Global Alliance for Vaccines and Immunisation (GAVI)

APPLICATION FORM FOR COUNTRY PROPOSALS

For Support to:

Immunisation Services, Injection Safety
and New and Under-Used Vaccines

Revised 15 January 2008

(To be used with Guidelines dated 15 July 2007)

Please return a signed copy of the document to:
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Ivone Rizzo, irizzo@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form.

CONTENTS

Executive Summary

The Government of Tanzania has committed to reduce child mortality which is clearly articulated in the MKUKUTA, MKUZA, MDGs, Party manifesto, HSSP II and Maternal new born and Child health partnership plan.

The United Republic of Tanzania is one of GAVI eligible countries for accessing GAVI support which include ISS, HSS, Injection safety support, Civil Society Organization support, and new and underused vaccines.

The Health Sector Coordinating Committee (SWAP) advises the Ministry of Health and Social Welfare and oversees planning and implementation. The Interagency Coordinating Committee (ICC) has a technical role to advise the Immunization Programme. In addition both the ICC and the SWAp Technical Committee support in resource mobilization and advocacy for routine immunization services and campaigns. Hib introduction has been discussed in the ICC on a number of occasions and was endorsed by the SWAp Technical Committee on 16 April 2008. This Committee also endorsed plans to introduce Pneumococcal in 2010.

The EPI programmes in Mainland and Zanzibar have developed a comprehensive Multi-Year Plans spanning 2006-2010. The programmes will develop new plans for 2011-2015. The Government of the United Republic of Tanzania request GAVI to take this into account and support the country to continue receiving uninterrupted support for new vaccines during the transition from one planning cycle to another as new vaccines introduction will be retained in the next planning cycle.

Immunization Programme contributes towards achieving the goals of reducing child morbidity and mortality through vaccination. The support from GAVI will facilitate further reduction of morbidity and mortality of the children. Introducing Haemophilus Influenzae type b and Pneumoccocal vaccines will accelerate the achievement of MDG4.

In relation to new vaccine introduction, the EPI programme has the following planned specific objectives:-

- To introduce *Haemophilus Influenzae* type b countrywide by the year 2009.
- To introduce Pneumoccocal vaccines countrywide by the year 2010.
- To conduct post introduction evaluation
- To document the impact of introducing new vaccines.

While there are two cMYPs as explained above, this is a harmonised Hib application for the United Republic of Tanzania and therefore includes both Mainland and Zanzibar. The government requests for fully liquid pentavalent in 1 dose vials. The targets and figures for the application are combined and we request GAVI to consider the application in this context.

Currently financing of the immunization programme is through the government system and vaccines have a budget line in the MTEF. Therefore co-financing for the new vaccine will be through MTEF and the procurement will be through UNICEF Supply Division. Funds for vaccines purchase will be remitted to UNICEF. The government requests 5,185,770.doses of fully liquid pentavalent. These vaccine requirements for the United Republic of Tanzania will cost US 18,297,450 of which the Government will contribute US 1,037,154.

Since there is MSD which store and distributes all vaccines, drugs, equipment and medical supplies routinely, the same mechanism will be used for distribution of the new vaccines.

Prior to the introduction of the vaccines, there will be with appropriate preparations to facilitate smooth introduction and implementation of immunization services. A vaccine management assessment has already been conducted and indications are that the country will be able to accommodate the new vaccine. A cold chain assessment has been planned alongside other key activities such as advocacy, training, sensitization to the health workers and the community.

However the vaccine management assessment was conducted and results indicates that the country will be able to accommodate new vaccine. The new vaccine introduction grant will facilitate the activities.

Launching of new vaccines will involve high level political leaders to enhance political support.

Monitoring of the implementation will be through the existing routine EPI monitoring system. Prior to the introduction, monitoring tools will be reviewed and updated to accommodate the monitoring of new vaccines.

It is expected a post introduction evaluation will be done within one year of implementation for improvement on service provision.

2. Signatures of the Government and National Coordinating Bodies

Government and the Inter-Agency Coordinating Committee for Immunisation

The Government of **United Republic of Tanzania** would like to expand the existing partnership with the GAVI Alliance for the improvement of the infants routine immunisation programme of the country, and specifically hereby requests for GAVI support for …**DTP-HepB-Hib and Pneumoccocal vaccines**…

The Government of **United Republic of Tanzania** commits itself to developing national immunisation services on a sustainable basis in accordance with the comprehensive Multi-Year Plan presented with this document. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

Table N°……of page ……of this application shows the amount of support in either supply or cash that is required from the GAVI Alliance. Table N° ……of page ……of this application shows the Government financial commitment for the procurement of this new vaccine (NVS support only).

"Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of October 2008. The payment for the first year of co-financed support will be around December 2008. (specify month and year)."

Please find the signature of both Ministers and Partners on the next page

Minister of Health:

Signature: ……

Name: ……

Date: ……

Minister of Finance:

Signature: ……

Name: ……

Date: ……

National Coordinating Body - Inter-Agency Coordinating Committee for Immunisation:

We the members of the ICC/HSCC[1] met on the 16 April 2008 (insert date) 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: ***ONE***

Name/Title	Agency/Organisation	Signature

[1] Inter-agency coordinating committee or Health sector coordinating committee, whichever is applicable.

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

Name: **Dr Donan W. Mmbando**…… Title: **Director of Preventive Services**

Tel No.: **+255 –22-210266** Address: **Ministry of Health and Social Welfare**
P.O.Box 9083, Dar es salaam
Tanzania…

Fax No.: **+255 –22-2450611**

Email: **dwmmbando@hotmail.com**

The GAVI Secretariat is unable to return documents and attachments to individual countries. Unless otherwise specified, documents may be shared with the GAVI partners and collaborators.

