



GAVI/13/174/sc/pe

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

3 May 2013

Dear Minister,

Nigeria's Proposal to the GAVI Alliance

I am writing in relation to Nigeria's proposal to the GAVI Alliance for New Vaccines Support for Measles SIA, which was submitted to the GAVI Secretariat in November 2012.

I am pleased to inform you that Nigeria has been approved with clarifications for Measles SIA support by the GAVI Executive Committee on 22 March 2013, following the recommendations of the Independent Review Committee (IRC) on 1-8 March 2013. The support includes operational support cost for the amount of US\$ 19,290,000 as specified in the Appendices to this letter.

For your information, this document contains the following important attachments:

- Appendix A: Description of approved GAVI support to Nigeria
- Appendix B: Financial information for Measles SIA
- Appendix C: A summary of the IRC Report
- Appendix D: The terms and conditions of GAVI Alliance support

The following table summarises the outcome of GAVI support applicable to Nigeria:

New Vaccines Support <i>Type of vaccine</i>	Approved for 2013
Measles SIA Operational Support	US\$19,290,000

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

Yours sincerely,

Hind Khatib-Othman
Managing Director, Country Programmes

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

Description of GAVI support to *Nigeria* (the “Country”)

New Vaccines Support (NVS)

The GAVI Alliance has approved the Country’s request for operational cost support which is estimated to be required for the 2013 measles supplementary immunization activities as set out in Appendix B. Financing provided by GAVI will be in accordance with:

- The GAVI Alliance Guidelines governing Nigeria’s proposal application; and
- The final proposal as approved by the IRC, including any subsequent clarifications.

The operational cost supports provided are to be used for the Measles SIA to immunize children in the age range as in the proposal.

Item number 11 of Appendix B summarises the details of the approved GAVI support in 2013.

Any required taxes, customs, toll or other duties imposed on the importation of vaccines and related supplies cannot be paid for using GAVI funding.

GAVI is not responsible for any liability that may arise in connection with the distribution or use of vaccines and related supplies after title to such vaccines and related supplies has passed to the country, excluding liability for any defect in vaccines and related supplies, which remain the responsibility of the applicable manufacturer.

As indicated in the application proposal, Government of Nigeria will pay for the vaccines and injection devices for the measles SIA.

GAVI support will only be provided if the Country complies with the following requirements:

Transparency and Accountability Policy(TAP): Compliance with any TAP requirements pursuant to the GAVI TAP Policy and the requirements under any Aide Memoire concluded between GAVI and the country.

Financial Statements & External Audits: Compliance with the then-current GAVI requirements relating to financial statements and external audits.

Grant Terms and Conditions: Compliance with GAVI’s standard grant terms and conditions (attached in Appendix D).

Country Co-financing: GAVI must receive proof of country co-payment from the Country such as invoices or shipment receipts if neither UNICEF nor PAHO is the procurement agent for country co-financed vaccine for the prior calendar year.

Monitoring and Annual Progress Reports: Nigeria’s use of financial support for the measles SIA is subject to strict performance monitoring. The GAVI Alliance uses country systems for monitoring and auditing performance as well as other data sources including WHO/UNICEF immunization coverage estimates. As part of this process, National Authorities will be requested to monitor and report on the numbers of children immunised and the delivery of funds to finance the vaccine.

Nigeria will report on the achievements and request support for the following year in the Annual Progress Report (APR) and a technical report. The APR must contain information on the number of children reported to have been vaccinated with DTP3 and 3 doses of pentavalent vaccine by age 12 months, based on district monthly reports reviewed by the ICC, and as reported to WHO and UNICEF in the annual Joint Reporting Form (JRF). The APRs will also contain information on country's compliance with the co-financing arrangements outlined in this letter. APRs endorsed by the ICC, should be sent to the GAVI Secretariat no later than 15 May every year. Continued funding beyond what is being approved in this letter is conditional upon receipt of satisfactory Annual Progress Reports and availability of funds.

