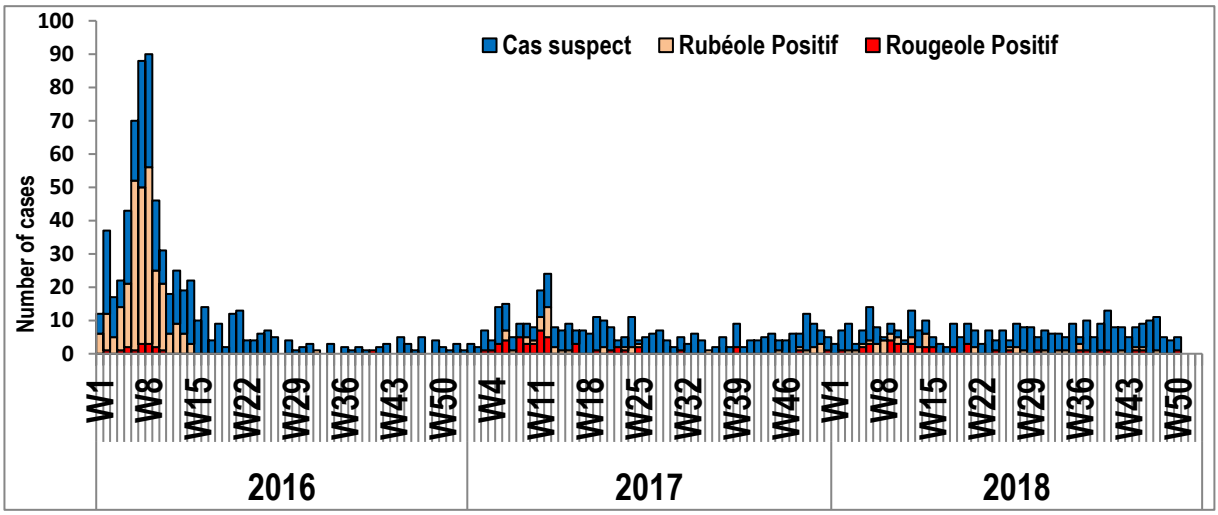


Figure 8: Epidemic curve for measles and rubella in Togo from 2016 to 2018

The surveillance indicators for febrile rash are given in Table 1 below.

Table 1: Surveillance indicators for febrile rash

Indicateurs	Cibles	2017 1er janv – 31 Dec	2018 1er janv – 31 Déc
Total cas notifiés (confirmés Roug/Rub)	145 et 149	353 (47/39)	353 (35/41)
Nombre (%) de Districts sanitaire ayant notifié au moins 1 cas de rougeole	100%	37 (93)	41(100)
Taux d'éruptions fébriles au niveau national	≥ 2/100000 habitants	4,9/100000 habitants	4,7/100000 habitants
Nombre (%) Régions ayant atteint l'indicateur de 2 cas pour 100 000 habitants	80%	6 (100)	6 (100)
Nombre (%) districts ayant atteint l'indicateur de 2 cas pour 100 000 habitants	80%	33 (83)	36 (88)
Nombre (%) de districts ayant investigué au moins 1 cas suspect de rougeole avec specimen de sang	80%	37(93)	41 (100)

Surveillance of congenital rubella syndrome (CRS) from 2015 to 2017 identified 14 positive cases out of 64 suspected cases. No cases of CRS were reported in 2018.

b) Acute flaccid paralysis (AFP) surveillance

In 2018, the rate of non-polio AFP was 4.7 per 100,000 children under 15 years of age and the 14-day stool sampling rate was 90%; 100% of districts had reported at least one case of AFP.

The surveillance indicators for AFP are given in the table below.

Table 2: Acute flaccid paralysis indicators in Togo in 2017 and 2018

Indicateurs	Cibles	2017 1er janv – 31 Dec	2018 1er janv – 31 Déc
Total cas PFA notifiés	61	118	144
Nombre (%) de Districts sanitaire ayant notifié au moins 1 cas de PFA	41	32(80%)	41(100%)
Taux de PFA Non Polio annualisé	≥ 2/100000 enfants < 15ans	3,9	4,7
% de cas de PFA avec deux selles en 14 jrs	≥ 90	97,4	90
% Régions atteint les 2 indicateurs	100	6/6= 100	(6/6)= 100
% de cas PFA avec des échantillons de selles adéquates	≥ 90	97,46	88,9
% de selles dans les 72h	100	29	18,8
% de cas avec VPO ≥ 3 doses	100	83	62

c) Case-based surveillance of meningitis

Four of the country's northern regions conduct case-based surveillance of meningitis. The 2018 results are given in the table below.

Table 3: Case-based surveillance of meningitis

	Plateaux	Centrale	Kara	Savanes	Total
Cas notifiés (N/%)	147 (22,34)	79 (12,01)	282 (42,86)	150 (22,80)	658 (100)
Cas prélevés N(%)	141 (98,60)	77 (97,47)	254 (90,07)	139 (92,67)	611 (92,86)
Cas décédés N(%)	7 (4,76)	6 (7,59)	8 (2,83)	12 (8,00)	33 (5,01)
Gram effectué au labo de district/région N(%)	128 (87,07)	76 (96,20)	125 (44,33)	70 (46,67)	399 (60,64)
Culture faite à la région (N/%)	13 (8,84)	2 (2,53)	241 (85,46)	99 (66,00)	355 (53,95)
PCR réalisés au LNR (N/%)	28 (19,05)	17 (21,52)	176 (62,41)	129 (86)	350 (53,19)

d) Sentinel surveillance of bacterial meningitis

Implementation of sentinel surveillance of paediatric bacterial meningitis shows a significant average annual reduction (43%) in the number of hospitalisations associated with suspected cases of meningitis in children under five following the introduction of the pentavalent and PCV13 vaccines.

