Application Form

Country Proposals

providing approximately two years of support for an

HPV Demonstration Programme

Deadline for submission: Sunday, September 15, 2013

Submitted by:

the Government of [BENIN]

Date of submission: [13 September 2013]

Please submit the Proposal using the form provided.

Enquiries to: proposals@gavialliance.orgor to the representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and the general public. The Proposal and attachments must be submitted in English, French, Spanish, or Russian.

Note: Please ensure that the application has been received by the GAVI Secretariat on or before the deadline.

The GAVI Secretariat is unable to return submitted documents and attachments to the different countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE

GRANT TERMS AND CONDITIONS

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms. These terms and conditions 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 carrying out 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 description of the programme(s) in this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and this application will be amended.

REIMBURSEMENT 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. Any funds repaid will be deposited into the account or accounts designated 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 are 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 TRANSPARENCY 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. The 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.

1. Application Specification

Q1. Please specify for which type of GAVI support you would like to apply.

|  |  |  |
| --- | --- | --- |
| Preferred vaccine(bivalent (GSK) or quadrivalent (Merck))See below for more information | Month and year of first vaccination | Preferred second presentation1 |
|  [Bivalent GSK ]  | [October 2015]  |  [Quadrivalent Merck ] |

Please summarize the rationale for choice of preferred vaccine. Also, please clarify whether the vaccine is licensed for use in your country.

1. The quality of the vaccine (vaccine pre-qualified by WHO and UNICEF)
2. The efficacy of the vaccine (ability to prevent the virus serotypes predominant in cervical cancer in Benin)
3. The cold chain (storage volume by does and our storage capacity)
4. The reasonable cost.

Considering the efficacy of the vaccine and the economic conditions in Benin, the bivalent vaccine has been identified as the vaccine of first choice in Benin

The bivalent vaccine was approved for sale in Benin on 12 July 2013 under number:

: 

For more information on vaccines: <http://www.who.int/immunization_standards/vaccine_quality/PQ_vaccine_list_en/en/index.html>

1 This “Preferred second presentation” will be used in case there is no supply available for the preferred presentation of the selected vaccine (“Vaccine” column). If left blank, it will be assumed that the country will prefer to wait until the selected vaccine becomes available.

1. Executive Summary

Q2. Please summarize the rationale and the expected outcome of the HPV Demonstration Programme Plan.

Cancers are responsible for mortality and morbidity in all countries in general and most particularly in the developing countries. Cancers constitute a genuine public health problem because the majority of cancers are diagnosed in advanced stages and the resulting mortality is very high. The 5-year survival rate is no greater than 20% for the majority of these cancers. Genuine problems also occur both in their diagnosis, which is possible only in certain urban medical centers (Cotonou, Porto-Novo, Parakou), but also in their complete and efficient treatment on account of the limited technical resources available. On account of these problems in treatment, cancers still constitute one of the principal reasons for medical evacuation in our country.

 In Benin, when reference is made to the statistics on the national level (which are not always complete), the cancers most frequently diagnose among women are breast cancer (32.5%) and cervical cancer (16.8%), according to data from … *[Translator’s Note: incomplete sentence]* (see Three-Year Plan to Fight Cancer, Benin 2013-2015). On the other hand, according to the statistics from Globocon 2008, cervical cancer is the primary cancer in women (28%) and the cancer which is most often fatal among women (26.8%).

 The government of Benin has signed on to the Millennium Development Objectives, including those related to health (Objectives 4, 5 and 6). To achieve these objectives, the Expanded Program on Immunisation of Benin, thanks to support provided by the Government and the partners, aims to reduce the morbidity and mortality linked to preventable diseases by immunisation, in accordance with the recommendations of the 1974 World Health Assembly. A new Complete Multi-Year Plan (PPAC) 2014-2018 for immunisation which takes its inspiration from the major orientations of the Global Immunisation Vision and Strategy, and the Millennium Development Goals (MDG's) has been created. This plan calls for the establishment of equality of access to all immunization services, an increase in the utilization of immunization services by a larger number of people, the introduction of new vaccines as well is the integration of immunization in other health promotion activities. Since 2002, therefore, Benin has decided to introduce new vaccines, starting with the yellow fever vaccine, followed by hepatitis Be, the pentavalent vaccine (DTC-HepB-HiB) in June 2005, then the vaccine against pneumococcal infections in 2011.

 Immunization coverage (for DTC-HepB-HiB) is 85% in 2002 on the national level according to estimates by the WHO and UNICEF.

 In the context of the fight against cervical cancer, the Ministry of Health of Benin proposes to introduce the vaccine against Human Papilloma Virus (VPH) into the EPI. To do this, the country must subscribe to the organization and the implementation of the "demonstration project" for vaccination against HPV among 9-year-old girls in the health zones of Abomey Calavi - SoAva and Djougou-Coparto-Ouaké.

 These two health zones have 6478 girls age 9. These girls represent 22% of the population of adolescent girls between the ages of 9 and 13 (300,269) in 2014 and 0.393% of the total female population. The proportion of girls Aged 9 in school is 64.4% on the level of the health zones selected.

 Benin has decided to vaccinate girls aged 9 by organizing three mass campaigns (requiring 3 rounds: M0, M1 and M6) annually, based on the combined strategy (stationary and outreach)

- **The stationary strategy** in each health area relates to the target population living within a radius of less than 05 km from the health structure. This strategy covers 40% of the target population, i.e. 2592 targets, and will be carried out in the health facilities or in locations that are not far from the health center (health centers, schools, public places selected by the participants).

- **The outreach strategy** in each health area relates to the populations who live within a radius of more than 05 km from the health structure. It covers 60% of the target population, i.e. 3887 targets. It will be conducted in schools, religious organizations and any other suitable public site.

 In the schools, the teachers will be involved in identifying girls age 9 by means of the census records and will be involved in the practical organization of the campaign. The identification of girls not in school will involve the community liaisons who will direct them to the outreach or stationary strategy sites according to a defined schedule. The involvement of the representative of the marginalized groups in the community liaisons will make it possible to reach nine-year-old girls from these groups.

 The dates and times of the visits of the immunization teams to each school and locality will be communicated to the authorities of these structures and to the mobilizing agents.

 The following essential activities will be carried out during the implementation of this demonstration program, i.e.:

 - Raising awareness and mobilisation of the populations with the support of groups of girls, local elected officials, political and administrative leaders, religious figures, leaders, other people important in the community and civil society organizations, including the NGOs

 - Basic micro-planning;

 - The training of the principal participants (community liaisons, health agents, teachers);

 - The organization of proper management of the waste generated by the immunisation campaigns;

 - Monitoring of Adverse Post-Immunization Effects (MAPI) and

 - The assessment of the campaigns.

 As for the logistical capabilities, the two health zones selected have 54 functioning refrigerators and 14 functioning freezers with a total capacity of 444 liters.

 In addition, the vaccines and supplies will be distributed using the conventional resupply circuit for these two zones.

 The biomedical waste generated by the immunisation will be transported and destroyed in the capital of each commune, where there are functional MonFort incinerators.

 Active and passive monitoring will be conducted immediately after and seven days after the immunisations by the health agents.

 Assessments of the demonstration project are planned for the first year:

 - Assessment of the immunisation coverage

 - Assessment post-introduction to M6

 - Assessment of the feasibility of integration of measures directed at adolescents

 - Assessment of the cost

 In the second year, plans call for the final assessment of the demonstration project and a second survey of immunisation coverage, with the integration of measures for the promotion of adolescent health.

 The expected results for the implementation of the demonstration project in the two health zones can be summarized as follows:

 - Immunise at least 80% of the planned target group during the first year of application

 - Immunise at least 80% of the planned target group during the second year of application

 The provisional budget for this program to introduce the HPV vaccine is USD 251,370 (operating costs).]

After the two years of demonstration, Benin will consider the lessons learned from the demonstration to expand the program on a national scale if the results of the assessment are positive.

**3. Immunisation Programme Data**

Q3. Please indicate in the table below the national coverage estimates for DTC3 in the two most recent years as indicated on the attached WHO/UNICEF declaration form. If other national DTC coverage surveys have been conducted, their results can also be entered in the following table.

|  |
| --- |
| Trends of national DTP3 coverage (percentage) |
| Vaccine | Reported | Survey |
| [WHO/UNICEF] Year 2011 | [WHO/UNICEF] Year 2012 | [EPI Survey] Year 2010 | [EDSIV] Year 2011-2012 |
| DTP 3 | 85 % | 85 %  | Central level 73.1%Atlantique 60.4%Donga 76.9%  | Central level 74 %Atlantique: 67.2%Donga: 78.6% |

Q4. If survey data is included in the table above, please indicate the years the surveys were conducted, the full title, and if available the age groups the data refer to.

* National survey of immunisation coverage 0-11 months for children age 12 to 23 months (2010)
* Benin Demographic Health Survey EDSB-IV 2011-2012

Note: The IRC may review previous applications to GAVI for a general understanding of country's capabilities and challenges.