MEASLES SIA VACCINE SUPPORT

1. Country: Nigeria	
2. Grant Number: 13-NGA-23a-Y	
3. Decision Letter no: 2	
4. Date of the Partnership Framework Agreement: N/A (Not signed yet)	
5. Programme Title: New Vaccine Support	
6. Vaccine type: Measles	
7. Requested product presentation and formulation of vaccine: N/A	
8. Programme Duration¹: 2013	
9. Programme Budget (indicative): (subject to the terms of the Partnership Framework Agreement) N/A	
10. Vaccine Introduction Grant: N/A	
11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):² N/A	
12. Procurement agency: N/A	
13. Self-procurement: Government of Nigeria will procure the vaccines and injection devices	
14. Co-financing obligations: N/A	
15. Operational support for campaigns: The support for operational costs for campaign will be disbursed in cash to the Government of Nigeria.	
	2013
Grant amount (US\$)	US\$ 19,290,000
16. Additional documents to be delivered for future disbursements: The Country shall deliver the following documents by the specified due dates as part of the conditions to the approval and disbursements of the future Annual Amounts.	
Reports, documents and other deliverables	Due dates
GAVI will disburse the operational cost support once GAVI has received evidence of procurement of full quantity of vaccines and injection supplies. If procurement is through UNICEF, this will be once GAVI receives confirmation from UNICEF that funds are transferred to UNICEF for full quantity of vaccines and injection supplies based on UNICEF cost estimates.	As soon as possible
17. Clarifications: Clarifications satisfactorily submitted and cleared.	
18. Other conditions: N/A	

Signed by
On behalf of the GAVI Alliance

p.o. B. Khatib-Othman
Hind Khatib-Othman
Managing Director, Country Programmes
3 May 2013

² This is the amount that GAVI has approved. Please amend the indicative Annual Amounts from previous years if that changes subsequently

IRC NVS COUNTRY REPORTGeneva, 1st – 8th March 2013

Country: Nigeria
Type of support requested: NVS (Measles SIA)
Vaccines requested: Measles (10 doses/vial, lyophilised)

Country profile/Basic data (2012)

Population	169,019,328	Infant mortality rate (2007)	75 per 1,000
Birth cohort - Measles (9-59 months)	29,676,626	Govt. Health expenditure as a percentage of GDP	6 %
Surviving infants	6,344,760	GNI/capita (2009)	\$1,190
DTP3 coverage (2011) - JRF - WHO/UNICEF	61% 47%	Co-financing country group*	Intermediate

*low income, intermediate or graduating

1. Type of support requested/Total funding/Implementation period

Nigeria is requesting support to conduct a nationwide follow-up measles campaign targeting children 9-59 months old. The anticipated coverage is 100%. The total support requested is US\$ 20,125,787 in operational funds, which covers 52% of the total cost of the campaign. The country is providing the remaining US\$ 18,716,546 for vaccines and injection equipment. The campaign will occur in two phases in August and September 2013. The first phase will cover the northern states, while the second phase will cover the southern states.

In addition to the phased measles campaign, the country also plans to conduct a Yellow Fever campaign in April 2013, the introduction of PCV in Nov/Dec 2013, and a Meningococcal A campaign in November 2013.

2. History of GAVI support**Table 1. NVS and INS Support**

NVS and INS support	Approval Period
DTP-HepB-Hib	2012 - 2015
Meningococcal	2011 - 2013
Yellow Fever	2007 - 2015
INS	2008 - 2010

Table 2. Cash Support

Cash support	Approval Period
ISS	2001 - 2007
HSS	2008 - 2013

3. Composition & Functioning of the ICC

The membership of the Inter-Agency Committee includes national health authorities (Federal MoH, National PHC Development Agency), key international partners (UNICEF, WHO, USAID, CHAI, World Bank) and civil society organisations (CHAN, NERFON, RI, Red Cross Society). The ICC meeting in which the Measles Campaign proposal was discussed was held in November 2012. This

meeting discussed two main items: the advocacy and endorsement of the Measles SIAs application to GAVI and the Yellow Fever GAVI application.

The ICC proposed that activities to strengthen the routine immunisation immunization system be included in the Measles SIA plan. Members agreed that integration with other interventions would be cost effective and that this forum was an opportunity to mobilise funds to address the funding gap for the campaign. The ICC endorsed the proposal for submission to GAVI.