Table 4: Sentinel surveillance of paediatric bacterial meningitis in paediatric settings at Sylvanus Olympio University Hospital from 2011 to 2018

	Année	Cas suspect	Nombre PL	Cas probable méningite	Cas confirmé Spn	Hi	Nm	Total
Pré-PCV13	2011	631	626	21	17	1	0	18
	2012	770	760	51	7	4	0	11
	2013	623	616	27	6	1	0	7
	2014	535	530	44	7	7	2	16
	Moyenne annuelle	615	601	31	9	4	1	13
Post-PCV13	2015	308	306	22	2	8	0	10
	2016	375	373	28	2	4	7	13
	2017	309	304	22	0	0	1	1
	2018	407	404	38	1	0	0	1
	Moyenne annuelle	350	347	27	1	6	4	6

e) Sentinel surveillance of rotavirus gastroenteritis

There has been a 31% reduction on average (range: 17% to 59%) in rotavirus-related hospitalisations among children under five since the Rotarix vaccine was introduced into routine EPI.

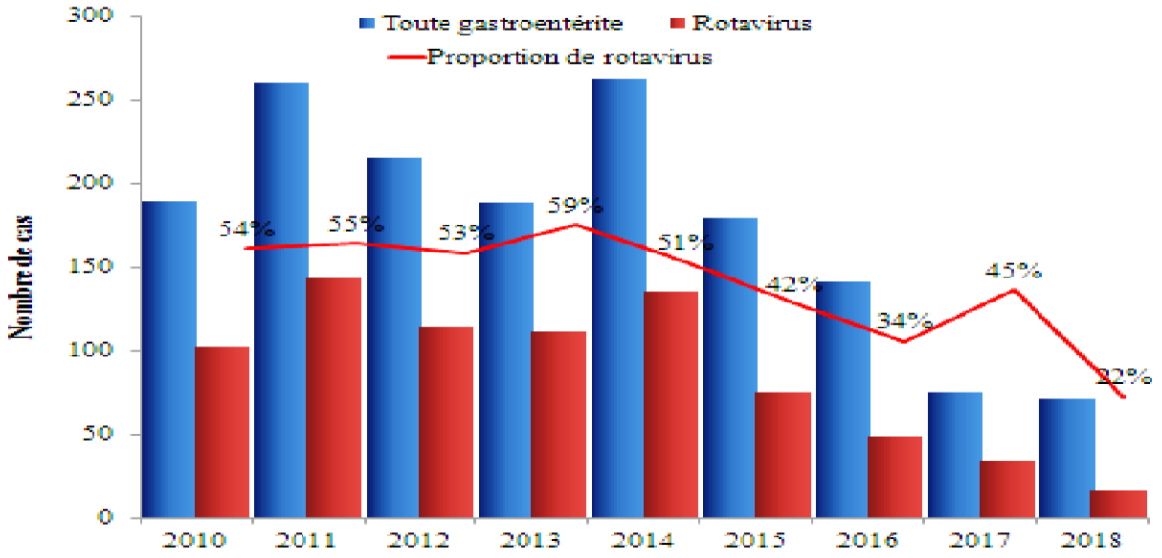


Figure 9: Distribution of children hospitalised for diarrhoea by year of admission

5.2.5. Main actions in the coming years

New vaccines will be introduced in the coming years, namely the human papillomavirus (HPV) vaccine and the MenAfriVac meningitis vaccine.

- Introduction of the MenAfriVac meningococcal meningitis A vaccine

The proposal was submitted in September 2018 and the vaccine will be introduced into routine immunisation in January 2020, followed by a catch-up campaign three months later (March 2020). The target in routine

immunisation will be children 15 months old to boost MR2 coverage, which was introduced in January 2019 and is also administered to children beginning at 15 months of age. The catch-up campaign will target children 1 to 5 years old.

- ❖ Introduction of the human papillomavirus (HPV) vaccine

This grant proposal was also submitted in September 2018, for a catch-up immunisation campaign across the entire country, after which the vaccine will be introduced into routine immunisation. Initially planned for 2020, the catch-up campaign will target girls 9-14 years old with the first dose in October 2021 and with the second dose in May 2022. The introduction of the HPV vaccine into routine immunisation is planned for October 2022 and will target nine-year-old girls. Both doses will be administered in the same school year to each cohort of nine-year-old girls.

Technical assistance will be needed for the HPV vaccine introduction for:

- ✓ designing and implementing specific strategies to count and mobilise girls who are not in school; and
- ✓ monitoring and finding those who drop out between the two doses.

5.3. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support)

- **Performance on the mandatory CCEOP indicators**

  - Number of equipped facilities that will replace (if applicable) cold chain equipment with ILR/SDD devices of any platform-eligible model , via any source of funding**: 189** health facilities **(76 ILR and 113 SDD)**
  - Number of facilities previously without equipment, newly equipped with platform-eligible equipment (i.e. ILRs, SDDs or long-term passive devices): **189** health facilities
  - Percentage of facilities equipped with a cold chain[7] in working order, as demonstrated by remote temperature monitoring**: 693/776 x 100 = 89%**
  - Proportion of functional cold chain equipment: **693 / 822 x 100 = 84%**

- **Implementation status**

For the first phase of CCEOP **189** refrigerators – **113 SDD and 76 ILR** – were purchased for the country, along with **76** stabilisers and **730 fridge tags.** In December 2018, 100% of the equipment was installed and functional. UNICEF and the Immunisation Division conducted a joint supervision visit in February 2019 to assess the installation and operation of the equipment. The cost of the first phase was US$ 1,032,080.

UNICEF organised a supervision visit in June 2019 of certain sites to assess how this new equipment was operating; the reports of these missions are available. Before this equipment was installed, the district managers (EPI focal points) were trained on how to maintain it by the equipment suppliers (B. Medical and Dulas).

For the second phase of CCEOP, the country will receive 167 refrigerators including 99 SDD and 68 ILR, 17 spare part kits, and 131 fridge tags. The total cost of CCEOP 2 is US$ 812,411.
The deployment plan will be finalised from 15 to 28 July 2019 for a visit to collect data at selected sites (167 sites). This second phase will address replacing non-approved training courses, facilities that do not have refrigerators, and depots in districts and regions with low storage capacity.

[7]**Indicator definition**: *% of functioning CCE = (# of functioning CCE devices) / (total number of CCE devices designated for use).* CCE devices considered for this indicator include all refrigerators, fixed passive storage devices, cold rooms and freezers designated for the vaccine series. Both the numerator and denominator should be collected from the same geographical area / period in time and should not include decommissioned equipment. CCE functionality is defined in the broad sense to mean that the device is usable at a given moment in time for vaccine storage.