The Inter-Agency Coordinating Committee for Immunisation

Agencies and partners (including development partners and CSOs) supporting immunisation services are co-ordinated and organised through an inter-agency coordinating mechanism (ICC/HSCC). The ICC/HSCC are responsible for coordinating and guiding the use of the GAVI ISS and NVS support. Please provide information about the ICC/HSCC in your country in the spaces below.

Profile of the ICC/HSCC

Name of the ICC/HSCC: **Technical Committee of Sector Wide Approach (SWAp)**

Date of constitution of the current ICC - 2001
HSCC (SWAp) - 2000

Organisational structure (e.g., sub-committee, stand-alone): **Stand alone**

Frequency of meetings: Both bi-monthly

Composition:

Function	**Title / Organization**	**Name**
Chair Co chair	Chief Medical Officer, MoHSW Chairperson DPG Health	Dr Deo Mutasiwa Collen Wainwright
Secretary	Head of HSRS/DPP	Dr Faustin Njau
Members- ***The list of other members can be seen in the document one***	• WHO • UNICEF • USAID • WORLD BANK • IRISH AID • RNE	• Dr Mohamed Belhocine • Heimo Laakkonen • Charles Llewelyn • Jullie Mclaughlin • Collen Wainwright • Rik Peeperkon

Major functions and responsibilities of the ICC/HSCC:

- To review all technical issues/interventions in the MoHSW which has been discussed under various technical working group including immunisation
- To recommend all policy guidelines, regulations and new innovations and interventions
- To assist in resources mobilisation and allocation under the MTEF and basket grant

Three major strategies to enhance the ICC/HSCC's role and functions in the next 12 months:

- Regular bi-monthly meetings
- Incorporation of all decision makers in the MOHSW and health stakeholders including development partners
- The use technical working groups to review and recommend specific issues of different specialities and submitted to the technical committee of sector Wide approach

3. Immunisation Programme Data

Please complete the tables below, using data from available sources. Please identify the source of the data, and the date. Where possible use the most recent data, and attach the source document.

- Please refer to the Comprehensive Multi-Year Plan for Immunisation (or equivalent plan), and attach a complete copy (with an executive summary) as DOCUMENT NUMBER **1**
- Please refer to the two most recent annual WHO/UNICEF Joint Reporting Forms on Vaccine Preventable Diseases and attach them as DOCUMENT NUMBERS **2**
- Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.

Table 3.1: Basic facts for the year **2006** (the most recent; specify dates of data provided)

	Figure	Date	Source
Total population	39,816,363	2002 census, projection	National Bureau of Statistics (NBS)
Infant mortality rate (per 1000)	68/1000	6/9/2007	DHS 2004/5
Surviving Infants*	1,647,860	2002 census, projection	National Bureau of Statistics (NBS)
GNI per capita (US)	380	2006, Tanzania in figures	National Bureau of Statistics (NBS)
Percentage of GDP allocated to Health	9.6%	2005, The Economic Survey 2005	National Bureau of Statistics (NBS)
Percentage of Government expenditure on Health	10.1%	2005, The Economic Survey 2005	National Bureau of Statistics (NBS)

* Surviving infants = Infants surviving the first 12 months of life

Please provide some additional information on the planning and budgeting context in your country:

Please indicate the name and date of the relevant planning document for health

- *Health Sector Strategic Plan II (HSSP II) 2003-2007*
- *Zanzibar Health Sector Reform Strategic Plan II 2006/07- 2010/11*
- *Mid-Term Expenditure Framework (MTEF) 2007-2010*
- *National Strategy for Growth and Reduction Poverty (NSGRP) MKUKUTA 2006 - 2010*
- *Zanzibar Strategy for Growth and Reduction Poverty (ZASGRP) MKUZA 2007-2010*
- *EPI Comprehensive Multiyear plan*
- *External Health Sector Evaluation Report*

Is the cMYP (or updated Multi-Year Plan) aligned with this document (timing, content etc)
Yes, *Multi year is from 2006 - 2010*

Please indicate the national planning budgeting cycle for health - ***July - June***

Please indicate the national planning cycle for immunisation - ***January – December***

Table 3.2: Current Vaccination Schedule: Traditional, New Vaccines and Vitamin A Supplement *(refer to cMYP pages)*

Vaccine *(do not use trade name)*	**Ages of administration** *(by routine immunisation services)*	**Indicate by an "x" if given in:**		**Comments**
		Entire country	**Only part of the country**	
BCG	At birth	**X**		
OPV	At birth, 4, 8, 12 weeks Mainland At birth, 6, 10, 14 weeks Zanzibar	**X**		
DTP-HepB	4, 8, 12 weeks Mainland 6, 10, 14 weeks Zanzibar	**X**		
Measles	At completion of 9 months	**X**		
TT	15 – 49 years, Pregnant mothers	**X**		Pregnant mothers if not received initial doses at the bearing age.
Vitamin A	Children at 9, 15, 21, 27, 33, 39, 45, 51, 57 months Post-natal mothers	**X**		There is a biannual vitamin A supplementation campaign in June and December every year.