1. . HPV Demonstration Programme Plan

4.1 District(s) profile

Q5. Please describe which district or districts have been selected for the HPV Demonstration Programme, completing all components listed in the table below. Also, please provide a district level map of the country.

|  |  |  |
| --- | --- | --- |
| Component | District 1 [Abomey-Calavi] name | District 2 (if appropriate) [Djougou-Copargo-Ouaké] name |
| Topography (% urban, % semi-urban, % rural, % remote, etc.) | 40% of the population is located in the peri-urban area, compared to 60% in rural areas60% of the population is also less than 5 km from health centres, 15% between 5-10 km from health centres and 25% more than 10 km from health centres], *Source: 2012* *Statistical Yearbook of the Abomey – Calavi Health Zone*] | 40% of the population is located in the peri-urban area, compared to 60% in rural areas60% of the population is also less than 5 km from health centres, 15 % between 5-10 km from health centres and 25% more than 10 km from health centres], *Source: 2011 Statistical Yearbook of the Djougou Health Zone*  |
| Number and type of administrative subunits, e.g., counties, towns, wards, villages  | [Municipalities: 2 Arrondissements: 16 districts/cities: 113], *data source [2012 Statistical Yearbook for the zone]* | [Municipalities: 3], Arrondissements: 22 districts/cities 149] *data source [2011 Statistical Yearbook]* |
| Total population | [548,674], *data source [Estimate based on 2002 census]* | 397,942],*data source [Estimate based on 2002 census*] |
| Total female population (51%) | [279,824], *data source [2012 Yearbook]* | [202,950] *data source [2011 Statistical Yearbook, Djougou Copargo-Ouake health zone]* |
| Total female population aged 9-13 years (5.914% of total female population) | [16,549], *data source [WHO, UNESCO estimate]* | [12,002], *data source [WHO, UNESCO estimate]* |
| Number and type of public health facilities  | [18 Health facilities, including 01 free-standing dispensary and a free-standing maternity unit, 1 Area Hospital], *data source [2012 Statistical Yearbook of the Abomey Calavi, So Ava health zone]* | [33 Health facilities, including 02 free-standing dispensaries and 3 free-standing maternity units, 1 Area Hospital], *data source, Ministry of Health 2011 Statistical Yearbook]* |
| Number and type of health workers in all district public health facilities | [498, including 17 doctors, 96nurses, 68 midwives, social welfare assistants, THA, 39 Technicians and auxiliaries,other], *data source [2012 Statistical Yearbook of the Abomey Calavi, So Ava health zone]* | [313, including 11 doctors, 107nurses, 25 midwives, 8 laboratory technicians and 8 radio technicians], *data source [2011 Statistical Yearbook, health zone]* |
| Number and type of private health facilities  | [216 including polyclinics, clinics, medical offices, urgent care centres and opthalmologic hospital], *data source [2012 Statistical Yearbook of the Abomey Calavi, So Ava health zone]* | [14 private health facilities, including 6 clinics, 01 medical office, 01 area hospital, 01 community health centre and 4 health centres], *data source: 2011 Area Statistical Yearbook* |
| Number and type of health workers on staff in private health facilities in the district | [671, including doctors, nurses, midwives, laboratory technicians and auxiliaries], *data source [2012 Statistical Yearbook of the Abomey Calavi, So Ava health zone]* | [ND] source of data [Type text] |
| Number and type of public and private primary and secondary schools | [613 primary schools], *data source [2011-2012 Primary Education Statistical Yearbook]* | [398 primary schools], *data source [2011-2012 Primary Education Statistical Yearbook]* |
| Number of teachers in public and private primary and secondary schools | [3658 in primary schools], *data source [2011-2012 Primary Education Statistical Yearbook]* | [1725 in primary schools], *data source [2011-2012 Primary Education Statistical Yearbook]* |
| Estimates of the number and percent of girls in school for each of the following ages:9 year old girls10 year old girls11 year old girls12 year old girls13 year old girls | 9 year old girls: 2418 (64.4%)10 year old girls: 2365 (68.3%)11 year old girls: 2093 (62.8%)12 year old girls: 1956 (60%)13 year old girls: 1892 (57.9%) *data source [UNESCO Benin Report 2013]* | 9 year old girls: 1754 (64.4%)10 year old girls: 1715 (68.3%)11 year old girls: 1518 (62.8%)12 year old girls: 1419 (60%)13 year old girls: 1372 (57.9%) *data source [UNESCO Benin Report 2013]* |
| Estimates of the number and percent of girls not in school for each of the following ages:9 year old girls10 year old girls11 year old girls12 year old girls13 year old girls | 9 year old girls: 1337 (35.6%)10 year old girls: 1098 (31.7%)11 year old girls: 1240 (37.2%)12 year old girls: 1304 (40%)13 year old girls: 1,375 (42.1%) *data source [UNESCO Benin Report 2013]* | 9 year old girls: 970 (35.6%)10 year old girls: 796 (31.7%)11 year old girls: 899 (37.2%)12 year old girls: 946 (40%)13 year old girls: 997 (42.1%) *data source [UNESCO Benin Report 2013]* |

Q6. Please give a brief description of why this district (or districts) was (were) selected to participate in the HPV Demonstration Programme.

[To diversify the profile of localities for purposes of the demonstration, one health zone has been selected in the southern part of the country and another in the north. Both these areas meet the criteria for rural and peri-urban areas. These are the most populated areas with the most educational establishments, which makes reaching the targets easier. Both areas have locations with easy access for the distribution of the vaccine and the immunization material.]

***LOCATION OF THE HEALTH ZONES SELECTED FOR THE HPV CAMPAIGN***



Q7. Please describe the operations of the EPI programme in the district(s) selected for the HPV Demonstration Programme.

|  |  |  |
| --- | --- | --- |
| Component | District 1 [Abomey Calavi-So Ava] Name | District 2 (if appropriate) [Djougou-Copargo-Ouaké] name |
| Number and type of administrative subunits (e.g. health facilities) used for routine vaccine delivery  | [47 health facilities that routinely conduct immunization activities] | [29 health facilities that routinely conduct immunization activities] |
| Number and type of outreach sessions in a typical month used for routine vaccine delivery | [492 IEC sessions]  | [492 IEC sessions] |
| DPT3 coverage | [106%, %, year [*2012 National administrative data]* | [94%, %, year *[2012 National administrative data]* |
| Polio3 coverage  | [106%, %, year *[2012 National administrative data]* | [94%, %, year *[2012 National administrative data]* |
| Measles first dose coverage  | [97%, %, year *[2012 National administrative data]* | [93%, %, year *[2012 National administrative data]* |
| Pentavalent 3 coverage  | [106%, %, year *[2012 National administrative data]* | [94%, %, year *[2012 National administrative data]* |
| TT2+ (pregnant women) | [68%, %, year *[2012 National administrative data]* | [93%, %, year *[2012 National administrative data]* |

At the level of each health zone, the data are centralized by the Statistics Unit of the health zone in charge of analysing the performance of each health area and of the zone. These data are then shared with the departmental and national level. This mechanism will be utilized for the HPV demonstration project.

Additionally, with regard to the reliability of the data, the preliminary census of the targets prior to the immunisation campaign will enable us to resolve the denominator problem to minimize excessive rates. And that will reduce the difference between the administrative coverage and the coverage after the survey.

Q8. Please summarize the performance of the district EPI programme as reported in any recent evaluation, for example identifying resources available, management, successes, and challenges.

The level of performance is evaluated on the basis of the information listed below:

* Existence of management structures and mechanisms on all levels of the health pyramid
* Availability and timely revision of the Complete Multi-Year Plan (PPAC) and the Annual Operating Plans
* Availability each year of the operational structures of the annual objectives of the Programme, strengthening the capabilities of health care personnel on all levels
* Supervision of service-providers and regular monitoring of activities and indicators
* Immunization independence
* Availability of technical and financial Partners to support the Programme

The results of the Outside Review of the EPI (2008) have identified certain strengths of the programme, in particular:

- Good access by children to immunisation services (3% zero doze) and good availability of service-providers

- Good immunization technique for BCG (89% immunisation scar)

- Good ability of the EPI to reach children less than one year old (89%)

- Community has bought into the concept of immunisation

- Immunisation free of charge

- Participation of community financing in the immunisation]

However, certain shortcomings have been identified in terms of the reasons for non-immunisation or incomplete immunisation of children, as cited by the parents:

- mother too busy or sick: 25%

- unaware of the need to come back, unaware of the place and time of the appointment: 21%

- no vaccine, no one to administer the vaccine, immunisation appointment postponed: 13%

- afraid, has mistaken understanding, has heard rumors, mistrustful: 12%

- long wait, immunisation site a long way away, inconvenient time for immunisation: 8%

- child sick, taken to health centre but not immunised: 3%

- other reasons: 18%

[With regard to the two health zones selected, they have good immunisation coverage for the different antigens and have even achieved the recommended national coverage objectives. Good functioning of the cold chain, the availability of human resources, logistics as well as strengthening of the EPI through technical and financial support from the partners has also been observed]

The major trends in the evolution of antigens over the past five years according to government data are summarized in the figure presented below

 Source ANV-SSP

**Figure 1**: **Trend of immunisation coverage over the past five years according to government data**

**With reference to cold chain equipment and logistics**

With the contributions of development partners such as UNICEF, the WHO etc., Benin now has, on the central level, (4) cold rooms, 3 of which are positive, with a total net capacity of 15,000 liters and 1 negative with a net capacity of 5,000 liters. They are each equipped with two refrigerating units. The EPI also has 5 freezers and 1 refrigerator (3 TCW 1152 and 1 TFW 800) with a net total capacity of 752 liters. Two backup generators ensure the operational continuity of the cold rooms in case of an electric power outage.

 The municipalities in the Abomey-Calavi-So Ava health zone, on account of their proximity of supply directly from the DDS departmental depot in Cotonou, have direct recourse, if necessary, to the cold rooms on the EPI central level in Cotonou. The municipalities of the Djougou-Copargo-Ouake health zone obtain their supplies directly from the Atacora DDS departmental depot. They can also be supported by the cold room of the Bourgou Health Department Depot for the preservation of the vaccines.

Benin also conducted the Vaccine Management Assessment in 2012, which identified insufficient storage capacity on the central level. Thanks to the support of GAVI in the framework of the Health System Strengthening initiative, the implementation of the plan to upgrade the capacity of the cold chain on the central level, four positive cold rooms of 40 m3 each and one negative cold room with a capacity of 20 m3 are being installed.

9a. Please describe any current or past linkages the district EPI programme has had with the primary and/or secondary schools in the district, e.g., going to schools for health education, delivery of vaccinations, outreaches, etc.

The EPI programme has extensive experience in providing services in the schools by means of various student immunisation campaigns (Campaigns against Measles, Material and Neonatal Tetanus, meningitis and polio) and systematic parasite-removal campaigns, for which an effective mobilisation of teachers has often been noted.

Health promotion activities for adolescents are also conducted in schools, in particular the prevention of sexually transmitted diseases and unwanted pregnancies, prevention of tetanus and drug addiction.

The areas selected have also benefited from these activities and have capitalized on their experience in the area of collaboration and providing services in the schools

Q9b. Please indicate if gender aspects relating to introduction of HPV vaccine are addressed in the demonstration programme?

The HPV demonstration program will only involve girls 9 years of age.