- **CCEOP contribution to the immunisation system's performance**

No studies have been conducted to assess the improvement in IC. However, we have noted a significant reduction in the percentage of health facilities that do not have refrigerators, from 27% (217 facilities) to 4% (28 facilities) (source: 2019 updated inventory). This reduction (to 28 facilities without refrigerators) occurred after the CCEOP platform submission was accepted in 2017. CCEOP has been a significant factor in resolving equity issues in refrigerator availability in Togolese health facilities.

- **Changes in technical assistance in implementing CCEOP support**

During implementation, technical assistance was provided by UNICEF, Gavi, and the suppliers (B. Medical and Dulas), and this assistance continued throughout the CCEOP process. With it, the country was able to prepare grant submission documents, procure and transport cold chain equipment, assign and train workers, and supervise and monitor equipment installation.
We are requesting the same assistance for the second phase of the CCEOP, currently in progress.

5.4. Financial management performance

The financial data on UNICEF grants are detailed below.

1. Financial management of EPI grants (MR campaign and MR2 introduction)

a) MR campaign funds

Area	Amount in US$	Amount in XAF
Requests	1,367,811.88	806,639,700
Purchases	401,778.42	236,940,787
Subtotal	**1,769,590.30**	**1,043,580,488**

b) Funds for introduction of MR2

Area	Amount in US$	Amount in XAF
Requests	161,737.85	95,381,662
Purchases	2,310.53	1,362,589
Subtotal	**164,048.38**	**96,744,251**

2. HSS2 grant financial management

Area	Amount in US$	Amount in XAF	Comment (Rate $ 589.73)
Requests	1,465,553.56	864,280,900	
Purchases	126,279.16	74,470,609	
Vehicle rental, EPI review	3,552.48	2,095,004	
Subtotal	**1,595,385.20**	**940,846,514**	

***Source*: UNICEF (Togo office), 2019**

The analysis of the level of financial grant execution in relation to the total grant amount and the estimated 2017-2018 budget is shown in the table below.

Total grant amount (US$)	**6,450,000**
2017-2018 estimated budget (US$)	**3,420,221**
2018 disbursement (US$)	**1,595,385.20**
Disbursement in relation to 2017-2018 plan (%)	**46.6%**

Disbursement in relation to total grant (%)	**24.7%**

5.5. Transition plan monitoring (applicable if country is in accelerated transition phase)

5.6. Technical Assistance (TA) (progress on ongoing TCA plan)

5.6.1. Technical assistance from WHO

a. Support for developing EPI plans

Support for the development and implementation of the 2018 EPI Operational Action Plan (OAP). The EPI OAP was developed and endorsed by the ICC in 2019, and is currently being implemented with support from various stakeholders. WHO provided support in the 44 health districts for the development of operational plans following the annual reviews of district and regional activities.

b. Support for health system strengthening by deploying DHIS2

Support for training EPI actors on the use of DHIS2: 102 Ministry of Health workers were trained on data management to improve the quality of EPI data by using DHIS2 (District Heath Information Software 2). Participants became familiar with how to use the DHIS2 tool and the two analytical applications developed by WHO in collaboration with Gavi and the University of Oslo for managing and analysing EPI data. The first application, “WHO Data Quality Tool”, is used to analyse data quality. The second, “Immunisation analysis”, is used to monitor data and follow IC trends. This training helped resolve the challenge of ensuring EPI data will be available after DHIS2 is scaled up to become the only channel for reporting NHIS data.

Monitoring of DHIS2 tool use in districts showed that its data are more complete than those of the DVD-MT, that had been used in parallel. DHIS2 alone has been used since January 2019 to manage EPI data.

c. Support for developing plans to introduce two new vaccines, HPV and MenA:

WHO provided technical and financial support for the development of two budgeted concept notes for a funding request to introduce two vaccines (HPV vaccine and MenAfriVac) into routine EPI in 2020 and 2021. With this support, the Ministry will be able to mobilise resources to organise the multi-cohort HPV campaign for girls aged 10-14 years, followed by the introduction of the HPV vaccine into routine immunisation, as well as a catch-up campaign for children aged 1-5 years against meningitis A with MenAfriVac and the introduction of this vaccine in the routine EPI.

These two proposals were accepted (Letter of Acceptance available) for introducing these two antigens into routine EPI in 2020 and 2021.

d. Celebration of 2018 African Vaccination Week and launch of the IPV introduction into routine immunisation:

The 2018 African Vaccination Week (AVW) was celebrated in conjunction with the introduction of the IPV into routine immunisation with WHO technical and financial support. The country celebrated the AVW in October 2018, which was launched by the Secretary General of Health and Public Hygiene in Kemerida in Binah Prefecture. Introduction of IPV) into routine EPI was also launched during that celebration.

e. Implementation of Adverse Effects Following Immunisation (AEFI) management

A total of 20 MoH actors received training on vaccine safety, covering surveillance, management and reporting of AEFI. With the introduction of an increasing number of vaccines into routine EPI, it was important to strengthen pharmacovigilance through active AEFI surveillance and case management.

An AEFI surveillance and management plan was also developed with WHO support.

f. Introduction of MR2 into routine EPI:

WHO supported the introduction of the second dose of the combined measles and rubella vaccine into routine EPI. This vaccine was introduced in January 2019, and the targets are 15-month-old infants. This introduction was launched on 30 January 2019 in Jarkpanga in Mô Prefecture. Implementation of the 2YL (Second Year of Life) strategy will help reach children who missed vaccine doses in their first year and thus improve IC.

g. Support for the mission to monitor Gavi grants in Togo:

The office provided technical support for the mission to monitor Gavi grants in Togo, during which the implementation status of the 2018 workplan was reviewed and the 2019 plan was endorsed.

h. Technical support for integrated EPI/Surveillance monitoring activities:

The office supported a monitoring meeting in which the main EPI and surveillance indicators were presented, discussed, and analysed. Bottlenecks were identified and recommendations made for improving EPI and IDSR performance in 2019. The key points for this monitoring are as follows:

- Improving surveillance indicators (including AFP, measles and yellow fever: non-polio AFP rate = 4.7/100,000 children < 15 years of age; febrile rash = 4.8/100,000 population; 100% of districts reported at least 1 case of AFP, measles and yellow fever);
- Strengthening vaccine storage capacities at the operational level by implementing the first phase of the cold chain optimisation plan;
- Significant contribution from outreach and mobile strategies (although insufficient) and Child Health Days in immunisation coverage (24% of children vaccinated with Penta3; 27% with MR1; 19% of pregnant women vaccinated with TT2+);
- Insufficient quality of EPI and surveillance data;
- Insufficient access to and use of immunisation services;
- Low level of incentive for CHWs, especially in urban or peri-urban areas;
- Stockouts of BCG and OPV during 2018, which had an impact on the IC of these antigens.

