Application Form for Gavi NVS support

Submitted by

The Government of

Ghana

Date of submission: **3 May 2017**

Deadline for submission:

i. **3 May 2017**
ii. 3 May 2017
iii. 1 September 2017

Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)

Start Year	2015	End Year	2019

Form revised in 2016

(To be used with Guidelines of December 2016)

Note: Please ensure that the application has been received by Gavi on or before the day of the deadline.

Gavi
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

The Country confirms that funds provided by the Gavi shall not be offered by the Country to any third person, nor will the Country seek in connection with its 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, as requested. The Gavi 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 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 funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE Gavi TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the Gavi Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage Gavi cash-based support. The Country confirms that it will take all responsibility for replenishing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

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

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the Gavi. 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 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 will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

1. Type of Support requested

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

Type of Support	Vaccine	Start Year	End Year	Preferred second presentation[1]
NVS follow-up campaign	MR, 10 dose(s) per vial, LYOPHILISED	2018	2018	Not applicable

[1] Gavi may not be in a position to accommodate all countries first product preferences, and in such cases, Gavi will contact the country and partners to explore alternative options. A country will not be obliged to accept its second or third preference, however Gavi will engage with the country to fully explore a variety of factors (such as implications on introduction timing, cold chain capacity, disease burden, etc.) which may have an implication for the most suitable selection of vaccine.

If applying for any type of measles and/or MR support, summarise in the text box below the indicative major measles and rubella activities planned for the next 5 years (e.g. MCV2 introduction, measles or MR follow-up campaign, etc.).

Ghana has already introduced MCV-2 into routine immunization (2012) and also introduced RCV into routine immunization the following year (2013). The planned measles and rubella activities for the next 5 years are summarised below;

1. Measles-Rubella Follow-Up Campaign in 2018
2. Strengthen CRS Surveillance
3. Implement measles rubella elimination surveillance mode in 2017
4. Measles-Rubella Catch-Up Campaign in 2021

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3. Executive Summary

Please provide a summary of your country's proposal, including the following the information:

- For each specific request, NVS routine support or NVS campaign :
  - The duration of support
  - The total amount of funds requested
  - Details of the vaccine(s), if applicable, including the reason for the choice of presentation
  - Projected month and year of introduction of the vaccine (including for campaigns and routine)

- Relevant baseline data, including:
  - DTP3 and Measles coverage data (as reported on the WHO/UNICEF Joint Reporting Form)
  - Target population from Risk Assessments from Yellow Fever and Meningitis A
  - Birth cohort, targets and immunisation coverage by vaccines

- Country preparedness
  - Summary of planned activities to prepare for vaccine launch, including EVM assessments, progress on EVM improvement plans, communication plans, etc.
  - Summary of EVM assessment and progress on EVM improvement plan

- The role of the Coordination Forum (ICC/HSCC or equivalent) and stakeholders' participation (e.g. government, key donors, partners, key implementers, CSOs) in developing this proposal

- Follow up campaign

  Globally, measles mortality has decreased remarkably, but efforts for measles and rubella control have also shown challenges. While the routine measles first dose (MCV1) coverage has increased globally from 73% in 2000 to 83% in 2009, this coverage has stalled and remained at 77-78% since 2010 in Gavi 73 countries. Other challenges include financial and programmatic sustainability for countries, determination of the target age group and ensuring high quality of campaigns. There are also concerns around campaigns being costly, detracting resources away from routine immunisation activities and possibly creating perverse monetary incentives. Measles activities are also being planned in isolation from other immunisation interventions with inadequate planning, budgeting and implementation processes.
  A comprehensive approach is essential to bringing about lasting reductions in measles and rubella morbidity and mortality. Uniformly high and timely routine immunisation coverage in every country, every year is the cornerstone for achieving continuously high levels of population immunity.
  In this regard, Gavi's Board in December 2015 endorsed Gavi's new measles and rubella strategy, whose aim is to provide a single coherent approach to measles and rubella, primarily at increasing routine immunisation coverage, putting a strong focus on measles-rubella control. Routine immunisation will be complemented, as needed, by higher-quality, better-planned, more targeted and independently monitored campaigns.
  The strategy supports a more comprehensive approach to measles and rubella, over a longer time period. Rather than offering support to campaigns and routine immunisation as separately planned, budgeted and implemented activities, Gavi is supporting countries to plan and deliver a coherent, integrated set of measles and rubella disease control activities. Countries will now be required to self-finance the first dose of measles vaccine in their national immunisation programme, and have a long term budgeted plan for measles and rubella activities, to ensure financial and programmatic sustainability.
  Preventive vaccination campaigns and the introduction of new vaccines such as MR vaccine can be used as strategic opportunities to improve routine immunisation, for example by supporting microplanning to identify underserved populations. These opportunities need to be aligned with countries' expressed needs and priorities for routine immunisation to ensure that they address recognised gaps or problems. It is therefore recommended that as countries develop their applications for measles and rubella support, they coordinate and align such requests with their applications for HSS support. Joint Appraisals and reviews of support should be used to ensure such linkages. This will help harmonise measles and rubella and HSS inputs, avoid possible redundancies and help maximise the effect of measles and rubella activities on strengthening the overall immunisation programme.