We should indicate that in 2007, Benin conducted a mass immunisation campaign against tetanus among women ages 15 to 49. During this period, the targets were mobilized by means of channels including town criers and community liaisons. Meetings to raise awareness were also conducted among the men. This experience will be put to good use in the implementation of the HPV demonstration project. For this HPV demonstration project campaign, the adolescents are trained in health promotion activities (HIV prevention and the reasoning behind the anti-HPV immunisation)

Q9c. Please describe any recent evidence of socio-economic and/or gender barriers to the immunisation programme through studies or surveys.

The EPI in Benin has currently not encountered any socio-economic obstacles relative to gender, except for false rumors of sterilization of girls that are frequently mentioned by parents during the reference polio campaigns. However, a strengthening of public relations activities aimed at managing rumors and crises will be conducted before the immunisation, in the framework of the implementation of the HPV vaccine demonstration project on account of the target. In each municipality, therefore, teams composed of health agents, teachers, communicators and community leaders will be deployed on the ground to respond to and refute these rumors.

4.2 Objective 1: HPV vaccine delivery strategy

Q10. Please describe the primary and secondary HPV vaccine delivery strategies selected (school-based, facility-based, outreach, mixed, other, etc.) and the rationale for selection.

Note: If the application proposes to use schools as a venue for HPV vaccine delivery the minimum proportion of girls of the target vaccination cohort or target grade that is enrolled in school must be 75 % nationwide (not only in the selected district).

Benin has chosen to immunise girls 9 years of age by organising 3 mass campaigns (requires 3 doses: M0, M1 and M6) annually, according to the mixed strategy (stationary and outreach)

 - the stationary strategy relates in each health area to the target population living within a radius of less than 05 km from the health structure. This strategy covers 40% of the target population, i.e. 2592 targets, and will be conducted in the health facilities, in schools and public places selected by the executants.

 - the stationary strategy relates in each health area to the target population living within a radius of less than 05 km from the health structure. It covers 60% of the target population, i.e. 3887 targets. It will be conducted in public and private schools, educational facilities and any other public location.

For example, girls age 9 living within a 5 km radius of the health centre will be immunised by teams of immunisers using the fixed strategy, and those living more than 5 km from the health centre will be immunized by outreach strategy immunisation teams. The teams of the stationary and outreach strategies will vaccinate the 9-year-old girls in question simultaneously.

In the public and private schools, the teachers will be involved in ensuring coverage of girls age 9 by means of census records and they will also be involved in the practical organization of the campaign. The target population will be identified with a pre-defined form indicating last name, first name, date of birth or age, grade and name of the establishment. Registers will be kept during each health training session for the registration of the targets identified in the schools and in the community.

Young girls who are not in school will be identified by means of the community liaisons, the district/village leaders, Red Cross volunteers, employees from the Social Welfare Promotion centres and NGOs by means of census forms. Social mobilisation via the radio, town criers and other press media will make it possible to easily reach these 9-year-old girls in the community

 To document the immunisation, cards will be created in advance and distributed to the immunised girls during the immunisation sessions. The channel of immunized girls in school, whether in public or private school, can also be used to contact girls who are not in school

The dates and times of the rounds to be administered each school and locality by the immunisation teams will be announced to the authorities of these structures and to local organizers. These local organizers will be directed to the immunisation sites on the basis of a pre-established schedule.

The campaign will last for 3 days, (M0: October 2015, M1: November 2015, M6 April 2016) for the first demonstration year.

It should be noted that girls in school will be identified in both the public and private schools and will benefit from the same immunisation strategies.

Q11. If schools are being used as a venue for HPV vaccine delivery, please state the percentage of girls in the target age group which are attending school nationwide and in the district(s).

**Our immunisation strategy relates only to the schools.**

Schools do not constitute the assembly sites for the immunisation of girls who are not in school. Girls who are not in school will be immunised on the level of previously identified public places.

In the schools, only 64.4% of girls ages 9 to 13 will be covered and 35.6% of the targets will be sought in the community.

Q12. Please identify a single age (or single grade in school) of the target vaccination cohort within the target population of 9-13 year old girls and provide information in the table below. Please clarify the rationale for the choice of the target population.

|  |  |  |  |
| --- | --- | --- | --- |
| Target age or grade | No. of girls targeted Year 1 (Abomey Calavi-So Ava) | No. of girls targeted Year 1 (Djougou-Copargo-Ouaké) | Source of data |
| [ Girls age 9 ] | 2418estimated for the Year 2014 | In school | [1754 estimated for the Year 2014 | In school | [2011-2012 Academic Statistics Yearbook] |
| [Girls age 9] | [1337] | Not in school | [969] | Not in school | [UNESCO Report, Benin 2013] |
|  | [3755] | Total | [2723] | Total 6478 |  |

Rationale: The selection of girls age 9 is based on the predominance of girls in school amount the age group 9 to 13 years (64.4%) and to minimize the risk that they have had their first sexual relationship

Q13. If the target population is a single grade in school, describe the percentage of girls in the target grade which are between the ages of 9 and 13 years and the data source. SO, because the option selected is that of a single age (10 years)

|  |  |
| --- | --- |
| Age | Proportion of girls in grade |
| Less than 9 years |  |
| 9 |  |
| 10 |  |
| 11 |  |
| 12 |  |
| 13 |  |
| Older than 13 |  |
| Total |  |

Note: If the strategy selects eligible girls based on their grade in school, then at least 80 % of the girls in the grade should be between 9 and 13 years of age (the age group recommended by the WHO for the HPV vaccine).

[SO.]

Q14. Please describe how eligible girls not in school will be identified and the mechanism for providing them an opportunity to receive HPV vaccine.

Young girls not in school will be identified with the involvement of community liaisons, district/village leaders, Red Cross Volunteers, the employees of the Social Welfare Promotion centres and NGOs by means of health records, birth certificates and the collection of information from parents (historical calendar), but also by students who will identify children of their age in the community who are not in school.

 To document the immunisation, cards will be created in advance and will then be used during the vaccination sessions. The channel of immunized girls in schools can also be used to involve girls who are not in school by increasing awareness and providing information to the persons responsible for these girls not in school (parents, guardians).

The dates and times of the rounds to be administered each school and locality by the immunisation teams will be announced to the authorities of these structures and to local organizers. The latter will direct them to the immunisation sites on the basis of the combined strategy described above and the predetermined schedule.

Q15. Please describe the mechanism for reaching all the target girls with three doses who were missed on the main vaccination days, specifying plans for reaching hard-to-reach or marginalized girls.

[Make-up sessions for the target population of girls absent from the main sessions will be held in the health facilities and employing the combined strategy within 48 hours after the end of the immunisation campaign. To reach these girls, they will be checked in at the immunisation sites and, on the basis of lists previously compiled during the census, it will be possible to determine the names of the girls and where they live. We are raising awareness among the population with support form teachers, leaders, local elected officials (district leaders, neighborhood leaders, council members), the community liaisons, as well as by means of text messaging (SMS) via GSM networks to try to reach these young girls.

 The same mechanism will be used to identify marginalized girls, although additional support will be obtained from NGOs and the association of clubs in charge of looking after these girls. For girls who are difficult to reach, an active search will be systematically conducted in stores, public places and places where their parents work or spend time.

Q16. Please summarize ability to manage all the technical elements which are common to any new vaccine introduction, e.g. cold chain equipment and logistics, waste management, vehicles and transportation, adverse events following immunisation (AEFIs), surveillance, and monitoring, noting past experience with new vaccine introductions (such as rotavirus, pneumococcal vaccine, or others).

In the framework of the organization of the introduction of new vaccines: MenA vaccine and the anti-pneumococcal infection vaccine, Benin has defined and implemented the following activities:

* Planning and micro-planning activities
* Staggered training of the health workers involved
* Assessment of the cold chain
* Preparation of a waste management plan, logistics plan, communications plan
* Creation of a case-by-case monitoring system of assignments and AEFI
* Supervision of service-providers and monitoring of activities (fast assessment)
* Post-campaign and post-introduction assessment

 [The implementation of these operations has enabled the health zones to gain a certain amount of experience in the organization and management of mass immunisation campaigns, in particular against measles (2001, 2003, 2005, 2008 and 2011), against meningitis (MenAfrivac) in 2012 and in the introduction of the routing anti-pneumococcal infections vaccine in 2011. The health zones are able to effectively manage difficulties related to logistics, waste management, monitoring of Adverse Events Following Immunisation (AEFI). Recent assessments of the cold chain and logistics on the occasion of the EVM in 2012 found the health zones selected capable of introducing new vaccines. The strengthening of capacities of participants at all levels and supervision are still a factor contributing to the success of the various campaigns.]

These different campaigns and the problems they have overcome have made it possible to draw the following lessons:

* **With reference to the equipment and logistics of the cold chain,** on account of the limitation of the capacity of the central chain, the introduction of new vaccines resulted in an increase in the frequency of vaccine procurements, with cost overruns. That required the rehabilitation of the cold chain, which is currently being carried out thanks to financing from GAVI.
* **With reference to waste management**, the absence of incinerators in certain districts has necessitated the implementation of a system of waste collection and destruction which ultimately made possible an optimal management of the waste generated by the campaign (destruction at the level of the departments).
* **With reference to the management of adverse adverse effects following immunisation,** the creation of the AEFI Committee with its members from all levels, the creation of management support functions and the training of personnel have made it possible to respond adequately, with the exception of some cases in which precise information is lacking.
* **In the area of public relations**, in spite of numerous activities conducted, the initial sessions were not met with optimal participation by the population, which necessitated a strengthening of public relations close to the event (community liaisons, town criers).

* **Monitoring/Evaluation**,

The use of quick surveys and independent monitoring have made it possible to identify areas where coverage is poor and where make-up immunisations have been conducted. Particular emphasis must thereby be placed on local monitoring to correct inadequacies identified on the ground as they occur.