Recommendations were formulated, which will help improve indicators in 2019 as they are implemented and followed up.

i. Enhancing case-based surveillance of meningitis:

The office provided technical and financial support for the development and validation of guidelines for the surveillance and treatment of bacterial meningitis that are adapted to the country's context. A total of 26 participants from the various operational and strategic levels of the health system, i.e., hospital actors, district surveillance focal points, health district directors, regional directors, and central-level participants all took part in the workshop to develop these documents. Thirty-five individuals from different levels of the health pyramid participated in the validation process.

This guideline document has therefore been validated and is available. The next step is to disseminate these guidelines to all surveillance actors.

j. Surveillance of EPI target diseases is effective:

In 2018, the rate of non-polio AFP was 4.7 per 100,000 children under 15 years of age and the 14-day stool sampling rate was 90%; 100% of districts had reported at least one case of AFP, febrile rash and febrile jaundice.

A total of 350 suspected cases of measles were reported, of which 35 tested IgM positive for measles and 41 tested positive for rubella.

In the first quarter of 2019, the rate of non-polio AFP was 3 per 100,000 children under 15 years of age with a 93.9% stool collection rate within 14 days of the onset of paralysis; 220 suspected cases of measles were reported, with 51 cases positive for measles and 0 cases positive for rubella; 38 districts out of 44 reported at least 1 case of febrile rash.

Implementation of sentinel surveillance for rotavirus, pneumonia, and bacterial meningitis in the two sentinel sites of Bè and the Sylavnus Olympio hospital centre has been effective. Trends in rotavirus gastroenteritis and invasive bacterial diseases can now be monitored, following the introduction of the rota DTP-Hep-Hib and pneumo vaccines.

Case-based meningitis surveillance is also supported by WHO, which led to the detection of an outbreak of W and C meningococcal meningitis in the district of Kpendjal-Ouest in February 2019, which facilitated rapid response planning.

k. Response to outbreaks:
A response immunisation campaign was organised with technical and financial support from WHO following the meningitis outbreak in the Kpendjal-Ouest health district in the Savanes region. The office supported the planning, coordination, and supervision of the response immunisation campaign in the three Savanes districts: Kpendjal-Ouest (an epidemic district), Kpendjal and Oti (districts adjacent to the epidemic district). The administrative coverage obtained during this response campaign was: 2-4 years: 100%; 5-14 years: 110%; 15-29 years: 86%; 2-29 years: 98%. Four cases of minor AEFIs were recorded during this campaign. The campaign evaluation is currently being implemented.

l. Implementation of the EPI external review:
The office supported the implementation of activities for the external review of the EPI. Using TCA funds, the office provided the MoH with an international and a national consultant to support implementation of this external review. At this time, the preparatory activities (finalising the protocol, planning and developing the review tools, training actors) have been finalised; the data have been collected, coordinated, and analysed; and the reports have been prepared. The report is being finalised for presentation to the ICC on 12 July 2019.

m. Technical support for preparing the 2018 Joint Report Form (JRF).
The 2018 JRF was prepared and the results of the WHO-UNICEF IC estimates for 2018 from the Joint Appraisal were endorsed by the MoH. In addition, the report on the performance analysis and desk review of EPI data was prepared and is available.

Pending activities

Pending activities include: (i) EVM; (ii) developing a data quality improvement plan; (iii) organising a national and regional health sector review; and (iv) preparing the 2021-2025 cMYP.

5.6.2. Technical assistance from UNICEF

UNICEF provided technical support for immunisation activities in 2018 and 2019 to a logistics expert and a behavioural change communication officer hired using TCA, by the existing EPI administrator *[Editor's note: French original not clear concerning last 5 words]*. Support was provided in different areas of immunisation:

1) Immunisation equity analysis

After the equity analyses in Golfe and Ogou districts, UNICEF, through the EPI administrator, continued its support to the pool of national trainers on conducting equity analyses in the Tône and Tandjoure districts in the Savanes region, the Binah district in the Kara region, the Tchaoudjo district in the Centrale region, and district 2 in the Lomé Commune region. The equity analysis in district 2 of Lomé Commune showed that this district in the capital city requires a specific strategy, the urban strategy, for which an international consultant is currently being hired.
The equity analysis is being expanded to eight other districts in the coming months.

The Golfe and Ogou districts received funding for their microplans, which resulted from the equity analysis. The activities implemented have enabled these two districts to increase their IC rates for the various antigens.
Golfe: Penta 89%, Penta3 84%, IPV83%, TT2+ 70%
Ogou: Penta1 91%, Penta3 83%, MCV 79%, IPV 92%, TT2+ 70%

2) Acquisition of cold chain equipment using Gavi's optimisation platform

Once the deployment plan was validated, the first phase of the CCEOP process continued with the signing of a service contract with the two selected providers: Dulas for solar refrigerators and B Medical for electric refrigerators. After several meetings of the project team, and teleconferences with the CCEOP focal points at UNICEF's regional office in Dakar and Supply Division in Copenhagen, the process resulted in the acquisition of 113 solar refrigerators, 76 electric refrigerators, and 730 fridge tags.

UNICEF's country office organised a mission to inspect the installations, with support from the CCEOP focal point at its regional office, who came in from Dakar. This initial inspection was performed by the national

logistics officer, UNICEF's country office logistics officer, and the regional CCEOP focal point of 11 randomly selected sites in the Plateaux and Maritime regions. The mission found that 100% of the equipment visited was functional, all solar panels were installed on the roofs and equipped with anti-theft devices, grounding points were available, daily temperature logs were completed, and all equipment had temperature monitoring devices.

