



Bangladesh VACCINE SUPPORT

This Decision Letter sets out the Programme Terms of a Programme.

1. Country: Bangladesh				
2. Grant Number: 1115-BGD-04a-X / 1115-BGD-04a-Y				
3. Date of Decision Letter: 18 November 2013				
4. Date of the Partnership Framework Agreement: 24 June 2013				
5. Programme Title: New Vaccine Support				
6. Vaccine type: Pentavalent				
7. Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID				
8. Programme Duration¹: 2009-2015				
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):				
	2009-2013	2014	2015	Total ²
Programme Budget	US\$170,266,204 ³	US\$9,126,000	US\$19,500,500	US\$198,892,704
10. Vaccine Introduction Grant: Not applicable				

¹ This is the entire duration of the programme.

² This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

³ This is the consolidated amount for all previous years.

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁴

Type of supplies to be purchased with GAVI funds in each year (1115-BGD-04a-X)	2009-2013	2014
Vaccine Doses		4,331,400
Annual Amounts (US\$)	US\$166,354,204	US\$8,874,000

Type of supplies to be purchased with GAVI funds in each year (1115-BGD-04a-Y)	2009-2013	2014
AD Syringes		4,751,100
Re-constitution Syringes		0
Safety Boxes		52,750
Annual Amounts (US\$)	US\$3,912,000	US\$252,000

12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.

13. Self-procurement: The amount corresponding to the value of syringes and safety boxes will be disbursed to the country in the form of cash.

14. Co-financing obligations: Reference code: 1115-BGD-04a-X-C According to the Co-Financing Policy, the Country falls within the group Low Income. The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

Type of supplies to be purchased with Country funds in each year	2014	2015
Number of vaccine doses	468,600	1,005,400
Number of AD syringes		
Number of re-constitution syringes		
Number of safety boxes		
Value of vaccine doses (US\$)	US\$913,142	
Total Co-Financing Payments (US\$) (including freight)	US\$960,000	US\$2,054,500

15. Operational support for campaigns: Not applicable

16. Additional documents to be delivered for future disbursements: Annual Progress Report 2013 Must be delivered by 15 May 2014.

⁴ This is the amount that GAVI has approved.



17. Financial Clarifications: The Country shall provide the following clarifications to GAVI*:
Country to provide the 2012 NVS audit report

18. Other conditions: Not applicable

Signed by,
On behalf of the GAVI Alliance

A handwritten signature in blue ink, appearing to read "HK Othman", enclosed within a blue oval scribble.

Hind Khatib-Othman
Managing Director, Country Programmes
18 November 2013



Bangladesh VACCINE SUPPORT

This Decision Letter sets out the Programme Terms of a Programme.

1. Country: Bangladesh					
2. Grant Number: 1216-BGD-09a-X / 1316-BGD-09a-Y					
3. Date of Decision Letter: 18 November 2013					
4. Date of the Partnership Framework Agreement: 24 June 2013					
5. Programme Title: New Vaccine Support					
6. Vaccine type: Measles Second Dose					
7. Requested product presentation and formulation of vaccine: Measles, 10 dose(s) per vial, LYOPHILISED					
8. Programme Duration⁵: 2012-2016					
9. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):					
	2012-2013	2014	2015	2016	Total ⁶
Programme Budget (US\$)	US\$3,493,949 ⁷	US\$2,263,500	US\$2,392,000	US\$2,221,500	US\$10,370,949
10. Vaccine Introduction Grant: Not applicable					

⁵ This is the entire duration of the programme.

⁶ This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

⁷ This is the consolidated amount for all previous years.

11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):⁸

Type of supplies to be purchased with GAVI funds in each year (1216-BGD-09a-X)	2012-2013	2014
Vaccine Doses		6,411,200
Annual Amounts (US\$)	US\$3,241,449	US\$2,047,500

Type of supplies to be purchased with GAVI funds in each year (1316-BGD-09a-Y)	2013	2014
AD Syringes		3,526,200
Re-constitution Syringes		705,300
Safety Boxes		46,975
Annual Amounts (US\$)	US\$252,500	US\$216,000

12. Procurement agency: UNICEF. The Country shall release its Co-Financing Payments each year to UNICEF.

13. Self-procurement: Self-procurement applies to auto-disable syringes and syringe and safety boxes . The amount corresponding to the value of syringes and safety boxes will be disbursed to the country in the form of cash.