17. Please describe the cold chain status for the selected district and the data source(s) for this information. Information such as the number of cold storage facilities, function and working order of the facilities, storage capacity (and any excess capacity), distribution mechanism for routine delivery of vaccines, status of vaccine carriers and ice packs (e.g., supply shortages or excesses), and plan for HPV vaccine storage and distribution during the HPV Demonstration Programme.

|  |  |  |
| --- | --- | --- |
| Component | District 1 [Abomey- Calavi] | District 2 (if necessary) [Djougou]  |
| Number and type of cold storage facilities  | [17 coolant tube refrigerators, 15 refrigerators and freezers and 6 battery-powered freezers] | [8 coolant tube refrigerators, 14 refrigerators and freezers and 8 battery-powered freezers] |
| Functioning and working order of the facilities | [Good working order] | [Good working order] |
| Storage capacity (any excess) | [Net capacity 279 liters: no excess] | [Net capacity 165 liters: adequate] |
| Distribution mechanism | [The vaccines and supplies will be routed on the central level to the main location in the commune. The managers of the health facilities will be resupplied on the commune level. A buffer inventory will be located in the national warehouse which has a sufficient cold chain to store this inventory. This warehouse is located only 15 km] *[Translator's Note: sic]*The volume necessary for the storage of the vaccines for routine operations in the zone is 230 liters, additional requirements to store the HPV vaccines are 43 liters and the available capacity is 279 liters. Because the capacities of the communes will not be overloaded with the supply of HPV vaccine, they will be serviced one month prior to each round at the same time as the vaccines of the Routine EPI. | [The vaccines and supplies will be routed on the central level to the main location in the commune. The managers of the health facilities will be resupplied on the commune level. A buffer inventory will be located in the national warehouse which has a sufficient cold chain to store this inventory.]The volume necessary for the storage of the vaccines for routine operations in the zone is 124 liters, additional requirements to store the HPV vaccines are 31 liters and the available capacity is 165 liters. The inventory for three rounds will be stored on the level of the departmental cold chamber in Borgou - Alibori and deployed one month prior to each round at the level of the departmental warehouse in Natitiingou, which will be responsible for servicing the Djougou zone |
| Number and status of vaccine carriers  | [187 in good condition] | [97 in good condition] |
| Number and status of ice packs (any shortages or excess) | [32 refrigerant units in good operating condition: adequate] | [22 refrigerant units in good operating condition: adequate] |

Q18. Additional district cold chain information if necessary:

[With the contributions of development partners such as UNICEF, the WHO etc., Benin now has, on the central level, (4) cold rooms, 3 of which are positive, with a total net capacity of 15,000 liters and 1 negative with a net capacity of 5,000 liters. They are each equipped with two refrigerating units. The EPI also has 5 freezers and 1 refrigerator (3 TCW 1152 and 1 TFW 800) with a net total capacity of 752 liters. Two backup generators ensure the operational continuity of the cold rooms in case of an electric power outage.

 On account of their proximity, the communes of the Abomey-Calavi-SoAva health zones will be supplied directly from the departmental warehouse of the Departmental Health Service in Cotonou and can, if necessary, have recourse to the cold chambers on the central level of the EPI in Cotonou. The communes in the Djougou-Copargo-Ouaké health zone will be supplied directly from the departmental warehouse of the Atacora Departmental Health Service. They can also be supported by the cold room of the Bourgou Health Department Depot for the preservation of the vaccines.

Benin also conducted the Vaccine Management Assessment in 2012, which identified insufficient storage capacity on the central level. Thanks to the support of GAVI in the framework of the Health System Strengthening initiative, the implementation of the plan to upgrade the capacity of the cold chain on the central level, four positive chambers of 40 m3 each and one negative cold chamber with a capacity of 20 m3 are being installed.

* 1. Objective 1: HPV vaccine delivery training, raising of community awareness & mobilisation plans

Q19. Please describe initial plans for training of health workers and others who will be involved in the HPV Demonstration Programme.

* Adaptation of the training modules of the different employees that integrate the following topics: cervical caner, HPV, immunisation, surveillance, public relations, monitoring, follow-up and evaluation;

The training is to be administered using a staggered model:

* Training of the trainers on the central and departmental levels with emphasis on the National Program to Combat Non-Transmissible Diseases, the Mother and Child Department and the officers of the National Agency for Immunisation and Primary Care, the directors of Mother and Child Health services, the directors of Public Health Department offices and the IEC Division directors of the departments

These trainers will be organized in two pools, which will then go and train the trainers in the health zones

This training will be provided by the managers of the EPI with support from partners (WHO, UNICEF), using the reference documents provided by the WHO.

* The training of the managers at the Health Zone level will be be administered by a team of trainers on the department level supported by teams from the central level

The managers of the health zones will be responsible for the training of the immunisation personnel at the level of their health area under the supervision of the central level;

* The training of the teachers and school principals, community liaisons and NGO personnel will be provided by the managers of the health zones in the form of information and awareness-raising meetings to help us in the identification of the target audience and the management of rumors on the level of the parents and guardians.
* Training of the rumor-management committee members by the trainers on the department level supported by trainers from the central level.

Q20. Please describe initial communication plans for sensitizing and mobilizing communities for the HPV Demonstration Programme.

The following strategies will be used: advocacy, local mobilisation, mass communications and interpersonal communications.

**Advocacy**

Advocacy for these measures will be done before the authorities of the Ministry and the Organization Committees on the different levels.

Meetings and discussions will be organized with the traditional leaders and opinion-shapers in the different districts to obtain a commitment and effective involvement of the political and traditional authority figures. It will also be a question of explaining to them the importance of continuing to mobilize the target population for all three rounds and explaining the choice of this target population.

Religious leaders will also be asked to mobilise their congregations around the campaign.

**Local mobilisation**

Local mobilisation will be handled by the community liaisons, NGOs, opinion-shapers, the traditional and religious authorities, town criers and health personnel by means of educational discussion sessions, sermons, home visits and counseling as part of their day-to-day activities. The community liaison's will go door-to-door to take identify the target population and raise awareness.

Identifying these different target populations will help to dissipate fears and concerns, and in short to help bring down the barriers to the acceptance of the HPV vaccines.

**Mass communications**

Mass communications will be handled by the community liaisons, opinion-shapers, traditional, government and religious leaders, health personnel, communicators, NGOs and town criers. The principal measures will be public meetings to inform the populations and discuss the importance of vaccination against HPV with them. Religious organizations will also be used as a lever to mobilise the public.

In primary schools, the teachers will be briefed and will provide the students with essential information on the campaign targeting students. The students will in turn raise the awareness of their parents on the subject. The training module will include the key messages for the specific groups (parents of students, boys etc.)

During previous public campaigns, it was noted on the basis of a quick survey among the populations that the major urban centres had been mobilised to a greater extent by national and local radio and television, while mobilisation in rural environments was most often carried out by the town criers. Therefore the town criers and local radio stations will be used in the district. On each round they will go from neighborhood to neighborhood with their gong to bring information to the population every morning and over the five days of the immunisation campaign.

Local radio stations and public and private television stations will be more useful for the districts.

Finally, in their various assemblies (services, rituals etc.), religious authorities will keep their congregations informed about the campaign.

Contracts for the broadcasting of ads and programs about HPV will be signed with the national radio networks, local radio stations in these demonstration districts and with the national and private television networks. To take the linguistic specificities of the different communities into consideration, the audio and audio-visual ads and public service programs will be produced in French as well as in the languages spoken in these districts.

**Preparation and dissemination of printed public relations media**

The posters, leaflets and banners will also be used as media to inform the communities and families and raise awareness about the campaign. These printed media will be distributed in the districts in question. The banners and posters will be put up in strategic locations in each district. The immunisation personnel will wear vests to make them stand out among the beneficiaries of the immunisations. The community leaders will help to break down resistance.

Q21. Briefly describe any initial thinking about potential barriers or risks to community acceptance and the process or communication plan that might be used to address this. Consider briefly describing any positive leverage points that might be beneficial for programme implementation to promote acceptability.

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 **Obstacles**

* the vaccine, which is targeted only at girls, may be the subject of rumours, in particular the sterility of the girls.
* Reticence of the community regarding the selection of the target population

the disease for which the vaccine is used is not a disease that is well-known to the population, which is unaware of the risk

The public relations process that will be used to dispel these rumours and overcome these obstacles will aim to:

- Share the maximum information with the community of religious leaders and with the government;

- Ensure that the messages disseminated through various channels are identical;

- Involve all organized groups (government authorities, religious leaders, associations and NGOs);

- Create a crisis management committee consisting of high-level authorities (Ministry of Health, Ministry of Communications and Ministry in charge of primary education)

The public relations process will conduct activities to change behaviours

4.4 Objective 1: HPV vaccine delivery evaluation plan

Q22. Indicate the agency/person who will lead the evaluation required for the “Learn by Doing” objective.

[The agency selected for the evaluation of the immunisation during the first year is the National Statistics Institute of Benin, which has a great deal of experience in conducting large-scale surveys (RGPH, EDSN-MICS, SONU survey, immunisation coverage survey etc.) and which guarantees the quality of the surveys conducted in Benin in collaboration with UNICEF and the WHO)]

The post-introduction evaluation (PIE) will be conducted by the technical staffs of the National Agency for Immunisation and Primary Health Care (ANV-SSP) and in collaboration with the partners (UNICEF, WHO, AMP\_.

The cost and feasibility of the integration of other measures among adolescents will be assessed by experts in health-care economics and by socio-anthropologists.

* 1. Objective 2: Assessment of adolescent health interventions

Q23. Please summarize the anticipated activities for the assessment of adolescent health interventions, such as planning milestones, stakeholder meetings, methodology for the assessment, process for identifying a lead for this activity, and the process to involve the TAG in this work.

[In 2011, Benin created a multi-sectoral strategic document on sexual health and reproduction among adolescents and young people, including HIV/AIDS in Benin 2011-2015. This document was prepared to serve as a reference for the implementation of the national policy on sexual health and reproduction among adolescents and young people. It was the result of a long process which took into consideration an analysis of the situation, identified priority problems and formulated strategies, objectives and subsequent activities and was the basis for a five-year plan.

The analysis of the situation indicated that adolescents account for 21 % of total births and that given the scope of problems relating to sexual and reproductive health among adolescents and young people (SRAJ), initiatives must be developed both on the level of public structures and on the level of Civil Society Organizations.

This document mentions a certain number of measures aimed at young people and adolescents, in particular information about sexual health and reproduction, HIV prevention, raising awareness about and prevention of transmissible diseases, risk behaviours such as the use of tobacco, alcohol, drugs and violence.