Table 3.3 a: Trends of routine immunization coverage and disease burden United Republic Tanzania
(as per last two annual WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases)

Note: 2005 JRF does not include Zanzibar data. See 2005 Zanzibar data in table 3.3b

Trends of immunization coverage (in percentage)						Vaccine preventable disease burden		
Vaccine		Reported		Survey		Disease	Number of reported cases	
		2005	2006	2004/05	200…		2005	2006
BCG		98	89	91.4		Tuberculosis*	ND*	ND*
DTP	DTP-Hep B1	95	92	93.3		Diphtheria	0	0
	DTP-Hep B3	90	87	85.9		Pertussis	0	0
Polio 3		91	89	83.6		Polio	0	0
Measles (first dose)		91	89	79.9		Measles	729	5,378
TT2+ (Pregnant women)		87	78	56		Neonatal Tetanus **	7	9
Hib3						Hib ***		
Yellow Fever						Yellow fever		
HepB3						Hepatitis B sero-prevalence*		
Vit A supplement	Mothers (<6 weeks post-delivery)		ND*					
	Infants (>6 months)		88	45.5				

Table 3.3 b: Trends of routine immunization coverage and disease burden Zanzibar
(as per last two annual WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases)

Trends of immunization coverage (in percentage)						Vaccine preventable disease burden		
Vaccine		Reported		Survey		Disease	Number of reported cases	
		2005	2006	2004/05	200…		2005	2006
BCG		119.6				Tuberculosis*	ND*	
DTP	DTP-Hep B1	91.3				Diphtheria	0	
	DTP-Hep B3	85.6				Pertussis	7	
Polio 3		85.0				Polio	0	
Measles (first dose)		93.5				Measles	77	
TT2+ (Pregnant women)		67.0				Neonatal Tetanus **	0	
Hib3						Hib ***		
Yellow Fever						Yellow fever		
HepB3						Hepatitis B sero-prevalence*		
Vit A supplement	Mothers (<6 weeks post-delivery)	37.0						
	Infants (>6 months)	57.6						

* If available
** Note: JRF asks for Hib meningitis

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 refers to:
Tanzania Demographic and Health Survey 2004/05, Age group 12-23 months

Table 3.4:(Baseline and annual targets United Republic Of Tanzania)*(refer to cMYP pages or updated Multi-Year Plan)*

Number		Baseline and targets					
		Base year 2005	**Year 1 2006…**	**Year 2 2007…**	**Year 3 2008**	**Year 4 2009…**	**Year 5 2010…**
Births		1,534,675	1,661,085	1,707,154	1,764,114	1,822,729	1,883,024
Infants' deaths		102,416	113,620	116,773	120,686	124,673	128,795
Surviving infants		1,432,259	1,547,465	1,590,382	1,643,448	1,698,056	1,754,229
Pregnant women		1,534,675	1,661,085	1,707,154	1,764,114	1,822,729	1,883,024
Target population vaccinated with BCG		1,402,865	1,489,297	1,590,856	1,661,095	1,734,019	1,791,379
BCG coverage*		91%	90%	93%	94%	95%	95%
Target population vaccinated with OPV3		1,285,010	1,351,627	1,431,343	1,495,105	1,561,321	1,630,057
OPV3 coverage**		90%	87%	90%	91%	92%	93%
Target population vaccinated with DTP3***		1,285,010	1,351,627	1,431,343	1,495,105	1,561,321	1,630,057
DTP3 coverage**		90%	87%	90%	91%	92%	93%
Target population vaccinated with DTP1***		1,361,980	1,423,583	1,481,992	1,547,434	1,615,378	1,668,810
Wastage[2] rate in base-year and planned thereafter		10%	10%	10%	10%	10%	10%
Target population vaccinated with **3rd dose** of ……..							
Coverage**							
Target population vaccinated with **1st dose** of ……..							
Wastage[1] rate in base-year and planned thereafter							
Target population vaccinated with **1st dose** of Measles		1,307,296	1,378,607	1,451,023	1,515,429	1,582,307	1,651,726
Target population vaccinated with **2nd dose** of Measles							
Measles coverage**		91%	89%	91%	92%	93%	94%
Pregnant women vaccinated with TT+		1,252,617	1,302,171	1,374,874	1,437,886	1,503,374	1,571,409
TT+ coverage****		78%	82%	83%	85%	85%	85%
Vit A supplement	Mothers (<6 weeks from delivery)						
	Infants (>6 months)						
Annual DTP Drop out rate [(DTP1 - DTP3) / DTP1] x 100		5.05	3.36	2.32	1.3	0.3	0.3

[2] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check **table α** after Table 7.1.

Annual Measles Drop out rate (for countries applying for YF)						

Table 3.5 a: Summary of current and future immunization budget for Mainland *(or refer to cMYP pages or updated Multi-Year Plan)*

	Expenditures	Future Resource Requirements					
Cost Category	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**Total 2006 - 2010**
Routine Recurrent Cost	**US**	**US**	**US**	**US**	**US**	**US**	**US**
Vaccines (routine vaccines only)							
Traditional vaccines	1,755	1,829	1,891	1,898	1,945	2,015	9,579
New and underused vaccines	5,164	6,248	6,493	6,590	22,658	18,855	60,844
Injection supplies	730	817	842	857	1,109	1,150	4,775
Personnel	0	0	0	0	0	0	0
Salaries of full-time NIP health workers (immunization specific)	926	944	963	982	1,002	1,022	4,914
Per-diems for outreach vaccinators/mobile teams	10,345	10,552	10,763	10,978	11,198	11,422	54,913
Transportation	1,000	1,081	1,169	1,264	1,367	1,478	6,358
Maintenance and overhead	8,867	10,002	11,478	12,647	14,095	6,759	54,980
Training	152	164	597	192	208	225	1,385
IEC/social mobilization	37	136	43	47	125	45	396
Disease surveillance	325	483	499	516	535	554	2,586
Programme management	89	191	105	113	122	211	741
Other routine recurrent costs	13	14	15	17	29	31	106
Subtotal Recurrent Costs	**29,402**	**32,462**	**34,858**	**36,103**	**54,392**	**43,765**	**201,579**
Routine Capital Cost	0	**0**	**0**	**0**	**0**	**0**	**0**
Vehicles	0	0	0	0	0	0	0
Cold chain equipment	3,156	1,609	2,380	2,173	2,103	1,485	9,750
Other capital equipment	64	90	108	90	97	114	499
Subtotal Capital Costs	**3,219**	**1,699**	**2,488**	**2,263**	**2,200**	**1,599**	**10,249**
Campaigns	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Polio	0	0	0	0	0	0	0
Measles	4,946	1,032	0	14,554	0	0	15,586
Yellow Fever	0	0	0	0	0	0	0
MNT campaigns	0	0	0	0	0	0	0
Other campaigns	0	0	0	0	0	0	0
Subtotal Campaign Costs	**4,946**	**1,032**	**0**	**14,554**	**0**	**0**	**15,586**
GRAND TOTAL	**37,568**	**35,193**	**37,347**	**52,919**	**56,592**	**45,363**	**227,414**

