

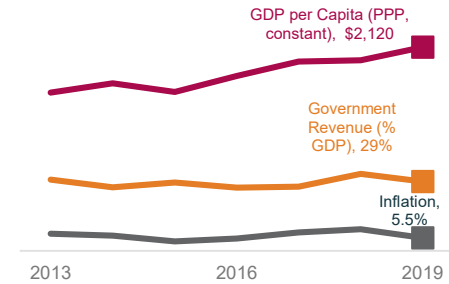


São Tomé e Príncipe

LNCT Network-Wide Meeting
Tangerang, Indonesia, July 2019



I. Economic Context



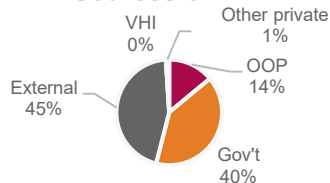
II. MOH Budget Execution

	MOH Budget	Subnat'l Gov't Health Budgets
Total budget (2018)	\$ 154.343	\$ 78.968
Total released	\$ 78.968	\$ 11.999
Total spent	\$ 78.968	\$ 11.999
Execution as percent of budget	51.2%	57.3%

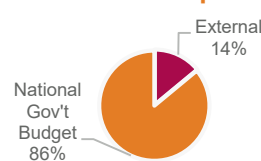
III. Sources of Health Expenditure

Year of data: 2016
CHE per capita: US\$105
Domestic General Government Health Expenditure as % of General Government Expenditure: 15%
% of Domestic General Government Health Expenditure spent on immunization: 0.02%

Sources of CHE



Sources of RI Expenditure



IV. Routine Immunization Budget

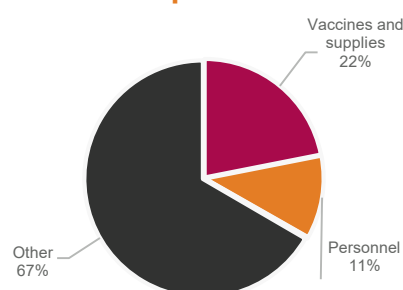
Line Item	Budget Source(s)
Vaccine supply & logistics	<ul style="list-style-type: none"> Ministry of Health specific budget UNICEF GAVI
Service Delivery	<ul style="list-style-type: none"> Ministry of Health non-specific budget UNICEF GAVI
Advocacy & Communication	<ul style="list-style-type: none"> Ministry of Health specific budget UNICEF GAVI
Monitoring & Disease Surveillance	<ul style="list-style-type: none"> Ministry of Health specific budget OMS
Program Management	<ul style="list-style-type: none"> Ministry of Health specific budget
Shared Health Systems Costs	<ul style="list-style-type: none"> Ministry of Health non-specific budget UNICEF GAVI

Total Expenditure (from all sources) on routine immunization: **\$566,461**

RI Budget per Surviving Infant: **\$93.82**

% of RI costs financed by gov't: **65%**

RI Expenditure



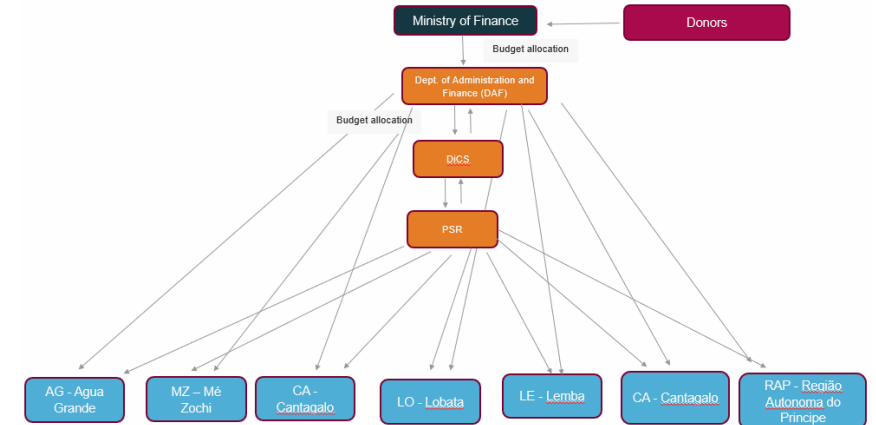
Ask me how:

The government has made significant effort to transfer funds allocated for the purchase of vaccine and supplies (although not yet enough to meet the needs), having adhered to the UNICEF VII objective.

I want to know:

How other countries have secured funding for vaccine procurement and ensured UNICEF VII was effective post-transition.

V. Funding Flows for Immunization



VI. Budget Allocation Process

Fund	Responsible Authority/ies	Allocation Guidance and Process	Key Bottlenecks
MOH budget	MS/DAF	Attributed on the basis of parliamentary priorities and limits. MOH allocates budgets to districts based on requests from the district government and the number of health workers.	
Donor support to national level	External Donors	They are allocated through the approval of grants (GAVI) and based on government priorities (United Nations agencies)	Delays in expense reports sometimes delay the release of funding.
District budget (government and donor)	MS/Partners	Distributed annually based on the needs and the health benefits of each district (vaccine coverage, cold chain conservation, team relocation, supervision). Funds are unlocked based on the performance of each district. The district delegate determines how these funds are used.	Delays in expense reports sometimes delay the release of funding.
Immunization fund	MS/Partners	Used for purchase of vaccine and supply at the central level only.	

VIII. Challenges

- Majority of the population living in poverty (70% of the population living in poverty)
- As the country is small, challenge in mobilizing and generating resources/income
- Limited number of external donors

Suggestions for increasing funding/resources:

- Extension of the tax base based on a tax reform over Personal Income and Corporate Income Tax
- VAT collection implementation
- Review of some of the customs policies (ie., reducing import taxes) to boost market through incentives to increase imports

VII. Identification of Gaps

Line item	Budget 2020	Funding Gap	Potential Budget Sources
Vaccines & injection supplies/Logistics	191,291 USD		MS/Donors
Personnel	98,936 USD		MS
Transport	1,364 USD		MS
Activities & other recurrent costs	581,817 USD		MS/Partners
Total	1,150,704 USD		