Six strategic axes have been defined for the implementation of these measures. These are:

* Strategic public relations and community mobilization for the promotion of sexual and reproductive health among young people and to prevent HIV/Aids;
* Access by young people to high-quality services that promote sexual and productive health and prevent HIV/Aids;
* Multi-sectoral collaboration and partnerships;
* The involvement of young people in the promotion of sexual and reproductive health, the prevention of HIV/Aids;
* Advocacy with the sectoral ministries, technical and financial partners and community leaders;
* Coordination, monitoring and assessment of the measures implemented.

The anti-HPV immunisation demonstration project is an opportunity to assess the pertinence and effectiveness of these different strategies.

1. ***Planning***

This evaluation will be carried out by an independent consultant with a great deal of experience in the field of adolescent health, in collaboration with the Mother and Child Health Service, the Family Planning Service and the Reproductive Health Service for Adolescents and Young People of the Department of Mother and Child Health; the National Program to Fight Non-Transmissible diseases, the National Immunisation and Primary Care Agency and the other Ministries involved in the health of adolescents and young people (Ministry of Education, Youth, Sports and Recreation).

The country's technical partners, in particular the WHO, UNICEF and ENFPA will also be involved. The implementation of the assessment process will begin in May 2016 with meetings of the participating parties.

1. ***Meeting of participating parties***

Preparatory meetings among the participants will be organized beginning in January 2016, i.e. 2 to 3 months after the start of the administration of the first dose of the HPV vaccine. The purpose of these meetings will be to validate the methodology and the tools of the assessment and to launch the assessment process. Periodic meetings will be organized to monitor the progress of the assessment.

1. ***Methodology of the assessment***

The assessment is primarily a desk review, using existing documentation from the Ministry of Health, Ministry of Education, or other in-country partners, of adolescent health interventions, services, and/or programmes.

Brief meetings with the participants involved in the providing the existing health services to adolescents will also be held.

This assessment will be conducted with the participation of the agencies coordinating measures to promote sexual and reproductive health among adolescents and young people planned on each level of the health pyramid.

Multiple assessments will be conducted. These are:

* The post-introduction assessment;
* the assessment of the measures at the end of the fist year, which will include and cover other components of adolescent health, in particular IEC at the level of schools, albendazole to eliminate parasites, tetanus immunisation and reproductive health among young people and adolescents
1. ***Consultant selection process***

The independent consultant will be selected on the basis of a call for bids based on its technical and financial offers. All the participating parties will be involved in this process of selection the consultant to guarantee the quality of the assessment.

1. ***Involvement of the TAG in the process***

The members of the TAG are included in the above mentioned participants and will be fully involved in the process of selecting the private consultant and will attend the meetings to validate the methodology and the tools of the inquiry.

* 1. Objective 3: Development or revision of the cervical cancer prevention and control strategy

Q24. Please summarize the planned activities for the development or revisions of a national cervical cancer prevention and control strategy, such as planning milestones, stakeholder meetings, methodology for developing the strategy, process for identifying a lead for this activity, and the process to involve the TAG in this work.

[Benin has a national strategy for the control and prevention of cancers in general and cervical cancer in particular. In the context of fighting the disease, Benin has prepared a National Strategic Plan to Prevent and Fight Cancer covering the period of 2013 through 2015.

The principal orientations of this process are:

a) Actions on the political, legislative and administrative levels,

b) Implementation of a programme to fight cancers,

c) Advocacy, mobilisation and adequate allocation of resources,

d) Mobilisation of partners and coordination of activities,

e) Strengthening of capacities,

f) Implementation of activities to strengthen intersectoral collaboration,

g) Development of human resources,

k) Information, monitoring and research system

The principal activities adopted are:

* Prepare the advocacy document on the importance of cancer in general and cervical cancer in particular
* Register the anti-HPV vaccine on the level of the National Regulatory Authority (ANR)
* Make the ethics committee aware to gain its approval of the introduction of the new vaccine;
* Integrate the anti-HPV vaccine into the EPI
* Train / retrain 20 health agents by health zones in screening for cervical cancer
* Equip 20 health personnel in each health zone in the screening and diagnosis of cervical cancer
* Organise an annual campaign of mass screening in each of the 12 departments
* Make screening for cervical cancer systematic at the level of the peripheral Health Centres
* Strengthen the capabilities of the qualified employees of the health structures (HZ, CHD, HIA, CHU) in the early diagnosis of cervical cancer (IVA-IVL, biopsy, pathological anatomy)
* Organise continuing education in Oncology for all personnel involved (doctors, biologists, paramedics, social welfare assistance etc.)"
* Organise DIU in Oncology
* Get the cancer registries up and running
* Preparing a plan for communication and awareness regarding prevention and the fight against cervical cancer;
* Organise HPV vaccination campaigns in the target zones;
* Organise periodic informational meetings with the primary participants;
* Establish and strengthen partnerships with NGOs, institutions and research foundations;

The methodology selected for the implementation of the strategy will place specific emphasis on:

quality assurance, the principal of equity, the involvement of all participants in lobbying meetings and social mobilisation, trickle-down training sessions.

The selection of the consultant will be based on the experience of the national program to fight non-transmissible diseases.

The implementation of this strategy will be under the supervision of the TAG.

The agency responsible for the national strategy for the prevention and fight against cancer is the National Program for the Fight Against Non-Transmissible Diseases (PNLMNT) of the Ministry of Health.

* 1. Technical advisory group

Q25. Please identify the membership and terms of reference for the multi-disciplinary technical advisory group established that will develop and guide implementation of the HPV Demonstration Programme and list the representatives (at least positions, and ideally names of individuals) and their agencies.

* ￻ Countries are encouraged to use their ICC or a subset of the ICC as the multi-disciplinary TAG.
* ￻ The TAG must at least have representatives from the national EPI programme, cancer control, education, and the ICC (if separate from the ICC), and adolescent and/or school health (if they are represented within the Ministry of Health).

Enter family name in capital letters.

|  |  |  |
| --- | --- | --- |
| Agency/Organization | Name/Title | Area of Representation1 |
| [Ministry of Higher Education and Scientific Research] | [Professor Sikiratou ADEOTHY KOUMAKPAI] | [Pediatrics and Genetics] |
| [The Ministry of Health] | [Dr. Alexis BOKOSSA] | [Immunology] |
| [Ministry of Higher Education and Scientific Research] | [Professor André BIGOT] | [Immunology] |
| [The Ministry of Health] | [Professor Dismand HOUINATO] | [Epidemiology] |
| [The Ministry of Health] | [Professor Sévérin ANAGONOU] | [Bacteriology Virology] |
| The Ministry of Health] | [Professor Fabien HOUNGBE] | [Internal Medicine] |
| [Ministry of Higher Education and Scientific Research] | [Associate Professor Gabriel ADE ] | [Infectious Diseases] |
| [Ministry of Higher Education and Scientific Research] | [Associate Professor Sosthène ADISSO] | [Obstetrics and Gynecology] |
| [Ministry of Higher Education and Scientific Research] | [Professor Elisabeth FOURN] | [Socioanthropology] |
| [Private] | [Dr. Léon KESSOU] | [Health Care Economics] |
| [Type text] | [Type text] | [Type text] |
| [Type text] | [Type text] | [Type text] |

The Technical and Scientific Secretariat of the Benin National Immunisation Technical Advisory Group consists of:

* Dr. Affo Saka Yolande: Secretary General and
* Mr. Karl DOSSOU: Deputy Secretary General

The CGT exists under the name of the National Consultative Committee on Immunisation and Vaccines of Benin (Benin CNCV). This Committee has 11 permanent members listed above, who are supported by "ex officio" members who can come from other offices of the Ministry of Health and from other Ministries involved in the immunisation activities as a function of the beneficiaries (see Article 13 Decree 2013 N° 063/MS/DC/SGM/CTJ/ANV-SSP/SA).

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The task of the Benin CNCV is to:

* Analyze the current national immunisation policies and strategies (routine EPI, immunisation outside the EPI, Village Health Agents and Epidemiological Surveillance)
* To propose any necessary adjustments to the immunisation policies and strategies, including the modification of the immunisation schedule
* Propose optimal strategies for the control of diseases that can be prevented by immunisation;
* Advise the national authorities on the pertinent strategies that can make possible monitoring and evaluation of the impact of the immunisation activities
* Advocate to the national authorities, civil society and the private sector for support of the national immunisation policies;
* Advise the national authorities on the introduction of new vaccines and new immunisation technologies
* Advise the national authorities on optimum strategies to increase and maintain high levels of immunisation coverage.
* Keep the national authorities informed about the most recent scientific developments and innovations in the field of immunisation and vaccines.

1Area of representation includes cancer control, noncommunicable disease, immunisation, adolescent health, school health, reproductive health, maternal or women’s health, cervical cancer prevention, nursing association, physicians, health communications, midwives, civil society group, education, etc.

Q26. If known, please indicate who will act as the chair of the technical advisory group.

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name/Title | Agency/Organization | Area of Representation |
| Chair of Technical Advisory Group | Professor Sikiratou ADEOTHY KOUMAKPAI | [Ministry of Higher Education and Scientific Research] | Pediatrics and Genetics |

* 1. Project manager/coordinator

Q27. List the contact details, position, and agency of the person who has been designated to provide overall coordination for the day-to-day activities of the two-year HPV Demonstration Programme, taking note that a technical officer/lead/manager from EPI might be most suitable as a part of their current role and responsibilities.

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | [BASSABI ALLADJI N’dèye-Marie] | Title | [Director General of the National Agency for Immunisation and Primary Health Care] |
| Tel. | [00229 21 33 75 90] |
| Fax | [00229 21330464 | Agency | [The Ministry of Health] |
| Email | [nmab12000@yahoo.fr] | Address | [The Ministry of Health BP :01-882 Cotonou BENIN ] |
|  |  |

1. Timeline

The HPV Demonstration Programme will include immunization of the cohort of girls in two consecutive years (Figure I). Countries are required to begin vaccinating in the demonstration district within two years of the application.