Gavi will support periodic measles follow-up campaigns at national or subnational levels, for Gavi-eligible countries which have not yet introduced MR, with a focus on children up to 5 years of age; noting that the timing, target age range, and geographical scope should be based on epidemiological data, and modelling wherever possible.
For Gavi-eligible countries which have introduced MR, support is available for periodic MR follow-up campaigns, again noting that the timing, target age range, and geographical scope should be based on epidemiological data, and modelling if available.

Ghana has been implementing measles reduction strategies such as strengthening routine immunization, preventive, catch up and follow up campaigns and effective surveillance.

These strategies have led to significant reduction in morbidity and mortality due to measles in the country. Suspected cases of measles have reduced significantly and no deaths attributable to measles have been recorded in the country since 2003.

Since 2002, Ghana has conducted four (4) supplemental immunization activities (SIAs) using measles containing vaccines (MCV) with the last SIA occurring in October 2013. These SIAs has contributed significantly in reducing morbidity and deaths from the diseases. In addition, high immunization coverage rates have been sustained for the first dose of MCV (94%; JRF 2015) which is administered at 9 months. The second dose which is currently 72% (JRF, 2015) is being strengthened to further boost population immunity for the disease.

Prior to the 2013 Measles-Rubella Campaign, the country saw an increasing trend in confirmed measles cases. In 2011, about 109 confirmed measles cases were reported. This figure increased to 289 in 2012 and to 319 in 2013. After the mass campaign, the country saw in decline in the number of confirmed cases. A total of 121 and 23 confirmed cases were reported in 2014 and 2015 respectively. The number of confirmed rubella cases is also on the decline with 39 and 12 cases reported in 2014 and 2015 respectively.

It has become important that a follow-up campaign which will reach out to a wider target population is critical in sustaining the gains made in the country's measles and rubella elimination efforts. A nationwide follow-up campaign targeting all person aged 9 months to 5 years will be conducted from Wednesday 10 October 2018 to Tuesday 16 October 2018. A total of 4,776,247 children are targeted for the campaign.

Activities to be implemented include micro planning and training at all levels, social mobilization, logistics distribution and mass vaccination at fixed posts in all communities including hard-to-reach areas as well as waste management.

The total estimated operational cost of the measles-rubella follow-up campaign is $ 2,783,741. The GAVI support will cover $ 2,041,846 (73.3%) and an additional amount of $ 39,464 (1.4%) will be sourced from the GAVI Health System Strengthening Support (HSS). The Government of Ghana and local partners (WHO, UNICEF and CDC) will provide the remaining $ 702,431 (25.2%) for the vaccination campaign.

GAVI will again provide $2,956,961 (95%) of the total cost of vaccines for the campaign as well as the entire cost of safe injection materials (needles, syringes and safety boxes). The Government of Ghana will pay $ 155,629 (5%) of the cost of vaccines only.

The campaign will be implemented by the Ministry of Health, coordinated by the ICC through the Expanded Programme on Immunization.

It is hoped that this campaign will contribute to the global efforts to eliminate measles and rubella.

4. Signatures

4.1. Signatures of the Government and National Coordinating Bodies

4.1.1. Government and the Inter-Agency Coordinating Committee for Immunisation

The Government of Ghana would like to expand the existing partnership with the Gavi for the improvement of the infants routine immunisation programme of the country, and specifically hereby requests Gavi support for:

MR, 10 dose(s) per vial, LYOPHILISED follow up campaign

The Government of Ghana 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 and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

Table(s) **8.2.2** in the NVS follow-up campaign of this application shows the amount of support in either supply or cash that is required from the Gavi.Table(s) **8.2.3** 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 **Not Selected**.