The deficiencies that were identified concerned the lack of copies of installation reports (Appendix E) at sites, two non-compliant panel orientations at two sites, lack of resources for cleaning solar panels, a lack of procedures and templates for reporting malfunctions at sites, and a lack of guidelines on how to apply the warranty.

The second inspection in June 2019 in the other three regions (Centrale, Kara and Savanes) was performed by the UNICEF logistics officer, supported by the regional EPI focal points, and covered 12 sites. The findings were generally satisfactory, but suppliers were reminded to continue to monitor the functionality of the equipment and respond in a timely manner to correct any malfunctions if necessary.
Recommendations were made for the Immunisation Division, suppliers, and UNICEF.

Recommendations for the Immunisation Division:

- Speed up the provisional acceptance process by signing the Ministry's letter of approval for equipment installations.
- Update the cold chain equipment inventory to speed up development of the Phase 2 deployment process.
- Set up an operational plan for equipment maintenance.
- Set up a plan to dispose of outdated equipment.
- Set up a system to manage spare parts.

Recommendations for suppliers:

- Allow the EPI and UNICEF access to the temperature monitoring portal (Dulas and B Medical).
- Make corrections at the inspected sites.

Reconsiderations for UNICEF:

- Check the completeness of invoicing records.
- Confirm by mail that installations are complete.
- If possible, continue the inspections to cover more sites.
- Support finalisation of the Year 2 deployment plan: 167 items of CCE validated.

Onsite corrections were made by the suppliers. The Immunisation Division received the approved installations with the Minister's letter. UNICEF has verified the completeness of the invoicing files and confirmed that installations are complete. A WhatsApp group was created that allows all sites to report the operating status of their equipment.

The cold chain equipment deployment plan for CCEOP Phase 2 is being developed. Regions have updated the EPI logistics inventory. The mission to endorse the inventory and to identify and describe sites will be performed by the logistics team in the second half of July 2019.

3) Support for organising outreach strategies in districts

To effectively implement the Reach Every District (RED) / Reach Every Child (REC) approach, UNICEF is providing support by implementing outreach immunisation strategies in health facilities; strengthening the skills of regional, district, and health facility managers in analysing, planning and implementing outreach strategies; and relaunching monitoring for action. The goal is to achieve routine IC of 90% nationally, with at least 80% coverage in every district for all antigens. The working method involves many steps:

- ✓ Preparing for the mission by analysing the IC rates for the various regions and districts, and developing terms of reference that are shared with the selected region and districts;
- ✓ Collecting plans for implementing the outreach strategies that have been planned and performed by district health facilities;

- ✓ Selecting districts based on high numbers of children who have not received Penta3;
- ✓ Holding a working session with the Regional Health Director and EPI's regional focal point;
- ✓ Holding a working session with the EPI district focal point and the Prefecture Health Director;
- ✓ Selecting health facilities based on current planned outreach strategy dates;
- ✓ Monitoring outreach strategy implementation in certain health facilities;
- ✓ Relaunching monitoring for action;
- ✓ Developing a plan to resolve any problems identified;
- ✓ Formulating recommendations.

The mission was conducted in the Savanes region in the districts of Oti, Tône, Cinkassé, and Tandjoaré; in the Kara region in the districts of Binah and Kozah; in the Plateaux region in the districts of Kpele and Amou; and in the Maritime region in the districts of Avé and Bas Mono.

4) Support for vaccine management (SMT)

For effective vaccine and supply management, the Stock Management Tool (SMT) is regularly updated by EPI's logistics team with support from UNICEF's logistics expert. A physical inventory of immunisation inputs was conducted in early 2019, but a targeted physical inventory of vaccines is performed every month to update the SMT.
The tool is used to analyse vaccine management monthly and formulate recommendations for improvement.

To improve effective vaccine management and the visibility of logistics data at all levels, UNICEF's immunisation officer led a follow-up visit to the regions of Savanes, Kara, Plateaux, and Maritime. Health workers at the sites visited were briefed on how to interpret PCV results, do the shake test, record daily temperatures, and properly store vaccines in the refrigerator. The briefing in districts covered how to use the SMT, tab by tab.

5) Training members of the National Immunisation Logistics Group

Vaccine supply chain management is the backbone of the EPI. It ensures that vaccines and other inputs are distributed and stored in sufficient quantities and under good conditions at all levels. With the introduction of new vaccines that are increasingly expensive and bulky, the stakes in terms of costs and storage capacity are quite high. Any failure in the supply chain would lead to significant vaccine losses that would seriously compromise the immunisation of targets. To address this situation, WHO and UNICEF have developed the Effective Vaccine Management (EVM) Initiative. The aim of this initiative is to encourage countries to acquire quality equipment and to adopt and implement policies and good practices for effective vaccine management at all levels of the supply chain. In this vein, the MoH has established a National Immunisation Logistics Group, a leading group that will work to implement priorities related to the national immunisation supply chain. The 11 ex officio members of this group were trained with UNICEF support on their roles and responsibilities and developed a workplan.

6) Development of Integrated Communication Plans (ICP) in six regions

Improving the performance of immunisation services generally depends on the degree of involvement and acceptance of immunisation services by the population. Because communication is one of the essential elements for triggering this buy-in, it is essential that immunisation activities be bolstered with communication support. To this end, communication strategies adapted to the country context must be implemented at all levels to encourage communities to participate in the EPI. A national communication strategy for the EPI was developed in 2018 with UNICEF support. This national strategy must be translated into integrated regional communication plans with district action plans, so that the most appropriate interventions can be identified for each level in the country.
Originally planned for May and June 2019, the activities were postponed to July and August 2019 due to an agenda conflict with activities for the EPI review and the Child Health Days, which involve the same actors.

7) Development of the urban immunisation strategy for District 2 in the Lomé Commune region

Improving routine immunisation in an ever-increasing urban population is an essential component of immunisation coverage and equity. If we want to reach all children, we must make greater use of innovations to overcome the problems specific to urban environments, problems that affect everyone from health workers to programme directors to child caregivers.

Urban and peri-urban areas have several characteristics.