Figure I. HPV Demonstration Programme timeline

|  |  |  |  |
| --- | --- | --- | --- |
|  | First round of vaccination | Evaluation of first round | Second round of vaccination |
|  | Assessment of the feasibility integrated delivery Start cancer control strategy | If feasible, test joint delivery of servicesFinalisation of cancer control strategy |
|  |  |  |  |  |  |  |  |  |  |  |
| Planning | Year 1: implementation of the demonstration project | Year 2 |
|  |  |  |  |  |  |  |  |  |  |

Q28. If necessary, please modify and supplement the timetable below of the principal anti-HPV immunisation activities, assessment and health activities aimed at adolescents and the implementation/review of the national strategy for the control and prevention of cervical cancer for the HPV vaccine demonstration program. The countries must provide sufficient time for the planning activities before the delivery of the anti-HPV vaccine 1. For programme tracking purposes, Year 1 starts with delivery of the first dose of vaccine. Applicants may complete this module using MS Excel.

*Glossary for the Excel table on page 30 of the original, in the same order as the original*

|  |  |
| --- | --- |
| ANNEE | YEAR |
| Trimestres | Quarters |
| Activités | Activities |
| Mise en place du TAG | Creation of the TAG |
| Rédaction du plan de mise en oeuvre | Drafting of the implementation plan |
| Communication des informations aux intervenants clés (ANV-SPP, DSME, PNLMT, MEMP, DNSP) | Communication of information to the key participants (ANV-SPP, DSME, PNLMT, MEMP, DNSP) |
| Mise en place de l'équipe d'exécution | Formation of the execution team |
| Mise en place de l'équipe responsable de l'évaluation des interventions de santé à l'intention des adolescents | Formation of the team responsible for the assessment of health actions aimed at adolescents |
| Mise en place de l'équipe de travail sur la stratégie de lutte contre le cancer du col utérin | Formation of the working team on the strategy to fight cervical cancer |
| Adaptation des matériels IEC et du plan de communication | Adaptation of the IEC materials and the public relations plan |
| Réexamen en révision des formulaires de vaccination | Review and revision of the immunisation forms |
| Confirmation de la place disponible dans les chambres froides du district | Confirmation of the space available in the cold rooms of the district |
| Dédouanement du stock de vaccins | Customs clearance of the stock of vaccines  |
| Mise en place d'une méthodologie pour l'évaluation des interventions de santé à l'intention des adolescents | Creation of a methodology for the assessment of health actions aimed at adolescents |
| Mise en place d'un plan de formation | Creation of a training plan |
| Micro planification à l'échelon du district | Micro-planning on the district scale |
| Mise en oeuvre d'une stratégie de communication dans le district | Implementation of a public relations strategy in the district |
| Transport des vaccins vers le district | Transport of vaccines to the district |
| Mise en place d'un plan d'évaluation | Creation of an assessment plan |
| Réalisation de l'évaluation des interventions de santé à l'intention des adolescents | Execution of the assessment of the health actions aimed at adolescents |
| Administration de la première dose | Administration of the first dose |
| Sessions de ratissage pour la première dose | Door-to-door canvassing for the first dose |
| Administration de la deuxième dose | Administration of the second dose |
| Sessions de ratissage pour la deuxième dose | Door-to-door canvassing for the second dose |
| Administration de la troisième dose | Administration of the third dose |
| Sessions de ratissage pour la troisième dose | Door-to-door sessions for the third dose |
| Collecte de données pour évaluer la faisabilité | Compilation of data to assess feasibility |
| Réalisation d'une enquête de couverture | Execution of a coverage investigation |
| Collecte des donnés relatives aux coûts | Compilation of cost data |
| Analyse des donnés d'évaluation | Analysis of assessment data |
| Rédaction du rapport préliminaire de l'évaluation | Drafting of the preliminary assessment report |
| Rédaction du rapport préliminaire de l'évaluation de faisabilité des interventions de santé à l'intention des adolescents | Drafting of the preliminary assessment report of the feasibility of health actions aimed at adolescents |
| Examen des résultants de la première année et description des éventuelles modifications relatives à la livraison du programme pour la deuxième année, y compris éventualité d'une livraison conjointe du vaccin anti-VPH et d'une intervention de santé à l'intention des adolescents | Examination of the results from the first year and description of potential modifications relative to the delivery of the programme for the second year, including the possibility of a joint delivery of the anti-HPV vaccine and a health action aimed at adolescents |
| Soumission du rapport financier à GAVI (15 mois après le décaissement des fonds par GAVI) | Submission of the financial report to GAVI (15 months after the disbursement of the funds by GAVI) |
| Soumission du rapport de situation à GAVI | Submission of the status report to GAVI |
| Le cas échéant, remplir et soumettre la demande GAVI pour l'introduction nationale | If necessary, complete and submit the GAVI request for national introduction |
| Révisions en vue d'éventuels compléments de formation ou de matériels du programme pour la deuxième année | Revisions in light of potential additional training or programme materials for the second year |
| Micro planification de la livraison pour la deuxième année | Micro-planning of delivery for the second year |
| En case de livraison conjointe lors de la deuxième année, révision des formulaires de vaccination, au besoin | In the case of the joint delivery in the second year, revision of the immunisation forms as needed |
| Transport vers le district du stock de vaccins pour la deuxième année | Transport to the district of the supply of vaccines for the second year |
| Mise en oeuvre d'une stratégie de communication dans le district | Implementation of a public relations strategy in the district |
| Préparation du premier projet de stratégie globale de lutte contre le cancer du col utérin | Preparation of the first draft of a global strategy to fight cervical cancer |
| Administration de la première dose de la deuxième année | Administration of the first dose for the second year  |
| Sessions de ratissage pour la première dose de la deuxième année | Door-to-door canvassing for the first does for the second year |
| Administration de la deuxième dose de la deuxième année  | Administration of the second does for the second year |
| Sessions de ratissage pour la deuxième dose de la deuxième année | Door-to-door canvassing for the second dose for the second year |
| Administration de la troisième dose de la deuxième année | Administration of the third dose for the second year |
| Sessions de ratissage pour la troisième dose de la deuxième année | Door-to-door canvassing for the third dose for the second year |
| En cas de livraison conjointe lors de la deuxième année, réalisation d'une enquête de couverture | In the event of joint delivery during the second year, conduct of a coverage investigation |
| En cas de livraison conjointe lors de la deuxième année, réalisation d'une analyse des coûts | In the event of joint delivery in the second year, conduct of a cost analysis |
| En cas de la livraison conjointe lors de la deuxième année collecte et analyse des données de faisabilité | In the event of joint delivery in the second year, compilation and analysis of feasibility data |
| Préparation du deuxième projet de stratégie globale de lutte contre le cancer du col utérin | Preparation of the second draft of the overall strategy to fight cervical cancer |
| En cas de livraison conjointe lors de la deuxième année, analyse des données de couverture, de faisabilité et de coûts | In the event of joint delivery during the second year, analysis of data on coverage, feasibility and costs |
| Rédaction du rapport d'évaluation des vaccinations de la deuxième année | Drafting of the assessment report on vaccinations for the second year |
| Recommandations finales au TAG et au ministère de la Santé en vue d'un déploiement national des vaccins anti-VPH, y compris de la décision d'une livraison conjointe | Final recommendations to the TAG and to the Ministry of Health for the national deployment of anti-HPV vaccines, including the decision on joint delivery |
| Soumission du rapport financier a GAVI (12 mois après le rapport précédent) | Submission of the financial report to GAVI (12 months after the previous report) |
| Soumission du rapport final à GAVI | Submission of the final report to GAVI |
| Soumission du dernier projet de stratégie de lutte contre le cancer du col utérin au Ministère de la Santé | Submission of the final draft of the strategy for the fight against cervical cancer to the Ministry of Health |
| Tenue d'une réunion de diffusion avec les intervenants clés | Diffusion meeting with the key participants |

1. Budget

Q29. Please provide a draft budget for year 1 and year 2, identifying activities to be funded with GAVI’s programmatic grant as well as costs to be covered by the country and/or other partner’s resources.

Note: If there are multiple funding sources for a specific cost category, each source must be identified and their contribution distinguished in the budget.

|  |  |  |  |
| --- | --- | --- | --- |
| Cost Category | Funding source   | Amount in FCA 1st Year   | Estimated costs per annum in US$ |
| Year 1 | Year 2 |
| TAG meetings | GAVI | 2,000,000 | 4,000 | 2,000 |
| Programme management and coordination | GAVI | 14,425,000 | 28,850 |   |
| Programme management and coordination | NATIONAL BUDGET | 4,416,500 | 8,833 | 2,000 |
| Cold chain equipment | GAVI | 0 | 0 |   |
| Other capital equipment (describe) | GAVI | 0 | 0 |   |
| Personnel, including salary supplements and/or per diems | GAVI | 11,158,000 | 22,316 | 22,316 |
| Transportation | GAVI | 8,249,375 | 16,499 | 16,499 |
| Training | GAVI | 6,248,000 | 12,496 |   |
| Community sensitization and mobilization | GAVI | 13,719,450 | 27,439 | 14,322 |
| Waste disposal | GAVI | 700,000 | 1,400 | 1,400 |
| AEFI monitoring | GAVI | 1,000,000 | 2,000 | 2,000 |
| Monitoring and supportive supervision | GAVI | 0 | 0 | 0 |
| Monitoring and supportive supervision | NATIONAL BUDGET | 9,000,000 | 18,000 | 18,000 |
| Evaluation of vaccine delivery | GAVI | 6,000,000 | 12,000 | 6,000 |
| Assessment of feasibility of integrating ADH with HPV vaccines | GAVI | 3,000,000 | 6,000 |   |
| Drafting national cervical cancer prevention and control strategy  | GAVI |   | 0 |   |
| Technical assistance from local experts | GAVI | 6,000,000 | 12,000 | 0 |
| TOTAL |   | 85,916,325 | 171,833 | 79,537 |
| Subtotal for which GAVI funds are being requested | GAVI | 72,499,825 | 145,000 | 50,000 |
| Subtotal from other funding sources | NATIONAL BUDGET | 13,416,500 | 26,833 | 29,537 |
| TOTAL GAVI FINANCING |  |  |  | 195,000 |
| TOTAL NATIONAL BUDGET |  |  |  |  56,370 |
| GRAND TOTAL |   |   |   | 251,370 |

1. Procurement of HPV vaccines and cash transfer

HPV vaccines must be procured through UNICEF. Auto-disable syringes and disposal boxes will be provided.