14. Co-financing obligations: Reference code: Not applicable for this support


15. Operational support for campaigns: Not applicable

16. Additional documents to be delivered for future disbursements: Annual Progress Report 2013 Must be delivered by 15 May 2014.

17. Financial Clarifications: Not applicable

18. Other conditions: Not applicable

Signed by,
On behalf of the GAVI Alliance

PP 

Hind Khatib-Othman
Managing Director, Country Programmes
18 November 2013

⁸ This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently.

Type of report: Annual Progress Report

Country: Bangladesh

Reporting period: 2012

Date reviewed: July 2013

1. Background Information

Surviving Infants (2012):

JRF - 3,283,685

DTP3 coverage (2012):

-
-

JRF Official Country Estimate: 90

WHO/UNICEF Estimate: 96

Table 1. NVS and INS Support

NVS and INS support	Approval Period
Hepatitis B monovalent	2002-2008
DTP-HepB-Hib	2009-2015
Measles	2012-2016
PCV	2013-2016
INS	2004-2006

Table 2. Cash Support

Cash support	Approval Period
ISS 1	2001-2011
HSS	2009-2013

2. Composition and Functioning of Inter-agency Coordinating Committee (ICC) / Health Sector Coordinating Committee (HSCC)

The ICC met 3 times in 2012. The members of the ICC include MOHFW, USAID, JICA, DFID, the World Bank, CIDA, Ministry of Local Government, Rural Development and Co-operatives, UNICEF, WHO, BRAC and Rotary. The two CSOs were BRAC and Rotary.

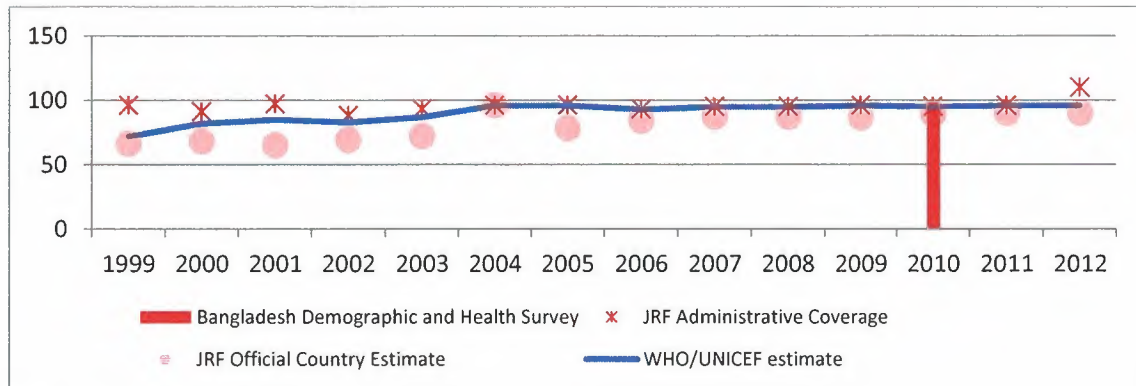
The HSCC did not meet since the HSS was reviewed previously in the April IRC.

3. Programme and Data Management

Vaccination coverage increased in terms of quantity and quality (reduced dropout rate and invalid doses), reduced number of district having fully vaccination coverage of below 80%. The dropout went from 10% to 9% in 2011.

Some challenges in the program are the following: 1) urban immunization coverage due to high migration of population and 2) total number of Measles cases in 2012 is 1986 cases.

The country has evaluated its data quality and has made some improvements to its administrative data systems given the differences between administrative and WHO/UNICEF coverage.



4. Gender and Equity Analysis

Sex-disaggregated data are available and these are presented in the annual coverage surveys. In 2011, the coverage for boys and girls is 89% and 90%, respectively. There is no significant difference.

In terms of equity the APR mentioned several times the challenge of improving low immunization coverage in urban areas.

5. Immunisation Services Support (ISS)

Several activities were implemented in 2012 such as support for District Immunization medical officers and supportive staff and development of annual EPI micro-plans based on RED strategy. Request for ISS reward achievement in Bangladesh is not applicable for 2012.

