

APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by
**The Government of Papua New
Guinea**
for
Measles-rubella follow-up campaign

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by Gavi will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by Gavi. All funding decisions for the application are made at the discretion of Gavi and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to Gavi all funding amounts that Gavi determines not to have been used for the programme(s) described in its application. The Country's reimbursement must be in US dollars and be provided, unless otherwise decided by Gavi, within sixty (60) days after the Country receives Gavi's request for a reimbursement and be paid to the account or accounts as directed by Gavi.

SUSPENSION/ TERMINATION

Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programme(s) described in the Country's application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

NO LIABILITY

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

and related supplies after title to such supplies has passed to the Country.

Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

INSURANCE

Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

ANTI-CORRUPTION

The Country confirms that funds provided by Gavi shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

ANTI-TERRORISM AND MONEY LAUNDERING

The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country's knowledge or belief, is prohibited by the United Nations Security Council.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

COMPLIANCE WITH GAVI POLICIES

The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant

to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage Gavi cash-based support. The Country confirms that it will take all responsibility for replenishing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and Gavi arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either Gavi or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by Gavi. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: Gavi and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

Gavi will not be liable to the country for any claim or loss relating to the programme(s) described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programme(s) described in its application.

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will

introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: <http://www.gavi.org/support/process/apply/>

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Accelerated transition

Date of Partnership Framework Agreement with Gavi

29 November 2013

Country tier in Gavi's Partnership Engagement Framework

2

Date of Programme Capacity Assessment

No Response

2.1.2 Country health and immunisation data

Please ensure your Country health and immunisation data is up to date. If not, please go to the Overall expenditures and financing for immunisation section of the portal to submit this information.

	2021	2022
Total government expenditure	3,608,000,000	

Total government health expenditure	419,600,000	
Immunisation budget	11,346,371	12,619,043

2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From

2021

To

2030

Your current Comprehensive Multi-Year Plan (cMYP) period is

2021-2022

Is the cMYP we have in our record still current?

Yes ☐

No ☒

If you selected “No”, please specify the new cMYP period, and upload the new cMYP in country documents section.

Note 1

From

2021

To

2025

If any of the above information is not correct, please provide additional/corrected information or other comments here:

The newly developed NIS 2021-2025 replaces the old cMYP 2016-2020

2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

The Medical Supply Procurement & Distribution branch (MSPDB) of NDOH follows the standard custom procedure (international standard) to get delivery of vaccine. The usual pre-advice document (AWB, Packing list, Invoice, etc) is required by PNG customs 7 days ahead of the shipment arrival to clear the shipment. There is no special documentation required.

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

The National Department of Health acts as the National Medicines Regulatory Authority under Medicines and Cosmetics Act 1999 and Medicines and Cosmetics Regulation 2002 in making sure all medicines, including vaccines, entering the country undergo registration as the mechanism of control to ensure quality, safety and efficacy of medicinal products made available for use. All (registered) importers that are importing medicinal products into Papua New Guinea must apply to the National Department of Health to have their medicines registered prior to marketing them. The country is guided by the 2018 Registration Guideline for Medicines in Papua New Guinea.

A medicine may only be placed on the market in Papua New Guinea when it has been given regulatory approvals by the National Department of Health after fulfilling the following criteria: (1) convincing efficacy and adequate safety, proven by non-clinical and clinical data or other evidences in accordance with the latest development of related science and technology; (2) meeting quality requirements by evaluation of production process which meets GMP requirement, specification and test method of all materials used and of finished products with valid evidence; and, (3) having complete and objective pharmaceutical product information to ensure correct, rationale and safe use of the medicines.

The evaluation of all applications for registration are handled by the Product Registration Unit of the NDOH Pharmaceutical Services Standards Branch (PSSB), with a staff complement of five (5) product evaluators and one (1) IT support staff. The Team receives technical support from the World Health Organization and other technical and scientific partners such as the Therapeutic Goods Administration (Australia) and United States Pharmacopeial Convention (USP).