Please note that, using the estimated total for the target population in the district and adding a 10 % buffer stock contingency, the GAVI Secretariat will estimate supplies needed for HPV vaccine delivery in each year and communicate it to countries as part of the approval process.

Q30. Please indicate how funds for operational costs requested in your budget in section 6 should be transferred by the GAVI Alliance (if applicable).

[[Once the budget for the demonstration project has been approved by GAVI, the Ministry of Health will send a letter requesting that these funds be allocated to the EPI's SSV-GAVI account. Under the management of the Director General of Health, the EPI will prepare an overall request for the 2 districts. This request will be submitted to the Minister who, after verification, will authorize the transfer of the funds into the accounts of the districts in question via the region.]

1. Financial Management Arrangements Data Sheet

Q31.

|  |
| --- |
| Information to be provided by the recipient organization/country |
| 1. Name and contact information of the recipient organization(s) | National Agency for Immunisation and primary health care  |
| 2. Experience of the recipient organization with GAVI, World Bank, WHO, UNICEF, GFATM or other donors-financed operations (e.g. receipt of previous grants)  | Yes If YES, please state the name of the grant, years and grant amount: SSV funds, 2007 and 2008 43 249 620 CFA (in 2007 ) and 39 602 500CFA ( in 2008 )and provide the following information: For completed Grants: * What are the main conclusions with regard to use of funds?

Strengthening of service-providers for the EPI. For on-going Grants: * Most recent financial management and procurement performance rating

 the external audit was conducted in 2010* Financial management (FM) and procurement implementation issues

Delay in the transfer of funds for different partners |
| 3. Amount of the proposed GAVI HPV Demo grant (US Dollars) | Share of GAVI and the State |
| 4. Information about financial management (FM) arrangements for the GAVI HPV Demo Programme: |  |
| * Will the GAVI Demo Programme resources be managed through the standard government channel for expenditure procedures?
 | YES. |
| * Does the beneficiary organization have an FM or Operating Manual that describes the internal control system and FM operational procedures?
 | YES by the Inspectorate General of the Ministry of Health (IGM) |
| * What is the budgeting process?
 | Commitment - Payment (Issue of purchase order, delivery and payment of expenses For purchase orders that exceed 20,000,000 CFA, the order is issued as a government contract |
| * What accounting system is used or will be used for the GAVI HPV Demo Programme? Is this system manual or computerised?
 | Public Accounting Handbook |
| * What is the staffing arrangement of the organization in accounting, auditing, and reporting? Does the implementing entity have a qualified accountant on its staff assigned to the GAVI HPV Demo Programme?
 | No special arrangementsYes, public accountant appointed for ANV-SSP  |
| * What is the bank arrangement? Provide details of the bank account at the Central Bank or at a commercial bank proposed to receive GAVI HPV funds and the list of authorized signatories. Include titles.
 | Account No. BJ 062 01001 23 110205080152 /EcobankBENINSWIFT Code :ECOCBJBJXXXDirector of the EPIDirector of Immunisation  |
| * In the implementation of the HPV Demonstration Programme, do you plan to transfer funds from central to decentralized levels (provinces, districts etc.)? If yes, how will this funds transfer be executed and controlled?
 | YES.Execution - by the communes Financial Report - Validation of receipts and vouchers by the central level and issue of checks on the basis of documents deemed valid by the central level |
| * Does the implementing entity keep adequate records of financial transactions, including funds received and paid, and of the balances of funds held?
 | Yes |
| * How often does the implementing entity produce interim financial reports?
 | 12 months  |
| * Are the annual financial statements audited by an external audit firm or Government audit institution (e.g. Auditor General Department…) ?
 | Yes |
| 5. Information about procurement management arrangements for the GAVI HPV Demo Programme: |  |
| * What accounting system is used or will be used for the GAVI HPV Demo Programme?
 | Restricted call for bids  |
| * Does the recipient organization have a procurement plan or will a procurement plan be prepared for this HPV Demo Programme?
 | Yes, the recipient organization already has a procurement plan for the customary vaccines. The same procurement plan will be used for the procurement of the anti-HPV vaccine |
| * Is there a functioning complaint mechanism?
 | YES, this mechanism is housed in the Office of Financial and Material Resources of the Ministry of Health  |
| * What is the staffing arrangement of the organization in procurement? Does the implementing entity have an experienced procurement specialist on its staff?
 | * No special arrangements
* Yes, there is a Director of Logistics and a qualified Logistics Specialist in charge of vaccine management
 |
| * Are there procedures in place for physical inspection and quality control of goods, works, or services delivered?
 | * Yes, acceptance committee.
* For the vaccines, there is quality control of the conservation performed by the quality control laboratory of the Ministry of Health
 |

1. Signatures

9.1. Government

The Government of [Benin] acknowledges that this Programme is intended to assist the government to determine if and how it could implement HPV vaccine nationwide. If the Demonstration Programme finds HPV vaccination is feasible (i.e. greater than 50 % coverage of targeted girls) and acceptable, GAVI will encourage and entertain a national application during the second year of the Programme.

The application forms and the outlines for the national applications are available on the site 222.gavialliance.org. The data on the demonstration program and the timeline for the national application must make possible an uninterrupted delivery of vaccines in the demonstration district and during the deployment to the entire country.

The Government of Benin wishes to extend the existing partnership with the GAVI Alliance for the improvement of the health of adolescents in the country, and hereby requests support from GAVI for the implementation of a demonstration program for the anti-HPV vaccine.

The Government of Benin undertakes to improve the immunisation services on a sustainable basis. The Government is asking the GAVI Alliance and its partners to provide financial and technical assistance to support the immunisation of the target adolescents with the anti-HPV vaccine as described in this request.

The Government of Benin acknowledges that some of the activities planned in the demonstration programme could be considered research activities that require approval by the local ethics committees (e.g. compilation of data on a random sample of parents of girls eligible for purposes of an anti-HPV vaccine coverage investigation). We acknowledge that we must consult and obtain the approval of the appropriate local ethics committees (e.g. personal protection committee or institutional review boards) in our country, as required. By signing this request, the Government of Benin and the members of the TAG recognize that such approval may be necessary and that they will obtain such approval as required.

The table in Section 6 of this application indicates the amount of the support requested from the GAVI Alliance as well as the financial commitment of the Government of Benin to the anti-HPV vaccine demonstration programme.

Please note that this application will not be examined by the GAVI Independent Examination Committee without the signatures of the Minister of Health and the MInister of Education or their authorized representative.

Q32. Please provide the indicated signatures below.

Type the family name in upper-case letters

|  |  |  |  |
| --- | --- | --- | --- |
| Minister of Health(or authorized representative |  | Minister of Education (if the social mobilisation, immunisation or other activities will be conducted in schools)(or authorized representative) |  |
| Name | Dorothee A. KINDE GAZARD] | Name | Eric Kouagou N'DA |
| Date | 10 Sept. 2013 | Date | 6 Nov. 2013 [Date not very legible] |
| Signature |  | Signature |  |

Q33. This application has been compiled by:

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Title | Telephone | Email |
| [BASSABI-ALLADJI N’Déye Marie | [Director General of the ANV-SSP] | [00229 95426797 | [nmab12000@yahoo.fr] |
| TOKPLONOU Evariste  | [Director of Immunisation] | [00229 95783318 | [tokev1@yahoo.fr] |
| TOSSOU BOCO Thiérry | Director of Mother and Child Health Service | 0022997184072 | tosboc\_thierry@yahoo.fr |
| GNANGNON Freddy | Cancer focal point of the National Program to Fight Non-Transmissible Diseases | [00229 64 09 22 22] | fredgnangnon@yahoo.fr |
| [BEDIE KOSSOU Sonia] | [National Consultant] | [00229 95 562882] | [bediesonia@yahoo.fr |
| SOSSOU Rock Aristide | [EPI WHO Focal Point] | [0022997604095] | [sossoua@who.org] |
| HASSAN Jacques  | UNICEF EPI Focal Point | 0022996187731 | jhassan@unicef.org |

* 1. National Coordinating Body – Inter-Agency Coordinating Committee (ICC) for Immunisation

Q34. We the members of the ICC, HSCC, or equivalent committee met on [Type text] to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER : [Type text].

Enter family name in capital letters.





Q35. In case the GAVI Secretariat has queries on this submission, please contact:

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | [BASSABI-ALLADJI N’Déye Marie | Title | [Director General ANV-SSP] |
| Tel. | [00229 21 33 75 90 |
| Fax | [0022921330464] | Address | [Ministry of Health of BeninBP 01-882 ] |
| Email | [nmab12000@yahoo.fr] |
| Mobile no | [0022995 426797 |  |  |

1. Optional supplementary information

Q36. (optional) If the data are available, countries may provide additional information in the table below on the content, role, and framework of training.

|  |  |  |  |
| --- | --- | --- | --- |
| Who will be trained | Role in vaccine delivery (e.g., sensitization, mobilization,immunization, supervision, monitoring, etc.) | Training content(e.g., basics on cervical cancer, HPV, HPV vaccine, IEC messages, safe injections, AEFI monitoring, etc.) | Who will provide the training? |
| Health workers | Needs Estimationprocessing oforders, immunisation of girls, follow-up of vaccine coverage  | Weight of the disease, Vaccine managementHPV, injection technique, AEFI surveillance | The Coordinating Physicians, Chief Physician and EPI Manager, |
| Supervisors | Control of availabilityof vaccines and supplies in health facilities Must comply with the immunisation directives | Weight of the disease, Management of vaccinesinjection technique, AEFI surveillance | Central and Departmental Team and The Coordinating Physicians  |
| Teachers, Academic Authorities | Identification and mobilisation of girls age 9, planning of student immunisation days in collaboration with health agents, follow-up of immunisation and AEFI in their structures | Briefing on the illness and on the importance of the AEFI surveillance demonstration projectIEC messages | The Coordinating Physicians, Chief Physician and EPI Manager, |
| Municipal Chief Physicians | Restocking of the healthcentressupervision of service-providers and follow-up of immunisation  | Weight of the disease, Vaccine managementinjection technique, AEFI surveillance  | Central Level Team and Department Team |
| Rumor Management Committee | Awareness, mobilisation of waste management  | Weight of the disease, Briefing on the illness and on the importance of the AEFI surveillance demonstration projectIEC messages | Central Level Team and Department Team |