Table 3.5 b: Summary of current and future immunization budget for Zanzibar *(or refer to cMYP pages or updated Multi-Year Plan)*

	Expenditures	Future Resource Requirements					
Cost Category		**2006**	**2007**	**2008**	**2009**	**2010**	**Total 2006 - 2010**
Routine Recurrent Cost		**US**	**US**	**US**	**US**	**US**	**US**
Vaccines (routine vaccines only)							
Traditional vaccines	39	78	80	326	365	366	1,215
New and underused vaccines	480	649	541	2,266	793	818	5,068
Injection supplies	22	65	70	247	281	299	962
Personnel	0	0	0	0	0	0	0
Salaries of full-time NIP health workers (immunization specific)	15	15	16	17	18	18	84
Per-diems for outreach vaccinators/mobile teams	5,316	6,389	7,502	8,658	9,856	11,099	43,505
Transportation	5	5	5	5	5	6	27
Maintenance and overhead	8	12	14	16	20	14	76
Training	15	15	16	16	16	17	80
IEC/social mobilization	8	9	9	9	10	10	47
Disease surveillance	11	7	12	8	13	10	51
Programme management	17	18	18	18	9	19	83
Other routine recurrent costs	0	0	0	0	0	0	0
Subtotal Recurrent Costs	**5,937**	**7,263**	**8,283**	**11,587**	**11,387**	**12,676**	**51,197**
Routine Capital Cost							
Vehicles	12	0	111	0	0	0	111
Cold chain equipment	42	269	225	631	1,130	636	2,891
Other capital equipment	1	27	0	0	21	19	67
Subtotal Capital Costs	**55**	**296**	**336**	**631**	**1,151**	**654**	**3,069**
Campaigns							
Polio	0	0	0	0	227	0	227
Measles	111	0	0	244	0	0	244
Yellow Fever	0	0	0	0	0	0	0
MNT campaigns	0	0	0	0	0	0	0
Other campaigns	0	0	0	0	0	0	0
Subtotal Campaign Costs	**111**	**0**	**0**	**244**	**227**	**0**	**471**
GRAND TOTAL	**6,103**	**7,559**	**8,620**	**12,462**	**12,765**	**13,330**	**54,737**

Please list in the tables below the funding sources for each type of cost category (if known). Please try and indicate which immunization program costs are covered from the Government budget, and which costs are covered by development partners (or the GAVI Alliance), and name the partners.

Table 3.6 a: Summary of current and future financing and sources of funds Tanzania Mainland *(or refer to cMYP or updated Multi-Year Plan)*

	Estimated financing per annum in US (,000)						
Cost Category	**Funding Source**	**Base year 2005**	**Year 1 2006**	**Year 2 2007…**	**Year 3 2008…**	**Year 4 2009…**	**Year 5 2010…**
Routine Recurrent Cost		**US**	**US**	**US**	**US**	**US**	**US**
Vaccines (routine vaccines only)							
Traditional vaccines	GoT/JICA	1,755	1,829	1,891	1,898	1,945	2,015
New and underused vaccines	GoT/UNICEF /GAVI	5,164	6,248	6,493	6,590	22,658	18,855
Injection supplies	GoT/UNICEF /GAVI	730	817	842	857	1,109	1,150
Personnel							
Salaries of full-time NIP health workers (immunization specific)	GoT	926	944	963	982	1,002	1,022
Per-diems for outreach vaccinators/mobile teams	GoT/WHO	10,345	10,552	10,763	10,978	11,198	11,422
Transportation	GoT	1,000	1,081	0	1,264	1,367	1,478
Maintenance and overhead	GoT/JICA/UNICEF	8,867	10,001	0	6,000	6,200	6,759
Training	UNICEF/GoT	152	164	597	192	208	225
IEC/social mobilization	UNICEF	37	136	43	47	125	45
Disease surveillance	GoT/WHO	325	483	499	516	535	554
Programme management	GOK/GAVI	89	191	105	113	122	211
Other routine recurrent costs	GOK/GAVI	13	14	15	17	29	31
Subtotal Recurrent Costs		**29,402**	**32,460**	**22,211**	**29,454**	**46,498**	**43,767**
Routine Capital Cost							
Vehicles		0	0	0	0	0	0
Cold chain equipment	GoT/UNICEF/JICA/GAVI	3,156	1,609	1,300	2,173	1,100	1,485
Other capital equipment	GoT	64	90	108	90	97	114
Subtotal Capital Costs		**3,219**	**1,699**	**1,408**	**2,263**	**1,197**	**1,599**
Campaigns							
Polio		0	0	0	0	0	0
Measles	WHO/UNICEF	4,946	1,032	0	14,554	0	0
Yellow Fever		0	0	0	0	0	0
MNT campaigns		0	0	0	0	0	0
Other campaigns		0	0	0	0	0	0
Subtotal Campaign Costs		**4,946**	**1,032**	**0**	**14,554**	**0**	**0**
GRAND TOTAL		**37,568**	**35,191**	**23,619**	**46,271**	**47,695**	**45,366**