Mr Vali Karo, Manager
Pharmaceutical Services Standards Branch (PSSB)
valikaro333@gmail.com

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2022
Country Co-financing (US\$)	
Gavi support (US\$)	322,137

Measles SD Routine - Strat 1

	2022
Country Co-financing (US\$)	
Gavi support (US\$)	

PCV Routine

	2022	2023	2024
Country Co-financing (US\$)			
Gavi support (US\$)			

Pentavalent Routine

	2022	2023	2024
Country Co-financing (US\$)			
Gavi support (US\$)			

Summary of active Vaccine Programmes

	2022	2023	2024
Total country co-financing (US\$)			
Total Gavi support (US\$)	322,137		
Total value (US\$) (Gavi + Country co-financing)	322,137		

2.3 Coverage and Equity

2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

Please see attached PNG Equity Analysis

2.4 Country documents

2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section "Upload new application documents") you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents



National Immunization Strategy (NIS)

[PNG NIS 20212025 Final_23-04-22_12.17.59.pdf](#)

or Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan

Country strategic multi-year plan / cMYP costing tool

No file uploaded

Please see finance section of NIS



Effective Vaccine Management (EVM) assessment

[PNG EVMAreport2016SK_23-04-22_12.19.08.pdf](#)



Effective Vaccine Management (EVM): most recent improvement plan progress report

No file uploaded

This is not available

Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators

No file uploaded

Data quality and survey documents: Immunisation data quality improvement plan

No file uploaded

Data quality and survey documents: Report from most recent desk review of immunisation data quality

No file uploaded

Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation

No file uploaded



Human Resources pay scale

If support to the payment of salaries, salary top ups, incentives and other allowances is requested

[CircularGovernment DSA Rates. 24-04-22 12.45.07.pdf](#)

Coordination and advisory groups documents



National Coordination Forum Terms of Reference

ICC, HSCC or equivalent

[ICC ToR Final 2020 23-04-22 12.24.32.pdf](#)



National Coordination Forum meeting minutes of the past 12 months

[ICC minutes Apr2022 23-04-22 12.22.44.pdf](#)

Other documents

**Other documents (optional)**

[PNG Equity analysisDraftJune 2019 24-04-22 11.42.27.pdf](#)

Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

3 Measles-rubella follow-up campaign**3.1 Vaccine and programmatic data****3.1.1 Choice of presentation and dates**

For each type of support please specify start and end date, and preferred presentations.

Note 3

Measles-rubella follow-up campaign

Preferred presentation	MR, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	MR, 5 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	7 February 2023
Planned launch date	18 April 2023
Support requested until	2023

3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines,

and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

No Response

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes ☐

No ☒

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Targets for campaign vaccination

Please describe the target age cohort for the Measles-rubella follow-up campaign:

Note 4

From

6

weeks ☐

months ☒

years ☐

To

5

weeks ☐

months ☐

years ☒

	2023
Population in target age cohort (#)	1,235,218
Target population to be vaccinated (first dose) (#)	1,235,218

Estimated wastage rates for preferred presentation (%)	25
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3.2.2 Targets for measles-rubella routine first dose (MR1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2023
Population in the target age cohort (#)	316,552
Target population to be vaccinated (first dose) (#)	221,586
Number of doses procured	294,613

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles-rubella follow-up campaign

	2023
10 doses/vial, Iyo	0.84

Commodities Price (US\$) - Measles-rubella follow-up campaign (applies only to preferred presentation)

	2023
AD syringes	0.056
Reconstitution syringes	0.005
Safety boxes	0.008
Freight cost as a % of device value	4.29

3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support.

Please note that the values represented in this table do not account for any switches in co-financing group. The calculations for the entire five year period are based on the countries co-financing group in the first year.

Note 5

	2023
Country co-financing share per dose (%)	5
Minimum Country co-financing per dose (US\$)	0.042
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.042

3.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

Measles-rubella follow-up campaign

	2023
Vaccine doses financed by Gavi (#)	1,565,500
Vaccine doses co-financed by Country (#)	77,400
AD syringes financed by Gavi (#)	1,294,800
AD syringes co-financed by Country (#)	64,000
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	14,250

Safety boxes co-financed by Country (#)	725
Freight charges financed by Gavi (\$)	28,010
Freight charges co-financed by Country (\$)	1,385
2023	
Total value to be co-financed (US\$) Country	69,000
Total value to be financed (US\$) Gavi	1,396,500
Total value to be financed (US\$)	1,465,500

3.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

Note 6

2023	
Minimum number of doses financed from domestic resources	100,659
Country domestic funding (minimum)	84,553.56

3.3.5 Co-financing payment

Please indicate the process for ensuring that the co-financing payments are made in a timely manner.