Q37. (optional) If available, countries may provide additional detail in the table below on the types of information and/or materials that may be used/disseminated, to which audience, by which mechanism, and the frequency of each.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Types of information or materials(e.g., leaflet, poster, banner, handbook, radio announcement, etc.) | Target audience for the materials(young girls, parents, teachers, health personnel, district authorities, community groups etc.) | Method of delivery(e.g., parent meetings, radio, info session at school, house visit, etc.) | Who delivers(e.g., teachers, health workers, district official, etc.) | Frequency & Timing(e.g., daily, weekly, twice before programme starts, etc.; day of vaccination, two weeks before programme begins, etc.; ) |
| Leaflets | Students,teachers | Informationsessions inschools,conferences | Health personnel,teachers | Weeklyprior to theprogram, 1 month before start |
| Posters | Academicinstitutions | Primary andsecondaryinspectorates, | Health personnel,teachers | Illustration |
| Banners | Public spaces | communities | Local participants | Posters in the district and in the major arteries of the target districts 2 days prior to the start |
| Advertisements andmagazine ads | Urban readershipTargeted types | Public relationsadvertisements,appropriatemessages | Health bulletinmedia | Monthly / Quarterly |
| Radio | Communitygroups | Communityawarenesspromotion ofdiscussions,publicmeetings(participation) | Health workersMediaprofessionals,opinion-makers,activists | Partnership untilthe publicgets the message |
| Television | Entire community | TV Spots, talk shows | Authorities andpromoters | 1 week prior to the vaccination |

Q38. (optional) Technical partners (e.g. local WHO staff) are required to participate in planning and conducting the evaluation of HPV vaccine delivery. Please specify if such (an) expert(s) already exist on the country team (name, title, organization). Alternatively, or in addition, an international participant can be requested through technical partners if additional expertise is thought necessary.

Dr Sossou, Aristide

Focal Point EPI-WHO, BENN

Member of the team that prepared the submission

Q39. (optional) In the table below, countries can provide a brief summary of the current adolescent health services or interventions and health education activities and implementing agencies in the district selected to implement the HPV Demonstration Programme.

Please add additional tables if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
|  | activity | activity | activity |
| Description of activity | [Free supply of modern Family Planning methods] | [Awareness training in the problems of HIV, drug addiction and child labor] | [Information reaches young people and adolescents in youth centres] |
| Agency and provider delivering the intervention | [DSME] | [DSME] | [DSME and USAID] |
| Target population by age, grade, and sex | [adolescents and young people] | [adolescents and young people] | [adolescents and young people] |
| Number and types of facilities implementing | [NGS and structures of other sectoral ministries] | [NGS and structures of other sectoral ministries] | [PSI] |
| Geographic location(s) of the intervention (where in the country) | [Communes, Universities] | [Commune] | [Information for young people and adolescents in youth centres] |
| Timing of the intervention (when) | [2012 and 2013] | [2012 and 2013] | [Full time] |
| Frequency of the intervention (how often) | [Function of available resources] | [Function of available resources] | [all the time] |
| Coverage of the target population (recent year) | [Not available] | [Not available] | [Not available] |
| Coordinating agency | [DSME] | [DSME] | [DSME, PSI] |
| Collaborating partners | [NGO] | [NGO] | [PSI] |
| Implementation costs of the intervention, if known | [Not available] | [Not available] | [Not available] |
| Funding source, if known | [National budget and technical and financial Partners] | [National budget and technical and financial Partners] | [USAID] |
| Data source(s) for the information on each intervention | Activity report | Activity report | Activity report |

Q40. (optional) Provide a summary of current treatment and prevention services for cervical cancer as well as the treating agencies selected in the district for the implementation of the anti-HPV vaccine demonstration programme. If available, countries may include information on the target populations, the delivery structure and sources of financing.

[There is currently no systematic screening for vertical cancer on a national scale. However, the Mother and Child Health Directorate and the National Programme for the Fight Against Communicable Diseases are conducting information and training campaigns at the level of the health employees in the different health zones. They are also organizing screening sessions in the general population in the different municipalities. The target population is normally women ate 30 and older. The sources of financing of these activities are the national budget and the technical and financial partners (West African Health Organization, WHO etc.)

Surgical treatment for cervical caners may be performed in the departmental hospitals in the health districts Chemotherapy is performed only in the Cotonou CHU. Radiation therapy is not available in Benin, and the patients are most often sent to Tunisia or to Ghana for advanced stage cervical cancer; palliative treatment is recommended.

Q41. (optional) Describe the plan for securing Ministry of Health approval of the draft national cervical cancer prevention and control strategy and any activities for dissemination to national, sub-national, and/or local partners and stakeholders.

[Type text]

Q42. (optional) If known, please indicate the representatives of the TAG that will be involved in the assessment of the feasibility of integrating selected adolescent health interventions with delivery of HPV vaccine.

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name/Title | Agency/Organization | Area of Representation |
| ADH interventions TAG member involved in assessment of ADH interventions  | [Type text] | [Type text] | [Type text] |
| ADH interventions TAG member involved in assessment of ADH interventions  | [Type text] | [Type text] | [Type text] |
| ADH interventions TAG member involved in assessment of ADH interventions  | [Type text] | [Type text] | [Type text] |
| ADH interventions TAG member involved in assessment of ADH interventions  | [Type text] | [Type text] | [Type text] |
| ADH interventions TAG member involved in assessment of ADH interventions  | [Type text] | [Type text] | [Type text] |

Q43. (optional) Please indicate the representatives of the TAG (if known) who will be involved in the development or revision of a draft national cervical cancer prevention and control strategy.

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name/Title | Agency/Organization | Area of Representation |
| TAG member involved in cervical cancer strategy | [Type text] | [Type text] | [Type text] |
| TAG member involved in cervical cancer strategy | [Type text] | [Type text] | [Type text] |
| TAG member involved in cervical cancer strategy | [Type text] | [Type text] | [Type text] |
| TAG member involved in cervical cancer strategy | [Type text] | [Type text] | [Type text] |

Q44. (optional) Please describe the distribution of de-worming medication (anti-helminths), if any, in the district(s).

|  |  |  |
| --- | --- | --- |
| Component | District 1 [Type text] name | District 2 (if appropriate) [Type text] name |
| Organization of the de-worming programme | [Type text] | [Type text] |
| Lead agency | [Type text] | [Type text] |
| Implementing agency and partners | [Type text] | [Type text] |
| Funding source(s) | [Type text] | [Type text] |
| Frequency and timing of implementation, e.g. twice yearly in March and October | [Type text] | [Type text] |
| Number in target population by age group and sex | [Type text], data source [Type text] | [Type text], data source [Type text] |
| De-worming coverage by age group and sex | [Type text], data source [Type text] | [Type text], data source [Type text] |

Q45. (optional) Describe any organized semi-annual health days (e.g., Child Health Days) that are currently implemented in the district(s).

|  |  |  |
| --- | --- | --- |
| Component | District 1 [Type text] name | District 2 (if appropriate) [Type text] name |
| Organization of the semi- annual health days | [Type text] | [Type text] |
| Lead agency | [Type text] | [Type text] |
| Implementing agency and partners | [Type text] | [Type text] |
| Funding source(s) | [Type text] | [Type text] |
| Frequency and timing of implementation, e.g. twice yearly in March and October | [Type text] | [Type text] |
| Services delivered | [Type text] | [Type text] |
| Number in target population by age group and sex | [Type text], data source [Type text] | [Type text], data source [Type text] |
| Coverage of the different services delivered by age group and sex | [Type text], data source [Type text] | [Type text], data source [Type text] |

Q46. (optional) Please describe any organized health education programmes, if any, implemented at schools and/or in the community that are currently implemented in the district(s).

|  |  |  |
| --- | --- | --- |
| Component | District 1 [Type text] name | District 2 (if appropriate) [Type text] name |
| Organization of the health education programme  | [Type text] | [Type text] |
| Lead agency | [Type text] | [Type text] |
| Implementing agency and partners | [Type text] | [Type text] |
| Funding source(s) | [Type text] | [Type text] |
| Frequency of services, e.g. once a month, weekly, etc. | [Type text] | [Type text] |
| Services delivered | [Type text] | [Type text] |
| Location(s) of service delivery | [Type text] | [Type text] |
| Number in target population by age group and sex | [Type text], data source [Type text] | [Type text], data source [Type text] |
| Coverage of the different services delivered by age group and sex | [Type text], data source [Type text] | [Type text], data source [Type text] |

Q47. (Optional) Please describe whether the country plans to conduct other research activities simultaneously with the demonstration program with other sources of financing.

**List of attached documents for the HPW submission**

|  |  |
| --- | --- |
| Annex 1 | Signatures of the ministers |
| Annex 2 | Attendance list of the Inter-Agency Coordination Committee for the EPI |
| Annex 3 | Letter expressing interest for vaccine to combat HPV in Benin |
| Annex 4 | Decree CNCV 2013 |
| Annex 5 | Decree CNCV-Benin |
| Annex 6 | CERVARIX 2 doses |
| Annex 7 | Status of implementation |
| Annex 8 | GEV EVM Bénin - HMD improvement plan |
| Annex 9 | MenA Campaign Report  |
| Annex 10 | Report of AEFI Experts |
| Annex 11 | EVM Report Benin HMD  |
| Annex 12 | Technical Report on the post-introduction assessment of PCV13 in  |
| Annex 13 | Bénin \_Epi\_log\_forecasting\_Tool\_2012\_PPAc |
| Annex 14 | cM YP\_Costing\_Tool\_Fr-1 |
| Annex 15 | PPAc 2014-2018 |
| Annex 16 | ICC Report 02 May2013 |
| Annex 17 | ICC Report 03 May2013 |
| Annex 18 | ICC Report 08 May2013 |
| Annex 19 | ICC Report 16 August 2012  |
| Annex 20 | Benin Data Quality Report June 2013 |