Table 3.6 b: Summary of current and future financing and sources of funds for Zanzibar *(or refer to cMYP or updated Multi-Year Plan)*

	Estimated financing per annum in US (,000)						
Cost Category	**Funding Source**	**Base year 2005**	**Year 1 2006**	**Year 2 2007…**	**Year 3 2008…**	**Year 4 2009…**	**Year 4 2010…**
Routine Recurrent Cost			**US**	**US**	**US**	**US**	**US**
Vaccines (routine vaccines only)							
Traditional vaccines	RGoZ /ADB/UNICEF	39	78	80	326	365	366
New and underused vaccines	RGoZ /GAVI	480	649	541	2,266	793	818
Injection supplies	UNICEF/ GAVI	22	65	70	247	281	299
Personnel							
Salaries of full-time NIP health workers (immunization specific)	RGoZ	15	15	16	17	18	18
Per-diems for outreach vaccinators/mobile teams	RGoZ/DANIDA	5,316	6,389	7,502	8,658	9,856	11,099
Transportation	RGoZ	5	5	5	5	5	6
Maintenance and overhead	RGoZ/UNICEF	8	12	14	16	20	14
Training	WHO/UNICEF	15	15	16	16	16	17
IEC/social mobilization	UNICEF	8	9	9	9	10	10
Disease surveillance	WHO	11	7	12	8	13	10
Programme management	RGoZ/GAVI	17	18	18	18	9	19
Other routine recurrent costs		0	0	0	0	0	0
Subtotal Recurrent Costs		**5,936**	**7,262**	**8,283**	**11,586**	**11,386**	**12,676**
Routine Capital Cost							
Vehicles	GAVI	12	0	111	0	0	0
Cold chain equipment	UNICEF	42	269	225	631	1,130	636
Other capital equipment	WHO	1	27	0	0	21	19
Subtotal Capital Costs		**55**	**296**	**336**	**631**	**1151**	**655**
Campaigns							
Polio	WHO/UNICEF	0	0	0	0	227	0
Measles	RGoZ/UNICEF/WHO	111	0	0	244	0	0
Yellow Fever		0	0	0	0	0	0
MNT campaigns		0	0	0	0	0	0
Other campaigns		0	0	0	0	0	0
Subtotal Campaign Costs		**111**	**0**	**0**	**244**	**227**	**0**
GRAND TOTAL		**6,102**	**7,558**	**8,619**	**12,461**	**12,764**	**13,331**

4. Immunisation Services Support (ISS)

Please indicate below the total amount of funds you expect to receive through ISS:

Table 4.1: Estimate of fund expected from ISS

	Base Year 2005	Year 1 2009	Year 2 2010	Year 3 2011	Year 4 2012	Year 5 2013
DTP3 Coverage rate	90	92	93	95	95	95
Number of infants reported / planned to be vaccinated with DTP3 (as in Table 3.4)	1,285,010	1,561,321	1,630,057	1,701,339	1,775,115	1,827,074
Number of *additional* infants that annually are reported / planned to be vaccinated with DTP3		66,216	68,736	71,282	73,776	51,959
Funds expected (20 per additional infant)		1,324,320	1,374,720	1,425,640	1,475,520	1,039,180

* Projected figures
** As per duration of the cMYP

If you have received ISS support from GAVI in the past, please describe below any major lessons learned, and how these will affect the use of ISS funds in future.

Please state what the funds were used for, at what level, and if this was the best use of the flexible funds; mention the management and monitoring arrangements; who had responsibility for authorising payments and approving plans for expenditure; and if you will continue this in future.

Major Lessons Learned from Phase 1	**Implications for Phase 2**
1. Flexibility was very useful allowed countries to allocate funds in areas of local needs	*Not Applicable*
2. Helped to improve immunization coverage.	
3. ICC technical expertise was useful in guiding use of ISS funds	
4. Use of WHO office being custodian avoid delays and bureaucratic procedures	
5. Use of both Government and WHO Auditors facilitates good financial governance including monitoring	

If you have not received ISS support before, please indicate:

a) when you would like the support to begin: - ***1st January 2009***

b) When you would like the first DQA to occur:- ***In the last quarter of 2009***

c) How you propose to channel the funds from GAVI into the country: ***The support of new and under-used vaccine will be channelled direct to UNICEF to procure vaccines and supplies on behalf of the country.***

d) how you propose to manage the funds in-country:- ***Not Applicable***

e) who will be responsible for authorising and approving expenditures: - ***Not Applicable***

- Please complete the banking form (annex 1) if required

5. Injection Safety Support

- Please attach the National Policy on Injection Safety including safe medical waste disposal (or reference the appropriate section of the Comprehensive Multi-Year Plan for Immunisation), and confirm the status of the document: DOCUMENT NUMBER……

- Please attach a copy of any action plans for improving injection safety and safe management of sharps waste in the immunisation system (and reference the Comprehensive Multi-Year Plan for Immunisation). DOCUMENT NUMBER…….

Table 5.1: Current cost of injection safety supplies for routine immunisation

Please indicate the current cost of the injection safety supplies for routine immunisation.