- High mobility: People who live in urban areas, especially those in informal settlements, move around frequently. Migrants living in urban areas constantly change residences and are treated in a variety of public and private facilities (most often informal).
- Insufficient services: Services have not kept pace with the explosive population growth associated with large cities and surrounding areas. This is not just an immunisation service problem.
- Water supply, sanitation and primary health care services are often absent from poor urban communities. Data on the population and its needs are crucial for designing programmes and mobilising the necessary funds to improve access to primary health care and pave the way for universal health coverage.

The EPI decided to implement an urban strategy to improve the immunisation situation in urban district 2 in Lomé Commune.
The UNICEF office, with support from its regional office and after drafting consulting terms of reference, began the process of hiring an international consultant to assist with this strategy.
Planned for July and August 2019.

8) Support for social mobilisation to conduct immunisation activities

Through the administrator and the development communication officer recently hired using TCA, UNICEF provides support for social mobilisation to promote the EPI.

To effectively implement immunisation activities during new vaccine introductions and Child Health Days, UNICEF supports social mobilisation activities at the central level as well as in regions, districts, and health facilities. This support mainly concerns capacity-building for health staff, the media, and the various community actors involved in community mobilisation. Its goal is to improve the quality of the mobilisation activities performed as part of these interventions. There were three key phases to the support.

1- **Preparation phase**:

- ✓ Participation in National Organisation Committee meetings;
- ✓ Participation in Social Mobilisation Commission meetings;
- ✓ Support in developing social mobilisation materials;
- ✓ Participation in meetings to validate message content.

2- **Production phase**:

- ✓ UNICEF's placement of orders to produce social mobilisation materials, including banners, posters, key messages, and advertisements in national and local languages;
- ✓ Monitoring production of the social mobilisation materials by various suppliers by UNICEF's procurement department;
- ✓ Sharing the first drafts with the national party for final validation before production;
- ✓ Reception of the materials;
- ✓ Assistance in distributing the materials in the required amounts to achieve a better finished package before sending them to sites for use.

3- Implementation phase:

- ✓ Monitoring the deployment of social mobilisation materials to regions, districts, and health facilities;
- ✓ Participation in supportive supervision and implementation of monitoring activities in selected regions, districts, and health facilities;
- ✓ Participation in daily review meetings in districts and regions to solve the problems identified during the supervision visits;
- ✓ Development of the report documenting lessons learned and recommendations.

6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Current status
1. Mobilise additional funding to purchase cold chain equipment not covered by CCEOP support in 2019 (166 items: 66 TCW 40 SDD, 61 TCW 2000 AC, 38 VLS 350 A, 1 VLS 154 SDD).	Partially completed with mobilisation of remainders from CCEOP Phase 1. Approximately US$ 1 million remained from the first phase and was mobilised; advocacy efforts continue to mobilise additional resources (government, partners).
2. Reallocate HSS2 grant funds for the equity analysis and implement microplans in the 15 priority districts, including CSO interventions.	- XAF 47,644,570 (US$ 80,790) planned in the 2019 HSS2 PTA to train 8 DMTs in analysing equity in access to immunisation services; - XAF 41,563,500 (US$ 70,479) planned in the 2019 HSS2 PTA to fund microplans in districts that have conducted in-depth analyses of the roots of equity in immunisation (Golfe, Ogou, Binah, Haho, Tône, Tchaoudjo, DDS2, DDS3, Agou, Danyi, Wawa, Anié, Tandjouré, Vo and Lacs); - XAF 48,218,592 (US$ 81,764) of the HSS2 grant allocated to CSO activities for the Plan in the first quarter of 2019; - Organisation of an orientation meeting in June 2019 for actors on CSO activities; - Incorporation of new community mobilisation approaches, e.g. “Papa Champion”.
3. Develop an urban strategy for immunisation to improve performance in large cities, especially Lomé	Activity not completed due to delayed mobilisation and disbursement of funds. Terms of reference have been developed and a consultant is being hired.
4. Finalise the plan for transitioning from DVD-MT to DHIS2 and mobilise resources to do so	Completed; activities involved in finalising the transition plan executed (training on using WHO data quality and the immunisation analysis apps in DHIS2); joint supervision missions performed for EPI and NHIS focal points on the use of these two applications.
5. Continue implementing the single framework for steering and coordinating actions in the Ministry	- Process for signing the new compact is in progress (new compact document has been written and endorsed by the joint steering committee). All that remains is for stakeholders to sign. - Draft text organising the HIV health sector committee has been written. - Integrated manual of Ministry management procedures has been started.
6. Strengthen coordination of HSS interventions (periodic HSS review, allow the ICU-HSS unit to be a member of the various monitoring and steering committees for health projects, etc.)	- Vehicle for the ICU-HSS has been purchased using the HSS2 grant. - ICU-HSS has participated in a variety of HSS activities (such as developing the strategy for the health product supply chain, planning Ministry activities, developing a new project to submit to the World Bank, revising CAMEG legislation, etc.).
7. Continue the process of anchoring the Project Management Unit (PMU) within the Ministry of Health and Social Protection;	- The Ministry has set up a “think tank” composed of ministry and partner staff; this commission is chaired by the Director General of Health Action (DGAS) and coordinated by the Secretary General. - The commission has held five meetings.

	- The commission sent its report to the MoH Secretary General.
Additional significant IRC/HLRP recommendations (if applicable)	**Current status**

If findings have not been addressed and/or related actions have not taken place, provide a brief explanation and clarify whether this is being prioritised in the new action plan (section 7 below).

7. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

A total of seven main actions have been identified for next year.

1. Finalise the mapping of financial support for the national DHIS2 scale-up plan, to which Gavi support will be added.
2. Finalise the configuration of EPI data in DHIS2 for analysis on triangulating between doses administered and doses used, vaccine stock management, and the health statistics yearbook.
3. Develop a project within the MoH programme budget for strengthening immunisation activities, incorporating the purchase of cold chain equipment not covered by the CCEOP.
4. Finalise the strategic plan for the integrated health products supply chain.
5. Develop and implement a resource mobilisation plan for equity analysis in the remaining districts.
6. Continue the process of setting up the single framework for steering and coordinating Ministry actions.

Areas identified as needing technical assistance must be added to the above list (to be incorporated in the next technical assistance plan).