NDOH transfers co financing fund amount to UNICEF Procurement services

If your country is in the accelerated transition phase for Gavi support, please answer the following question:

Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.

Co-financing obligations have been requested but not fully appropriated. To make up the difference Development funds will be reprogrammed.

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:

June

The payment for the first year of co-financed support will be made in the month of:

Month

November

Year

2022

3.4 Financial support from Gavi

3.4.1 Campaign operational costs support grant(s)

Measles-rubella follow-up campaign

Population in the target age cohort (#)

Note 7

1,235,218

Gavi contribution per person in the target age cohort (US\$)

0.45

Total in (US\$)

555,848.1

Funding needed in
country by

30 November 2022

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant and the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign and the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

Total amount - Gov. Funding / Country Co-financing (US\$)

1841173

Total amount - Other donors (US\$)

353721

Total amount - Gavi support (US\$)

6603835

Amount per target person - Gov. Funding / Country Co-financing (US\$)

1.54

Amount per target person - Other donors (US\$)

.29

Amount per target person - Gavi support (US\$)

5.51

3.4.3 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

Vaccine cost, device cost, OPV cost, Vitamin A cost, Operations cost.
Key budget categories are vaccine and devices and operational costs. To allow for the best chance of achieving high coverage, a budget with higher operational costs per dose has been prepared, grounded on cost assumptions taken from the actual expenses of the 2019 MR-OPV SIA.

3.4.4 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

Gavi fund will be disbursed to WHO and UNICEF COs who will then manage the grants and disburse the fund to NDOH/provinces following each organization usual modality of fund disbursement to government, i.e. through the HSIP account for transfer to the provinces. Government funds for vaccines procurement will be made available through direct bank transfer to UNICEF SD. Government funds for operational cost will be transferred to the provinces using the standard GoPNG process. Accountants posted in each province will help monitoring and managing the funds, with oversights from 4 regional financial management and reporting officers.

3.4.5 Compliance with guidelines for use of Gavi financial support for human resources (HR) costs

Does the submitted application and budget comply with existing guidelines, criteria and requirements for use of Gavi financial support for human resources (HR) costs?

Yes ☒

No ☐

Please provide further information and justification concerning human resources costs, particularly when issues and challenges have been raised regarding the compliance with Gavi guidelines.

PNG carries a high cost of operations due to lack of infrastructure, limited HR capacity, limited number of suppliers, and remoteness of communities.

3.4.6 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in

country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

- o UNICEF Tripartite Agreement: 5%
- o UNICEF Bilateral Agreement: 8%
- o WHO Bilateral Agreement: 7%.

Operational costs will be transferred to WHO and UNICEF. Administrative fees as above will apply.

3.4.7 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

Note 9

Not required

3.5 Strategic considerations

3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Campaign Plan of Action, please cite the sections only.

- More than 50% of every birth cohort remains unprotected each year
- Elevated risk of large measles outbreak when number of susceptible reach equivalent of one birth cohort
- Last nationwide MR immunization campaign was implemented in June 2019, hence the equivalent of half of at least 2 years of birth cohorts of children born since January 2019 are inadequately protected.
- Routine MR 2 vaccination coverage has further declined (along with other RI vaccines) due to COVID-19 pandemic, leading to more children vulnerable to Measles and Rubella.
- Moreover, the 2022 general election may further affect the routine immunization coverage, therefore an MR campaign immediately after the general election in PNG will bring an

enormous opportunity to boost up the momentum to MR and RI coverage.

- Conditions are not conducive for rapid increase in RI coverage up to $\geq 85\%$ in near future

3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

The Government of PNG is committed to regional and global disease elimination goals especially with regard to measles and rubella. In order to achieve these goals immunity levels must be maintained at high levels. Periodic MR SIA are required and thus the NIS includes plans to conduct a nationwide MR follow up campaign in 2022 and 2025.