	Annual requirements		***Cost per item (US)***		***Total Cost (US)***
Year	***Syringes***	***Safety Boxes***	***Syringes***	***Safety Boxes***	
20…					

Table 5.2: Estimated supply for safety of vaccination with …….. vaccine

(Please use one table for each vaccine BCG(1 dose), DTP(3 doses), TT(2 doses) [1], Measles(1 dose) and Yellow Fever(1 dose), and number them from 5.1 to 5.5)

		Formula	**Year 1 20…**	**Year 2 20…**	**Year 3 20…**	**Year 4 20…**	**Year 5 20…**
A	Number of children to be vaccinated [2]	#					
B	Percentage of vaccines requested from GAVI [3]	%					
C	Number of doses per child	#					
D	Number of doses	*A x B/100 x C*					
E	Standard vaccine wastage factor [4]	*Either 2.0 or 1.6*					
F	Number of doses (including wastage)	*A x B/100 x C x E*					
G	Vaccines buffer stock [5]	*F x 0.25*					
H	Number of doses per vial	#					
I	Total vaccine doses	*F + G*					
J	Number of AD syringes (+ 10% wastage) requested	*(D + G) x 1.11*					
K	Reconstitution syringes (+ 10% wastage) requested [6]	*I / H x 1.11*					
L	Total of safety boxes (+ 10% of extra need) requested	*(J + K) / 100 x 1.11*					

[1] GAVI supports the procurement of AD syringes to deliver two doses of TT to pregnant women. If the immunisation policy of the country includes all Women in Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of two doses for Pregnant Women (estimated as total births)
[2] To insert the number of infants that will complete vaccinations with all scheduled doses of a specific vaccine.
[3] Estimates of 100% of target number of children is adjusted if a phased-out of GAVI/VF support is intended.
[4] A standard wastage factor of 2.0 for BCG and of 1.6 for DTP, Measles, TT, and YF vaccines is used for calculation of INS support
[5] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
[6] It applies only for lyophilized vaccines; write zero for other vaccines.

- If you do not intend to procure your supplies through UNICEF, please provide evidence that the alternative supplier complies with WHO requirements by attaching supporting documents as available.

6. New and Under-Used Vaccines (NVS)

Please give a summary of the cMYP sections that refer to the introduction of new and under-used vaccines. Outline the key points that informed the decision-making process (data considered etc):

- *Availability of evidence of the disease burden in the country and neighbouring countries*
- *Availability of evidence that, introduction of Hib vaccine is a cost effective intervention.*
- *Availability of adequate cold chain capacity at all level as observed in the cold chain and, vaccine management assessment in 2007.*
- *The new GAVI policy on co financing levels on Hib and pneumococcal.*

***Activities done to hasten the introduction processes includes**:*

- *Advocacy to decision makers of the MOHSW and immunisation stakeholders*
- *Sharing of the concept to SWAp technical committee/ICC*
- *Resource mobilization*

Planned activities includes

- *Procurement of bundled vaccines*
- *Community sensitization (at all levels)*
- *Training of health workers at all levels*
- *Inauguration ceremony*
- *Implementation*
- *Monitoring*
- *Post introduction Evaluation*

Please summarise the cold chain capacity and readiness to accommodate new vaccines, stating how the cold chain expansion (if required) will be financed, and when it will be in place. Please use attached excel annex 2a (Tab 6) on the Cold Chain. Please indicate the additional cost, if capacity is not available and the source of funding to close the gap

Table 6.1: Capacity and cost (for positive storage) (*Refer to Tab 6 of Annex 2a or Annex 2b)*

		Formula	Year 1 2009	Year 2 2010	Year 3 2011	Year 4 2012	Year 5 2013
A	Annual ***positive*** volume requirement, including new vaccine (**Litres**) (litres or m3)[3]	*Sum-product of total vaccine doses multiplied by unit packed volume of the vaccine*	108,292	110,703	113,072	115,271	117,045
B	Annual ***positive*** capacity, including new vaccine (**Litres**) (litres or m3)	#	60,000	60,000	60,000	60,000	60,000
C	Estimated minimum number of shipments per year required for the actual cold chain capacity	*A / B*	2	2	2	2	2
D	Number of consignments / shipments per year	*Based on national vaccine shipment plan*	4	4	4	4	4
E	Gap (if any)	*((A / D) - B)*	None	None	None	None	None
F	Estimated cost for expansion	*US*	-	-	-	-	-

[3] Use results from table 5.2. Make the sum-product of the total vaccine doses row (I) by the unit packed volume for each vaccine in the national immunisation schedule. All vaccines are stored at positive temperatures (+5°C) except OPV which is stored at negative temperatures (-20°C).

Please briefly describe how your country plans to move towards attaining financial sustainability for the new vaccines you intend to introduce, how the country will meet the co-financing payments, and any other issues regarding financial sustainability you have considered (refer to the cMYP):

- *Tanzania is in co-financing with GAVI in the procurement of DTP-Hep B since 2005.*
- *Co-financing will continue with the new vaccine introduction. The assumption is GAVI will continue to co-finance purchase of pentavalent vaccine up to 2015.*
- *The programme will continue to advocate for immunisation and maintaining DTP-HepB3 coverage to be one of the indicator of NSGRP (MKUKUTA) and in general budget support.*

Table 6.2: Assessment of burden of relevant diseases *(if available)*:

Disease	Title of the assessment	Date	Results
Haemophilus Influenza (Hib)	*Hib disease burden Rapid Assessment*	*2000/1*	*It was shown that, Hib contributes around 18,000 cases and 3500 deaths of meningitis per year using meningitis based estimates*
Haemophilus Influenza (Hib)	*Disease Burden (Paediatric bacterial meningitis sites)*	*2001 to date*	*From the two Hib Surveillance sentinel sites 874 LPs were done and from which Hib was isolated in 34 (3.9%) after CSF was cultured resulting in a rate of 39 per 1,000 cases*

If new or under-used vaccines have already been introduced in your country, please give details of the lessons learnt from storage capacity, protection from accidental freezing, staff training, cold chain, logistics, dropout rate, wastage rate etc., and suggest solutions to address them:

