



GAVI/12/047/sk/rh

Minister of Health and Social Services
Federal Ministry of Health
New Federal Secretariat Complex
PMB 83
Garki Abuja State
Nigeria

13 April 2012

Dear Minister,

Nigeria's Proposal to the GAVI Alliance

In a letter of 7 March 2012, we informed you that the Independent Review Committee (IRC) recommended "**Approval**" of your proposal for Phase 1 States for pneumococcal vaccine introduction. We are pleased to inform you that the GAVI Executive Committee (EC), at its meeting on 12 April 2012, considered and **endorsed the IRC recommendation** of your 2013 proposal for the introduction of pneumococcal vaccine for Phase 1 States. For your reference, the IRC summary report is attached in Appendix A.

As specified and agreed in the submitted application form, Nigeria will to co-finance the procurement of pneumococcal vaccine. The level of co-financing is determined by GAVI's co-financing policy where Nigeria is classified in the intermediate group based the 2010 GNI per capita data released by the World Bank. Therefore, Nigeria's co-financing commitment as per the original application is US\$ 0.52 per dose in the first year, followed by an annual increase of 15%. Please note that the requirement to co-finance this vaccine will begin only once the supply of the vaccine commences.

We are keen to support you to make the earliest possible introduction of pneumococcal vaccines. However, due to an unprecedented demand for pneumococcal vaccines and the lead time required by manufacturers to increase vaccine production, it is possible that the global vaccine supply will not meet all country requirements approved by GAVI in the short term.

As a consequence, the actual amount of doses and the vaccine introduction timeframe may differ from that requested in your proposal. The final total dollar amount of Nigeria's co-financing requirement and the allocated number of doses will be communicated to you in a separate letter in due course.

GAVI is committed to providing regular updates to countries and we expect to send you new information on the status of supply in the third quarter of 2012.

Please do not hesitate to contact my colleague Par Eriksson at periksson@gavialliance.org if you have any questions or concerns.

GAVI Alliance

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Yours sincerely,



Helen Evans
Deputy Chief Executive Officer

Attachments: Appendix A: IRC country report, February 2012

cc: The Minister of Finance
The Director of Medical Services
Director Planning Unit, MoH
The EPI Manager
WHO Country Representative
UNICEF Country Representative
Regional Working Group
WHO HQ
UNICEF Programme Division
UNICEF Supply Division
The World Bank
The GAVI Finance Unit

Independent Review Committee, Geneva, February 6-10 2012

Review or response to conditions

Condition 1:

Nigeria is requested to present an updated report endorsed by the ICC providing evidence that the issues flagged in the EVM are being addressed.

Response:

An updated report endorsed by the ICC on EVM IP status was presented. Recommendations stemming from the EVMA were used to develop a two year EVM improvement plan, with 162 activities defined across national, zonal, state, LGA, and health facility levels. Currently, Nigeria is on track to accomplish these 162 objectives within the specified two year period. The NPHCDA is confident that all activities are on track for completion well in advance of the Q2 2013 date for PCV10 introduction.

This is evidenced by the fact that 50% of all actions identified in the plan have already been completed in less than one year, and that over a full year remains before the PCV launch to implement outstanding and in-progress recommendations.

Major activities that are currently in progress, and are expected to be completed in late 2011/early 2012, include:

- Significant progress has been made toward ensuring the six zonal cold stores will be fully operational before the introduction of PCV10.
- Additional cold chain capacity expansion in zonal, state, LGA and health facilities to continue in the coming months. 418 solar refrigerators have been procured by NPHCDA and are scheduled to arrive in Q4 2011 with over 200 refrigerators already delivered. Other equipment already procured by the NPHCDA (1WICR for FCT) and UNICEF (one WICR for Adamawa) are on ground awaiting installation.
- Health facility level temperature monitoring training.

Condition 1 is met

Condition 2:

Nigeria is requested to provide evidence of adequate cold chain storage capacity for the group of states/LGAs in each phase of introduction focusing on lower levels and including costs, source of financing, and timelines.

Response:

The National Primary Health Care Development Agency (NPHCDA) conducted a cold chain equipment assessment in September/October 2011. The goal of this assessment was to determine whether the cold chain storage capacity at the state, local government area (LGA), and health facility levels in the 14 states introducing PCV10 in 2013 was sufficient to accommodate that vaccine's volume. Three additional states introducing MenAfriVac in 2011 were also included in this assessment.

- As far as States (17) are considered:
 - 11 have adequate cold chain.
 - Of the 6 remaining states, 3 have new WICs awaiting to be energized, 1 has a broken WIC and a consultant was dispatched, and 2 states have WICs procured by UNICEF but not yet installed, but scheduled for December 2011.
- At the LGAs the assessment revealed inadequate capacity in 22% of LGA stores spread across nine states introducing PCV10 in 2012.

- These capacity gaps could be completely bridged by effecting necessary installations and repairs, and also installing a number of solar powered refrigerators that have already been procured by the NPHCDA but have not yet been delivered. A total of 418 solar powered fridges have been procured, and are expected to be completely delivered by December 2011.
- At the health facility level, 50% of sites surveyed in phase 1 introduction states have available cold storage capacity to accommodate PCV10. An additional 27% of sites will have capacity for PCV10 following repairs and installations of currently non-functional equipment. The remaining 23% of health facilities will still have capacity gaps. These gaps will be bridged utilizing equipment from the stock of 418 solar refrigerators that have been procured by the NPHCDA.
- The estimated cost to repair 80% of non-functional PQS positive storage equipment at all levels (State, LGA and health facility levels) in the 14 Phase 1 introduction states is 154,503.00 USD. The NPHCDA and partners have committed to provide these funds by the end of Q1 2012, which will put Nigeria on the right track to achieving its cold chain capacity targets for PCV10 introduction by 2013.
- The country presents a timeframe for repair and installment of equipment and funding sources and commitments for repair and procurement.
- In addition, a CCL summary indicated adequate capacity for 2012 and 2013.
- However, similar assessments are planned for phase 2 and phase 3 states in preparation for PCV introduction in 2014 and 2015, respectively. These additional assessments will conclude in 2012, to ensure adequate time to plan for cold chain rehabilitation in those states.

Condition 2 is met for Phase 1 states only

Recommendation:

Approval for Phase 1 states

Conditional Approval for Phase 2 and 3 states

Condition:

Nigeria is requested to provide evidence of adequate cold chain storage capacity for the group of states/LGAs in phase 2 & phase 3 of introduction, focusing on lower levels and including costs, sources of financing, and timelines.