4. Status of the National Immunisation Programme

Justification is provided in the proposal for conducting a catch up campaign for 9-59 months old children. Epidemiological data (laboratory confirmed measles cases) provided indicates that the 0-59 months age group accounted for 77.4% of all confirmed cases. The age group above 50 months comprised 22.2% of cases. The trends of routine measles coverage from 2003 through to 2010, through the national indicator surveys, show a rise in MCV1 coverage; however, there are discrepancies between the figures of the 2003 and 2006 survey results reported in table 4.1 in the application form and Page 15 of national plan for measles follow up campaign. The rise in coverage was not sufficient to assure population immunity.

Although the country has experience conducting measles SIAs, none of the SIAs conducted were followed up with a post-campaign survey for data validation. Previous IRC reports have highlighted that data quality is a major problem in Nigeria, evidenced by significant differences between administrative and WHO/UNICEF data. The report highlights that HMIS and data quality improvements are part of the reprogrammed HSS support.

The proposal does not indicate how children in areas of insecurity will be reached or what strategies will be used to attempt reaching such children.

5. Comprehensive Multi Year Plan (cMYP) overview

The cMYP was updated from the 2009-2014 cMYP and modified to cover the period from 2011-2015 to align it with the National Strategic Health Development Plan 2010-2015, to reflect the current status of new vaccine introductions in Nigeria, and to guarantee financial sustainability of immunisation services in the planned five-year period. It outlines processes for the phased introduction of Pentavalent and Pneumococcal vaccines starting in 2012 and 2013, respectively.

The plan is estimated to cost US\$ 2.4 billion over the five-year period; one-quarter of the cost is attributed to vaccines and injection supplies and one-third to SIAs. The funding gap based on secured funds averages 63% over the five-year period, but if probable funds, including potential GAVI support, are also taken into account, the funding gap averages 21% over the same period. Using secured funds only, there is an almost 10-fold increase, with significant variations in the cost components of the funding gap between 2011 and 2015. In 2011, less than 10% of the funding gap was for vaccines and injection supplies, while an estimated 70% was due to SIAs. The situation is reversed by 2015, with about 50% of the funding gap attributed vaccines and supplies and 25% for SIAs. The NIP falls under the National Primary Healthcare Development Agency, as does the cMYP vis-à-vis other key National Health Policies and Plans.

The cMYP-costing tool's projected period for implementing a Measles campaign is indicated as 2014 at a cost of \$33 million USD for a target population of 44 million target population. There are inconsistencies in the projected targets, as well as in the costs for implementation in the cMYP as compared to the proposal application (proposal indicates \$38 million USD for 29 million target population).

It is of concern that the plan does not seem to be addressing the issue of insecurity and conflicts affecting some areas of the country.

6. National Plan for Measles Follow up campaign

The plan draws from the country's experience of conducting campaigns, in the areas of training, logistics management, early planning and resource mobilisation, cold chain management and social mobilisation. The plan details how, through the SIA, routine immunisation will be strengthened: through trainings, updating of cold chain inventories, adaptation of advocacy tools and extension of strong campaign partnerships to routine immunisation. The goals of the plan are to contribute significantly and rapidly to the attainment of the global measles elimination target by 2020. Various relevant sub-committees will be developed in preparation for the campaign. The phasing of the campaign is primarily due to the large size of the target population, thereby allowing more efficient management of resources.

Special populations that are not easily accessible will be mapped through a GIS system and special teams assigned to reach these communities. The main strategies to be used will be fixed and temporary fixed posts. Teams are clearly prescribed, with roles assigned for each team member. Section 5.2 in the application indicates the addition of OPV as an intervention, to eligible children using a house-to-house strategy. It is not clear how the three strategies together will be managed within the teams or how they will be implemented concurrently. It is forecasted that, with a workload of 350 vaccinations a day, the total number of teams planned for shall achieve 95% coverage after conducting the campaign for five days. A mop-up exercise will be conducted immediately after the campaign in areas where the SIA coverage is below 95%.