3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.

If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

ICC is the highest coordination body pertaining to routine immunization in PNG. The TOR of the ICC has been uploaded.

The most recent ICC meeting was convened in April 2022 and unanimously endorsed the MR SIA Plan of Action.

Plans for establishing the NITAG include close mentoring by the Australia NITAG. These have been deferred until 2023 due to COVID-19 pandemic travel restrictions.

The TOR of the ICC is attached as background document.

3.5.4 Financial sustainability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

The NDOH submits yearly budget request to the Government. Advocacy with Treasury to ensure sufficient appropriations is regularly conducted. There have not been any defaults in past 3 years. The country has taken into account the transition from Gavi support and is fully financing the RI vaccines in 2022.

3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

Programmatic challenges include weak coordination between national and provincial levels, remoteness of population, and delay in funding flow. Many measures have been outlined in the body of the plan of action, but the following are highlighted here. Coordination will be achieved through use of national and provincial emergency operations committees which was an effective modality during implementation of the MR OPV SIA in 2019. The campaign implementation will be implemented over a 3 week period with additional time budgeted for mop up activities to allow mobile and outreach teams to reach isolated communities. Communities will be engaged before the campaign starts to ensure their awareness and participation. Additional support staff for finance and accounting will be recruited to oversee fund transfer and distribution to lessen the risk of funding flow delays.

3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing how the proposed activities and budget will contribute to overcoming key barriers.

An important equity issue is lower vaccination coverage in rural areas. To overcome this inequity additional HR and logistic arrangements will be put in place to overcome the challenges of reaching children in remote areas. There will be increased engagement with the communities and leaders on the benefit of vaccination before and during the immunization visit. Leaders at LLG level, councilors of ward will be mobilized to support EPI in advocating with church and community elders/influencers in target districts to improve access to and demand for immunization services. As the church has a very special place in the community structure in PNG, special advocacy meetings and materials will be prepared at central and local levels to engage the church in increasing demand. Local Civil Society Organizations and Community Based Organizations will also be engaged.

3.5.7 Synergies

Describe potential synergies across planned and existing Gavi support, including planned introductions, campaigns and HSS support. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines. Also describe how the country

will mitigate any programmatic and financial risks associated with multiple introductions. Furthermore, how is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and GFF?

Note 10

The MR SIA follow up campaign will integrate administration of bOPV and Vitamin A supplement with MR vaccine administration. Thus, there will be synergy with the Global Polio Eradication Initiative and with child nutrition programs. Communication messages will be tailored to include messaging on the benefits of routine immunization. Health care worker training for the MR SIA will build capacity for immunization in general among the health care work force.

3.5.8 Indicative major Measles-rubella and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major Measles-rubella and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. Measles-rubella second dose introduction, Measles-rubella or Measles-rubella-rubella follow up campaign, etc.).

MR activities planned in the next 5 years include: MR follow up SIA in 2022 and 2025, establish sentinel CSR surveillance in two major hospitals, strengthen the AFR surveillance system and outbreak preparedness, strengthen MR routine vaccination coverage to obtain 70% coverage of MCV1 in every province.

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.

3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.

2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to countryportal@gavi.org.

3.7 Upload new application documents

3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

English workplan

French workplan

Gavi Budgeting & Reporting Template

Modele du budget et de reporting financier

Application documents



New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline

[MR Country Application ChecklistSep21Final_23-04-22_18.47.11.docx](#)
[PNG 2023 MR campaign plan of action May 25 final_26-05-22_05.10.05.pdf](#)

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.



Gavi budget template

[3. PNG MR SIA budget250522final_26-05-22_05.10.53.xlsm](#)

Most recent assessment of burden of relevant disease

If not already included in detail in the Introduction Plan or Plan of Action.