Lessons Learned	Solutions / Action Points
1.The support of US 100,000 to a country like Tanzania is not enough	*Support to introduction of new vaccines should base on number of children and size of the country*
2.Training of health workers should be conducted early to allow smooth preparations and avoid rushing	*Early planning and disbursement of funds*
3. Using existing immunisation schedule facilitated acceptance to both community and health workers	*New vaccines should be liquid vaccine that is five antigens in one vial.*
4. Introduction of AD syringes increased the acceptability of immunization services Ad syringes reduced vaccine wastage.	*Maintain use and enough AD syringes*
5. Use of safety boxes improved sharps disposal and reduce risk to health workers and community at large	*Maintain use and availability of safety boxes.*

Please list the vaccines to be introduced with support from the GAVI Alliance (and presentation):

DTP-HepB-Hib vaccine 1 dose vial (Liquid)

First Preference Vaccine

As reported in the cMYP, the country plans to introduce **DTP-HepB-Hib***. (antigen)* vaccinations, using **1 dose vial** vaccine, in **2009** *(n° of doses per vial)* **liquid** *(lyophilized or liquid)* form.

Please refer to the excel spreadsheet Annex 2a or Annex 2b (for Rotavirus and Pneumo vaccines) and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 2a or Annex 2b, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose[4]*.*

- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 6.3 below, using the population data (from Table 3.4 of this application) and the price list and co-financing levels (in Tables B, C, and D of Annex 2a or Annex 2b).

- Then please copy the data from Annex 2a or 2b (Tab "Support Requested") into Tables 6.4 and 6.5 (below) to summarize the support requested, and co-financed by GAVI and by the country.

- Please submit the electronic version of the excel spreadsheets Annex 2a or 2b together with the application

Table 6.3: Specifications of vaccinations with new vaccine

Vaccine: DTP-HepB-Hib	*Use data in:*		**Year 1 2009**	**Year 2 2010**	**Year 3 2011**	**Year 4 2012**	**Year 5 2013**
Number of children to be vaccinated with the third dose	*Table 3.4*	#	1,561,321	1,630,057	1,701,339	1,775,115	1,827,074
Target immunisation coverage with the third dose	*Table 3.4*	#	92	93	94	95	95
Number of children to be vaccinated with the first dose	*Table 3.4*	#	1,615,378	1,668,810	1,723,708	1,779,978	1,832,132
Estimated vaccine wastage factor	*Annex 2a or 2b Table E - tab 5*	#	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	*Annex 2a or 2b Table D - tab 4*		0.20	0.20	0.30	0.30	0.30

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

[4] *Table D1 should be used for the first vaccine, with tables D2 and D3 for the second and third vaccine co-financed by the country*

Table 6.4: Portion of supply to be co-financed by the country (and cost estimate, US)

		Year 1 2009	Year 2 2010	Year 3 2011	Year 4 2012	Year 5 2013
Number of vaccine doses	#	313,800	261,500	406,400	418,300	430,300
Number of AD syringes	#	335,100	276,600	429,800	442,400	455,000
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	3,725	3,075	4,775	4,925	5,050
Total value to be co-financed by country		1,272,500	1,060,000	1,642,000	1,695,500	1,744,000

Table 6.5: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US)

		Year 1 2009	Year 2 2010	Year 3 2011	Year 4 2012	Year 5 2013
Number of vaccine doses	#	6,046,800	5,037,400	5,066,600	5,233,000	5,382,100
Number of AD syringes	#	6,456,300	5,327,400	5,358,200	5,534,200	5,691,700
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	71,675	59,150	59,500	61,450	63,200
Total value to be co-financed by GAVI		24,514,500	20,417,500	20,470,500	21,210,500	21,815,000

- Please refer to http://www.unicef.org/supply/index_gavi.html for the most recent GAVI Alliance Vaccine Product Selection Menu, and review the GAVI Alliance NVS Support Country Guidelines to identify the appropriate country category, and the minimum country co-financing level for each category.

Second Preference Vaccine

If the first preference of vaccine is in limited supply or currently not available, please indicate below the alternative vaccine presentation : ***None***

- Please complete tables 6.3 – 6.4 for the new vaccine presentation

- Please complete the excel spreadsheets Annex 2a or Annex 2b for the new vaccine presentation and submit them alongside the application.

Procurement and Management of New and Under-Used Vaccines

a) Please show how the support will operate and be managed including procurement of vaccines (GAVI expects that most countries will procure vaccine and injection supplies through UNICEF):

- *The support of new and under-used vaccine will be channelled direct to UNICEF to procure vaccines and supplies on behalf of the country.*
- *The funds financed by the government will also be sent to UNICEF for this purpose.*

b) If an alternative mechanism for procurement and delivery of supply (financed by the country or the GAVI Alliance) is requested, please document: ***- Not Applicable***

c) Please describe the introduction of the vaccines (refer to cMYP)

Hib vaccine is planned to be introduced in 1st January 2009. This is in line with the comprehensive Multi-Year Plan (cMYP) for 2006-2010. Introduction of the Hib vaccine has been discussed with stakeholders at different forum and a decision was taken by Government to introduce the vaccine. In this particular case, the SWAp Technical Committee endorsed the decision of Government on 16 April 2008.

The new vaccine introduction plan, which is part of this document submitted specifically, addresses the Hib introduction into the immunization programme. It outlines key activities to be conducted in preparation for introduction of the vaccine and includes a timeline for the different activities and a budget for all non-vaccine costs related to the activities.