A monitoring plan, which includes case-based surveillance, pharmacovigilance, data management and a post campaign survey, has also been developed. Coordination mechanisms will be set up, with various sub-committees. Specific measles indicators will be tracked to monitor performance.

The vaccines and supplies quantification have factored in a wastage rate of 17%, which is above the threshold achieved in previous measles campaigns.

Strengthening routine immunisation through SIA

The country will strive to use the measles follow-up campaign to update cold chain inventory, identify existing gaps, and distribute new vaccine carriers, ice packs and equipment, which could be used to support routine immunisation services. Specifically, the vaccine carriers will be used to support outreach services. The target population figures generated during the follow-up campaign will be used to update REW micro plans; the new target will be useful in effective immunisation session planning, vaccine forecasting and resource mobilisation to support routine immunisation, while viable temporary fixed points identified during the campaign would also be recruited to serve as RI outreach points for enhanced community mobilisation and participation in immunisation services. Advocacy materials and kits used to promote the measles follow up campaign will be adapted as a fundamental part of RI, and information generated on cost for reaching hard to reach communities during the follow up campaign would be used to revise RI budget for efficient service delivery to those communities. Key topics to reinforce RI skills will be included in the follow-up campaign-training schedule; this would help to sharpen the skills of RI service providers.

7. Improvement plan

Nigeria conducted a cold chain assessment funded by the Federal Government (16 States in 2011 and 20 States in 2012). The results of this assessment are published and provide nationwide data on cold chain capacity at all levels of the cold chain, with scenarios for the introduction of Penta, PCV13 and Rota. At state level, all but five states have sufficient cold storage capacity to accommodate all NVS and margins to accommodate YF; the shortfall in the other five states will be addressed.

The IRC notes the reprogramming of US\$ 21 million for cold chain equipment and spares, as part of the improvement plan following the 2010 EVM assessment, which aimed to assess the conditions for the introduction of PCV in Nigeria.

The completion of the cold chain expansion and rehabilitation at the national and zone levels provides Nigeria with sufficient cold storage capacity for all the phases of the Measles campaign and for the routine immunisation system. Currently, the combined installed positive storage capacity at the national level (which includes the national strategic cold store and six zone cold stores) is 225,144 litres.

The plan indicates that cold chain at the national and state levels is adequate for the implementation of the campaign, as the country benefits from cold chain infrastructure procured in the previous polio campaigns. Where there are gaps (few districts), contingency plans will be put in place to bridge the gap.

8. Financial Analysis

It is estimated that the SIA will cost US\$ 1.37 per child. The Government of Nigeria estimates a total cost of US\$ 38,569,774 and that 48% of these resources will be mobilised locally by the government, while the remaining 52% is being solicited from GAVI. Discrepancies were found when comparing the projected cost of \$33 million USD in the cMYP with a target population of 44 million children and the proposal's projected cost of \$38 million USD with a target population of 29 million children.

Comments on the SIA proposed budget provided with the application

Summary of MP training process:

- The facilitator: participant ratio is 50:300 (1:6)
- The rationale for having as many independent monitors as implementers is not clear

Summary of Implementation training:

- It is not clear how the cost of transporting the SIA supplies from national to state level was arrived at as unit costs are not provided

Summary of supplies, transport and fuel:

- The budget for hiring vehicles for vaccination teams in the wards assumes that there are no program vehicles available in any of the LGAs, as each LGA has been allocated a budget to hire for the entire SIA period
- It is not clear what the handling fee at the national warehouse is, considering that there are other costs that have already spelt out for freight etc. in the vaccine costs

It is notable that the cost of allowances is the highest cost driver for the campaign.

In view of the fact that the country has applied for Measles SIA and YF preventive campaign support, both planned for the same year, as well as the introduction of PCV vaccine (approved in 2012), it is not clear how these major activities requiring a large investment of funds outside routine immunisation will be dealt with, while making efforts to strengthen routine immunisation.

The country proposes that the support for the post-campaign survey request be halved. A clarification is sought on how the country will meet the full cost of this survey in order not to compromise the quality of the exercise.