The country reports that it received funding from GAVI for ISS in 2012 but this funding was actually for cash support for injection supplies that Bangladesh receives instead of bundled syringes and safety boxes. The TAP issues are the following: 1) ISS Audit Report 2012 outstanding; and 2) Part of the expenditure is mentioned as "Envelope Budget- GAVI 001" for \$ 78,305 and "Previously approved activities carryover in 2011" for \$ 51,841, both without detailed breakdown.

6. New and under-utilised Vaccines Support (NVS)

There was a delay in vaccine shipment of pentavalent vaccine due to the global shortage of one dose vial presentation and the country used buffer stocks to manage the shortage of vaccine. The projected wastage rate is 5% for a one-dose vial and there is no request for a new presentation.

The 2014 request of 3.205m infants for penta1 was an adjustment made based on the new population census data from 2011. It is lower than the 3.67m infants reached in 2012. The request is 13% less than reported in 2012 but is explained by the new census data.

A Post-Introduction Evaluation was conducted for pentavalent vaccine and identified challenges facing the immunization program such as low immunization coverage and denomination issues.

Measles 2nd Dose

Due to a delay in receiving introduction grant, some introduction activities for measles second dose were delayed. The phase-wise introduction was delayed until September 2012. They lowered the original target of 3.4 million to 1.7 million. In 2014, the target was lowered from 90% to 51% since it decided to have a target population of infants aged 0-23 months. They are also using a wastage rate of 50% rather than the recommended 40% but this rate is lower than the previous rate of 70%.



Cold Chain Capacity or Issues

The latest EVM was conducted in April 2011. The next is planned in March 2014. According to the EVM Improvement Plan, most of the recommendations have been implemented.

Surveillance systems/data for new vaccines:

The country is collecting data on rotavirus diarrhoea and other vaccine preventable diseases.

General capacity of country to meet 2014 targets:

The capacity of the country to meet 2014 targets is good.

7. Vaccine Co-financing, Financial Sustainability and Financial Management

Bangladesh is in the low income co-financing group. It started mandatory co-financing of pentavalent vaccine in 2009 and has maintained timely payments of its co-financing obligations.

It uses pooled funds to finance its traditional vaccines of which it contributes 25%. The pooled funds also finance the co-financing fees, capital costs and campaigns. Bangladesh only pays for all of its operational costs and injection supplies and a proportion of (13%) of campaigns from its Revenue Budget. Thus, there are some concerns with its lack of financial sustainability.

TAP recommendation is to remind the country on quarterly reporting and external audit requirements.

8. Injection Safety Support (INS) and Adverse Events Following Immunisation Systems

Bangladesh has an injection safety policy. In terms of sharp waste management, they are using incineration in urban areas and open pit burning in rural areas.

9. Health Systems Strengthening (HSS)

The APR does not report on any activities conducted for HSS or its planned activities for 2014 since it will be reviewed in the September 2013 IRC.

10. Civil Society Organization Type A/Type B (CSO)

NA

11. Risks and mitigating factors

Lower coverage in urban areas and financial sustainability

12. Summary of 2012 APR Review

The immunization program is doing well and maintaining high coverage. It is doing very well at achieving its goals in rural areas but has lower coverage in urban areas that needs to be addressed. It also has not explained why its targets for measles second dose have been lowered significantly and why its wastage is high.

13. IRC Review Recommendations

- **ISS: NA**

- **NVS: Pentavalent , Measles 2nd Dose**
-
- Approve 2014 NVS support, as per country request

- **HSS: NA**

14. Clarification Required with Approved Funding

Short-term clarifications



(a) Financial clarifications/outstanding TAP issues

Clarifications recommended - ISS

- Country to provide the 2012 ISS audit report
- Country to provide a detailed cost breakdown for the following 2 categories of expenditure in the 2012 ISS financial statement: "Envelope Budget- GAVI 001" for \$ 78,305 and "Previously approved activities carryover in 2011" for \$ 51,841
- Country shall provide a detailed explanation supported by a calculation, explaining the origin of this cash receipt of \$ 1,374,000

Clarifications recommended – NVS

- Country to provide the 2012 NVS audit report