1. DHIS2 server maintenance;
2. Configuring and setting the parameters for the health statistics yearbook in DHIS2;
3. Submitting a proposal for Gavi support for the MR follow-up campaign;
4. Visibility of logistics data using multi-year SMT and software for cold chain equipment management;
5. Installing remote temperature monitors for regional and national cold rooms;
6. Conducting the meningitis A immunisation campaign in 2020;
7. Developing the strategic plan for eliminating measles and rubella;
8. Supporting disease surveillance including laboratory activities;
9. Extending the Comprehensive Multi-Year Plan for Immunisation (cMYP).

This table draws from the previous JA sections, summarising key findings and agreed actions, as well as indicating required resources and support, such as associated needs for technical assistance[8]

Based on the action plan that follows, provide information about any request for a specific innovation or technology that may be satisfied by private sector entities or new innovative entrepreneurs.

[8] The needs indicated in the JA will inform the TCA planning. However, when specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner), the quantity/duration required, modality (embedded, sub-national, coaching, etc.), and any timeframes / deadlines. The TA menu of support is available as a reference guide.

Key finding / Action 1	**Finalise the mapping of financial support for the national DHIS2 scale-up plan, to which Gavi support will be added.**
Current response	The map of financial support for the national DHIS2 scale-up plan has not been updated.
Agreed country actions	Update the map of financial support for the national DHIS2 scale-up plan and identify the gap that Gavi support will fill.
Expected outputs / results	Mapping of financial support for the national DHIS2 scale-up plan is updated and the gap and needs that Gavi support will fill and meet are identified
Associated timeline	End of 2019
Required resources / support and TA	US$ 12,209
Key finding / Action 2	**Finalise the configuration of EPI data in DHIS2 for analysis on triangulating between doses administered and doses used, vaccine stock management, and the health statistics yearbook**
Current response	The parameters for triangulating data between doses administered and doses used, vaccine stock management, and the health statistics yearbook are not yet integrated into DHIS2.
Agreed country actions	Finalise DHIS2 parameters for the EPI.
Expected outputs / results	DHIS2 parameters for the EPI are set.
Associated timeline	End of 2020
Required resources / support and TA	See the 2020 technical assistance plan (WHO) for parameters. US$ 22,383 for training health facility managers on triangulating data with the DHIS2 (decentralised training)
Key finding / Action 3	**Develop a project within the MoH programme budget for strengthening immunisation activities, incorporating the purchase of cold chain equipment not covered by the CCEOP**
Current response	Inadequate resources to strengthen EPI activities
Agreed country actions	Organise a workshop to develop a public EPI investment project to incorporate in the MoH programme budget in order to mobilise additional public resources to strengthen immunisation activities, including purchasing cold chain equipment not covered by the CCEOP. This workshop should involve TFPs, including WHO and UNICEF.
Expected outputs / results	A public EPI investment project is jointly created with partners.
Associated timeline	End of March 2020
Required resources / support and TA	US$ 10,175
Key finding / Action 4	**Finalise the strategic plan for the integrated health products supply chain.**
Current response	The integrated health products supply chain has not been finalised.
Agreed country actions	Support endorsement of the strategic plan for the integrated health products supply chain.
Expected outputs / results	The strategic plan for the integrated health products supply chain is endorsed and available.
Associated timeline	End of 2019
Required resources / support and TA	US$ 25,435
Key finding / Action 5	**Develop and implement a resource mobilisation plan for equity analysis in the remaining districts.**
Current response	The available HSS2 grant resources do not cover the equity analysis in the remaining districts.
Agreed country actions	- Organise a workshop to develop a resource mobilisation plan for equity analysis in the remaining districts. - Mobilise the potential resources that are identified. - Conduct the equity analysis in the remaining districts not covered by the HSS2 grant.

Expected outputs / results	- The resource mobilisation plan for equity analysis in the remaining districts is developed. - The potential resources identified have been mobilised. - The equity analysis is performed in the remaining districts.
Associated timeline	End of 2020
Required resources / support and TA	US$ 13,565.53
Key finding / Action 5	**Continue the process of setting up the single framework for steering and coordinating Ministry actions.**
Current response	The draft of a text on improving the operations of the HIV/Health sector committee is available.
Agreed country actions	- Finalise the text on improving the operations of the HIV/Health sector committee. - Endorse and submit the document for signature by the ministerial authority.
Expected outputs / results	A single framework for steering and coordinating MoH actions is in place and operational.
Associated timeline	End of 2019
Required resources / support and TA	See the 2019 work plan for the HSS2 grant.

8. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

A. Process of organising the 2019 Joint Appraisal

The joint appraisal process involved multiple stages.

- Mutual decision on the JA implementation date by stakeholders in May (MoH, WHO, UNICEF and Gavi). The selected date was shared with the Secretary General and Minister.
- JA documentation was sent to the Gavi Secretariat, including the terms of reference, provisional agenda, outline of the report and JA guidelines.
- Preparation meetings were held that involved members from the JA activity coordination committee. Sections of the report template were divided among the committee members so that they could be filled in. Working sessions were then organised to check the progress on the document and share the work that had been completed.
- The JA was implemented. Key activities were presented and discussed, meetings were held with authorities from the MoH and partners, groups worked on their sections, field visits were conducted, and the ICC meeting was held.

B. Presentation of the Joint Appraisal to the ICC: review, discussion and decision

The JA conclusions were reviewed, discussed, and approved by the ICC on Friday, 12 July 2019, in its second ordinary meeting of 2019.

The meeting was led by the Minister of Health and Public Hygiene, Prof. Moustafa Mijiyawa, Chair of the ICC. A total of 51 of the 55 expected participants were present (93% ⇔ quorum reached).

The main discussions revolved around:

- follow-up of the decisions and recommendations from the ICC meeting on 18 January 2019;
- general information and focus areas of the Gavi Secretariat on Gavi's support framework (partnership) in Togo;
- presentation of the conclusions from the 2019 JA: (i) EPI performance, challenges, and outlook, including results of the 2017 MICS survey; (ii) assessment of HSS2 second grant activities implemented – management under review in 2018 and main recommendations from the 2019 JA process;
- presentation of the results of the EPI external review.