The cMYP-costing tool indicates that the government procured all traditional antigens in 2008. Projections until 2015 suggest some of procurement need for traditional antigens are unfunded.

9. Co-financing arrangements

The measles SIA requires that the country raise financial resources above the threshold being requested from GAVI. The application states that the Government commits to funding the required

US\$ 18,716,546, and information through the CRO indicates that the country has secured local funds for the SIA through the government budget.

10. Consistency across proposal documents

There are some inconsistencies between the campaign dates proposed in the cMYP costing tool and the application, the targets for the campaign, as well as the budgets.

11. Overview of the proposal: Strengths & weaknesses

Strengths:

- The Measles SIA plans are integrated in the cMYP.
- The country has developed a comprehensive implementation plan for the measles SIA.
- There is clear justification for the target age group for the SIA.
- The country has vast experience in conducting immunisation campaigns.
- Integration of other interventions into the Measles SIAs is an opportunity for synergistic mobilisation of financial resources.
- The proposal follows standard guidelines, both in terms of proposed procedures and contents, and offers a strong rationale and justification for holding the SIA in 2013 as part of an elimination effort that would entail another SIA to be held in Nigeria in 2016.
- Lessons learned from previous SIAs in 2006 and 2011 make the current proposal stronger.

Weaknesses:

- Although there is past experience of conducting Measles SIAs, previous performance has not been validated through post-SIA surveys.
- It is not clear how some of the activities of the SIA would benefit routine immunisation with other antigens. Particularly, it is not clear why lessons learned on this issue are not mentioned in the list of lessons learned in the National Plan. Most lessons learned listed in the Plan seem to describe how to improve the campaign performance but not routine immunisation.
- There is no mention of how access to immunisation services will be assured in areas of insecurity and conflict.

Risks:

- The preparations for this SIA, planned YF preventive campaign, and introduction of PCV, if not well coordinated, could jeopardise efforts to strengthening routine immunisation.
- Integration of two different strategies (fixed strategy for Measles SIA and house-to-house for Polio) may compromise the quality of Measles SIA if not well managed.

Mitigating Factors:

- Nigeria's extensive experience in conducting vaccination campaigns.

12. Recommendations

Vaccine: Measles (10 doses/vial, lyophilised)

Recommendation: Approval with clarifications

Clarifications:

1. Clarify the budget discrepancy between the proposal (US\$ 38 million) and the cMYP (US\$ 33 million) and the target population discrepancy between the Proposal document (29 million) and the cMYP (44 million).
2. Clarify the source of the remaining funds for the required post-SIA coverage; only 50% of the estimated funds for the survey have been requested from GAVI.
3. Provide justification for the high facilitator to participant ratio (1:6) for the SIA training and the recruitment of equal numbers of monitors and vaccinators, as these items result in major budgetary implications.

4. Clarify how the management and implementation of both fixed and house-to-house strategies will be done in order to not compromise the quality of the Measles SIA.
5. Provide justification for the estimated wastage rate of 17%. The wastage rate for the last follow-up measles SIA in Nigeria in 2011 was approximately 7% (Table 4.2) and the WHO recommended wastage rate for Measles SIAs is 10%.

Note to Nigeria:

The IRC suggests including children 0 to 8 months in the target population for the immunization outreach “keep up vaccination strategy”. This would permit improvements in coverage for other routine vaccines and Vitamin A for the entire infant population in critically hard to reach areas.

GAVI Alliance Terms and Conditions

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms, which may also be included in a grant agreement to be agreed upon between GAVI and the country:

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THIS PROPOSAL

The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and this application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance, all funding amounts that are not used for the programme(s) described in this application. The country’s reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance’s request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance 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 programmes described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in this application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

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

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance 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 Alliance 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 Alliance 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 the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country's law, to perform the programmes described in this application.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and will comply with its requirements.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to this application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance 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 language of the arbitration will be English.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance 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.

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

USE OF COMMERCIAL BANK ACCOUNTS

The eligible country government is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support, including HSS, ISS, CSO and vaccine introduction grants. The undersigned representative of the government confirms that the government will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