Consistent with the guidelines on new vaccines introduction, the plan addresses the following key areas:

- Summary of the cMYP referring to the introduction of new and underused vaccines
- Summary of cold chain capacity and readiness to accommodate new vaccines, stating how the cold chain expansion, if required, will be financed, and when it will be in place.
- How financial sustainability and co-financing will be achieved
- The Hib disease burden
- Lessons learned from the introduction of Hepatitis B in the country
- List of the vaccines to be introduced with support from GAVI and presentation
- Data for the fully liquid pentavalent vaccine on the specifications of vaccinations with the new vaccine, portion of supply to be procured by the country and portion of supply to be procured by GAVI.
- Information on the cold chain capacity
- Concise information on other key activities; Revision of recording and reporting tools, Training of health workers, Advocacy and social mobilisation, Monitoring and supervision and Post Introduction Evaluation (PIE)

The plan concludes with a timeline of activities related to pentavalent introduction.

d) Please indicate how *funds* should be transferred by the GAVI Alliance (if applicable)

The funds will be channelled through UNICEF to purchase the new and under-used vaccines and supplies for the country.

e) Please indicate how the co-financing amounts will be paid (and who is responsible for this)

The co-financing amount will be paid through UNICEF.
The responsible person will be the Permanent Secretary Ministry of Health and Social welfare.

f) Please outline how coverage of the new vaccine will be monitored and reported (refer to cMYP)

The coverage of the new vaccine will be monitored through the routine EPI reporting system.

New and Under-Used Vaccine Introduction Grant

Table 6.5: calculation of lump-sum

Year of New Vaccine introduction	N° of births (from table 3.4)	Share per birth in US	Total in US
2009	1,863,473	0.20	19,334,604

Please indicate in the tables below how the one-time Introduction Grant[5] will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP).

Table 6.6: Cost (and finance) to introduce the first preference vaccine (US)

Cost Category	Full needs for new vaccine introduction	Funded with new vaccine introduction grant
	US	**US**
Training		307,473.10
Social Mobilization, IEC and Advocacy		55,904.20
Cold Chain Equipment & Maintenance		0
Vehicles and Transportation		0
Programme Management		0
Surveillance and Monitoring		83,856.30
Human Resources		0
Waste Management		0
Technical assistance		55,904.20
Revision of recording and reporting materials		27,952.10
Total		**559,042.00**

- Please complete the banking form (annex 1) if required

Please complete a table similar to the one above for the second choice vaccine (if relevant) and title it **Table 6.7: Cost (and finance) to introduce the second preference vaccine (US)**

[5] The Grant will be based on a maximum award of $0.30 per infant in the birth cohort with a minimum starting grant award of $100,000

7. Additional comments and recommendations from the National Coordinating Body (ICC/HSCC)

8. Documents required for each type of support

Type of Support	Document	DOCUMENT NUMBER	Duration *
ALL	WHO / UNICEF Joint Reporting Form (last two)	TWO	2005-6
ALL	Comprehensive Multi-Year Plan (cMYP)	THREE	2006-10
ALL	Endorsed minutes of the National Coordinating Body meeting where the GAVI proposal was endorsed	ONE	
ALL	Endorsed minutes of the ICC/HSCC meeting where the GAVI proposal was discussed	FOUR	
ALL	Minutes of the three most recent ICC/HSCC meetings	FOUR AND ONE	
ALL	ICC/HSCC workplan for the forthcoming 12 months		
Injection Safety	National Policy on Injection Safety including safe medical waste disposal (if separate from cMYP)		
Injection Safety	Action plans for improving injection safety and safe management of sharps waste (if separate from cMYP)		
Injection Safety	Evidence that alternative supplier complies with WHO requirements (if not procuring supplies from UNICEF)		
New and Under-used Vaccines	Plan for introduction of the new vaccine (if not already included in the cMYP)	FIVE	

** Please indicate the duration of the plan / assessment / document where appropriate*

ANNEX 1

Banking Form

SECTION 1 ***(To be completed by payee)***

In accordance with the decision on financial support made by the GAVI Alliance dated . . . . . , the Government of . . . . . hereby requests that a payment be made, via electronic bank transfer, as detailed below:

Name of Institution: *(Account Holder)*	
Address:	
City – Country:	
Telephone No.:	**Fax No.:**
Amount in USD:	(To be filled in by GAVI Secretariat) **Currency of the bank account:**
For credit to: ***Bank account's title***	
Bank account No.:	
At: ***Bank's name***	

Is the bank account exclusively to be used by this program? **YES ( ) NO ( )**

By whom is the account audited? .....

Signature of Government's authorizing official:
By signing below, the authorizing official confirms that the bank account mentioned above is known to the Ministry of Finance and is under the oversight of the Auditor General.

Name:	.....	**Seal:**
Title:	.....	
Signature:	.....	
Date:	.....	
Address and Phone number		
Fax number		
Email address:		

SECTION 2 *(To be completed by the Bank)*

FINANCIAL INSTITUTION		CORRESPONDENT BANK (*In the United States)*
Bank Name:		
Branch Name:		
Address:		
City – Country:		
Swift code:		
Sort code:		
ABA No.:		
Telephone No.:		
Fax No.:		
Bank Contact Name and Phone Number:		

I certify that the account No. . . . . is held by *(Institution name)* . . . . . .at this banking institution.

The account is to be signed jointly by at least …… *(number of signatories)* of the following authorized signatories:	**Name of bank's authorizing official:**
1 Name: ..... **Title:**	**Signature:** ..... **Date:** .....
2 Name: ..... **Title:**	**Seal:**
3 Name: ..... **Title:**	
4 Name: ..... **Title:**	

COVERING LETTER

(To be completed by UNICEF representative on letter-headed paper)

TO: GAVI Alliance – Secretariat
Att. Dr Julian Lob-Levyt
Executive Secretary
C/o UNICEF
Palais des Nations
CH 1211 Geneva 10
Switzerland

On the …… I received the original of the BANKING DETAILS form, which is attached.

I certify that the form does bear the signatures of the following officials:

	Name	Title
Government's authorizing official	.....	.....
Bank's authorizing official	.....	.....

Signature of UNICEF Representative:

Name .....

Signature .....

Date .....