With regard to Gavi's support framework (partnership) in Togo, the overall status of Gavi grants in Togo was presented to the members of the ICC by Dr PiEtro DI Mattei, Portfolio Manager for Togo at the Gavi Secretariat. This covered Gavi's current and various funding projects in the country, i.e.:

- HSS2 grant for US$ 6.5 million currently being implemented;
- CCEOP for US$ 1.8 million; the first year equipment from this has been installed;
- the remainder from the MR campaign for US$ 150 million currently being implemented;
- the vaccines grant for US$ 4.5 million (currently in the approval process for 2020);
- technical assistance (TCA) for 2019/2020 for US$ 0.56 million;
- approved grants for MenA (2020) and HPV (2021).

EPI performance did not live up to the 2018 expectations, given the difficulties encountered that year, including the health worker strike (lasting three months in the first quarter of 2018), social and political unrest, insufficient outreach strategies, and vaccine stockouts (BCG, OPV).

Despite these limitations, some activities were conducted and led to outcomes such as: the RED/REC approach in districts; provisioning regions with vaccines; the combined MR immunisation-Vitamin A-albendazole campaign; Child Health Days; the IPV introduction; development of the new ICP; and the equity analysis approach (training, developing operational equity plans) in the districts of Golfe, Ogou, D2, Binah, Haho, Tchaoudjo and Tône.

Significant achievements were reached in 2018 and 2019 as well, including: strengthened governance; functional ICC and NITAG; a partnership agreement signed with CSOs (POSCVI); strengthened child protection spectrum by introducing new vaccines (MR1 in February 2018, IPV in October 2018, MR2 in January 2019); improved vaccine storage capacities at the operational level (CCEOP Phase 1); successful equity analysis in seven identified districts (D2, Gulf, Ogou, Chaoudjo, Tône, Binah, Haho); EPI integrated into DHIS2; IC between 80% and 90% for most antigens; a reduction in outbreaks of target diseases, especially measles; and establishment of the surveillance system.

With regard to the assessment of HSS2 grant activities implemented – management under review in 2018, the delay in implementing activities meant conclusive results were not achieved at the operational level, apart from some activities by the central level. In financial terms, US$ 1,595,385.20 was disbursed in 2018 out of the projected 2017-2018 budget (US$ 3,420, 221) but only 46.6% was spent. This low consumption rate is linked to the delay in starting activities (the effective start was in the fourth quarter of 2018) and the mechanism for managing funds.

Several recommendations for improving management were made:

- to Gavi, with respect to assessing the current mechanism for managing its grants to Togo, in order to define a different, more appropriate one;
- to Gavi, its partners, and the MoH, with respect to establishing a clear plan for supporting or empowering the MoH to resume managing funds, and to studying concrete actions that can speed up fund disbursement and utilisation for the remainder of 2019.

The external EPI review found overall strengths, such as the existence and functionality of governance bodies (ICC, NITAG, etc.), the availability of an appropriate plan that includes immunisation in 42 of the 69 facilities surveyed (61%), and good access to immunisation centres. The review also found best practices in immunisation service offerings in health centres. Areas for improvement relate to insufficient coordination; programme monitoring, especially at the decentralised level (insufficient organisation of coordination meetings and supervision activities); insufficient staff, both in quantity and quality, to perform all of EPI's activities; and poor implementation of outreach strategies.

Key decisions and focus areas:

1. Given the difficulties associated with how the current mechanism for managing Gavi grants functions, the Minister requested that the management of the allocated funds be transferred to the MoH. He hoped that the assessment of the program's capacity, announced by Gavi in October 2019, would lead to concrete proposals enabling the Ministry to assume its responsibility for managing the support given to the country.
2. Two proposals for concrete actions were made to accelerate the disbursement and use of funds for the remainder of 2019: (i) strengthen the joint framework (programme and financial teams from the

MoH, PMU and UNICEF) to finalise and submit requests as soon as possible; and (ii) explore with UNICEF the possibility of submitting two separate biannual requests (EPI, HSS).

Seven recommendations from the joint appraisal work were reviewed and endorsed by the ICC.

1. Involve the surveillance division in developing and implementing technical assistance activities.
2. Finalise the mapping of financial support for the national DHIS2 scale-up plan, to which Gavi support will be added.
3. Finalise the configuration of EPI data in DHIS2 for analysis on triangulating between doses administered and doses used, vaccine stock management, and the health statistics yearbook.
4. Develop a project within the MoH programme budget for strengthening immunisation activities, incorporating the purchase of cold chain equipment not covered by the CCEOP.
5. Finalise the strategic plan for the integrated health products supply chain.
6. Develop and implement a resource mobilisation plan for equity analysis in the remaining districts.
7. Continue implementing the single framework for steering and coordinating actions in the Ministry.

9. ANNEX: Compliance with Gavi reporting requirements

Please confirm the status of reporting to Gavi, indicating whether the following reports have been uploaded onto the Country Portal. ***It is important to note that in the case that key reporting requirements (marked with *) are not complied with, Gavi support will not be reviewed for renewal.***

	Yes	No	Not applicable
End of year stock level report (due 31 March) *		X	
Grant Performance Framework (GPF) * reporting against all due indicators	X		
Financial Reports *	X		
Periodic financial reports			
Annual financial statement	X		
Annual financial audit report	X		
Campaign reports *			
Supplementary Immunisation Activity technical report	X		
Campaign coverage survey report	X		
Immunisation financing and expenditure information	X		
Data quality and survey reporting		X	
Annual data quality desk review		X	
Data improvement plan (DIP)		X	
Progress report on data improvement plan implementation		X	
In-depth data assessment (conducted in the last five years)		X	
Nationally representative coverage survey (conducted in the last five years)		X	
Annual progress update on the Effective Vaccine Management (EVM) improvement plan		X	
CCEOP: updated CCE inventory	X		
Post Introduction Evaluation (PIE) (specify vaccines):		X	Process of hiring a consultant is ongoing
Measles & rubella situation analysis and 5-year plan	X		
Operational plan for the immunisation programme	X		
HSS end-of-grant evaluation report	X		
HPV demonstration programme evaluations	X		
Coverage Survey	X		
Costing analysis	X		
Adolescent Health Assessment report	X		
Reporting by partners on TCA and PEF functions			

In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document/information will be provided.