No file uploaded

Sources and justification of campaign target population estimates (if applicable)

No file uploaded



Workplan with activities specific to Vaccine grant

[StandaloneVaccineTemplatePNG May 24_24-05-22_20.48.03.xlsx](#)

[chronogram of 2023 PNG SIA_24-05-22_20.34.55.pdf](#)

Endorsement by coordination and advisory groups



National coordination forum meeting minutes, with endorsement of application, and including signatures

The minutes of the national coordination forum meeting should mention the domestic funding of MCV1

[ICC minutes Apr2022_23-04-22_14.45.31.pdf](#)

[signature ICC attendance_17-05-22_10.39.20.pdf](#)



NITAG meeting minutes

No file uploaded

with specific recommendations on the NVS introduction or campaign

NITAG has not yet been established in PNG

Vaccine specific



cMYP addendum

Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP

[PNG NIS 20212025 Final 23-04-22 14.35.47.pdf](#)

Annual EPI plan

Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget

No file uploaded

MCV1 self-financing commitment letter

If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.

No file uploaded

Measles (and rubella) strategic plan for elimination

If available

No file uploaded



Other documents (optional)

[PNG Equity analysisDraftJune 2019_23-04-22 14.36.48.pdf](#)

[EVM IMPROVEMENT PLAN Narrative on updated 17-05-22 08.12.22.pdf](#)

[PNG CCE Inventory Feb 2022_17-05-22 08.08.51.pdf](#)

Targeted Areas

No file uploaded

Please liaise with your SCM/PM if this is applicable to your request

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

Active Vaccine Programmes

Note 11

IPV Routine

	2022
Country Co-financing (US\$)	
Gavi support (US\$)	322,137

Measles SD Routine - Strat 1

	2022
Country Co-financing (US\$)	
Gavi support (US\$)	

PCV Routine

	2022	2023	2024
Country Co-financing (US\$)			
Gavi support (US\$)			

Pentavalent Routine

	2022	2023	2024
Country Co-financing (US\$)			

Gavi support
(US\$)

Total Active Vaccine Programmes

	2022	2023	2024
Total country co-financing (US\$)			
Total Gavi support (US\$)	322,137		
Total value (US\$) (Gavi + Country co-financing)	322,137		

New Vaccine Programme Support Requested

Measles-rubella follow-up campaign

	2023
Country Co-financing (US\$)	69,000
Gavi support (US\$)	1,396,500

Total country co-financing (US\$)	
Total Gavi support (US\$)	
Total value (US\$) (Gavi + Country co-financing)	

Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US\$)

	2022	2023	2024
Total country co-financing (US\$)		69,000	
Total Gavi support (US\$)	322,137	1,396,500	
Total value (US\$) (Gavi + Country co-financing)	322,137	1,465,500	

[Contacts](#)

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Dr Sibauk Bieb	Executive Manager Public Health	675 73719691	svbieb@gmail.com	NDOH
Deborah Bettels	WHO Team Coordinator	675 71001201	bettelsd@who.int	WHO PNG CO
Dr Satish Gupta	Chief Health	675 71902879	sgupta@unicef.org	UNICEF PNG

Comments

Please let us know if you have any comments about this application

No Response

Government signature form

The Government of Papua New Guinea would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

Measles-rubella follow-up campaign

The Government of Papua New Guinea commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.¹

Minister of Health (or delegated authority)

Name

Date

Signature

Minister of Finance (or delegated authority)

Name

Date

Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

Minister of Education (or delegated authority)

Name

Date

Signature

¹ In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

Appendix

NOTE 1

The new cMYP must be uploaded in the country document section.

NOTE 2

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates.

Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

NOTE 3

* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

* Due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

NOTE 4

* The population in the target age cohort represents 100% of people in the specified age range in your country.

* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

* For indicative wastage rates, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

* The wastage rate applies to first and last dose.

NOTE 5

Co-financing requirements are specified in the guidelines.

NOTE 6

*The price used to calculate costs is based on UNICEF-single dose per vaccine procurement cost for measles monovalent vaccine.** This value will differ from the total cost if the vaccine selection is MR, as a country is only required to finance the cost of the measles monovalent vaccine.

NOTE 7

Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

NOTE 8

<https://www.gavi.org/support/process/apply/additional-guidance/#leadership>

NOTE 9

A list of potential technical assistance activities in each programmatic area is available here: <http://www.gavi.org/support/pef/targeted-country-assistance/>

NOTE 10

E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 11

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates.

Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.