The payment for the first year of co-financed support will be around **November 2018** for MR, 10 dose(s) per vial, LYOPHILISED.

Please note that this application will not be reviewed or recommended for approval by the Independent Review Committee (IRC) without the signatures of both the Minister of Health and Minister of Finance or their delegated authority. These signatures are attached as DOCUMENT NUMBER : 1 and 2 in Section 10. Attachments.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Hon. Kwaku Agyemang-Manu	**Name**	Hon. Ken Ofori-Atta
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted in case the Gavi Secretariat has queries on this document):

Full name	Position	Telephone	Email
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4.1.2. National Coordination Forum (Interagency Coordinating Committees (ICCs), Health Sector Coordinating Committees (HSCCs), and other equivalent bodies)

To be eligible for support, Gavi asks countries to ensure a *basic* functionality of their Coordination Forum (ICC/HSCC or equivalent body). Countries can demonstrate this by adhering to the requirements listed in section 5.2 of the General Guidelines. The information in this section and a set of documents submitted along with this application will help the Independent Review Committee (IRC) to assess adherence.

Profile of the Coordination Forum

Name of the Forum	Inter-Agency Coordinating Committee
Organisational structure (e.g., sub-committee, stand-alone)	Stand-Alone

The Terms of Reference for the Coordination Forum is attached as DOCUMENT NUMBER : 4. The Terms of Reference should include all sections outlined in Section 5.2 of the General Guidelines..

Please describe the role of the Coordination Forum and stakeholders' participation (e.g. government, key donors, partners, key implementers, CSOs) in developing this proposal:

There is a continued need by government and partners to co-ordinate technical and material inputs to the immunization program. In light of current and future support, increased technical co-ordination would ensure efficient use and greater impact of technical, material and financial resources. To this effect a National Inter-Agency Coordinating Committee (ICC) was established in order to serve as an advisory body to the Ministry of Health (MOH) through the Public Health Division of the Ghana Health Service with the following objectives:

- To foster solid partnership by collating all available inputs and resources from inside and outside the country in order to maximize resources for the good of the child
- Support national level to review and support work plans such as NIDs, EPI annual plans, EPI 5 year plans, surveillance plan etc
- Enhance transparency and accountability by reviewing use of funds and other resources together with the EPI Programme at regular intervals
- Support and encourage information sharing and feedback at national and or implementing levels within the country and interested partners outside the country
- Ensure that the Programme Manager receives both technical and political support that helps to validate his or her authority on issues pertaining to EPI
- Address technical issues as and when they arise such as introduction new antigens, strengthening immunization services etc

Please describe how partners have provided support in preparation of the proposal:

Partners provided support in the preparation of this proposal. The World Health Organization and UNICEF provided both technical and financial support in the preparation of this proposal. The Ghana Coalition of NGOs in Health supported the Social Mobilization Sub-committee in the preparation of the advocacy and social mobilization plan for the MR Campaign. The Food and Drug Authority (FDA) were instrumental in the development of the Strategies for Monitoring and Management of Adverse Events Following Immunization (AEFI). Other partners, particularly, those on the ICC supported in discussions and finalization as well as the endorsement of the proposal for submission.

4.1.3. Signature Table for the Coordination Forum (ICC/HSCC or equivalent body)

We the members of the ICC, HSCC, or equivalent committee *[1]* met on the **12/01/2017** to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached. The minutes from the meeting endorsing the proposal and of the meetings of the past 12 months are attached as Document number 5. The signatures endorsing the proposal are attached as Document number 7 (please use the list for signatures in the section below).

Function	Title / Organisation	Name	Please sign below to indicate the attendance at the meeting where the proposal was endorsed	Please sign below to indicate the endorsement of the minutes where the proposal was discussed
Chair	Director General / Ghana Health Service	Dr Ebenezer APPIAH-DENKYIRA		
Secretary	EPI Programme Manager / Ghana Health Service	Dr George BONSU		
Members	Director/Research and Development Division	Dr Abraham HODGSON		
	Director for Public Health / Ghana Health Service	Dr Badu SARKODIE		
	Deputy Director General / Ghana Health Service	Dr Gloria Quansah ASARE		
	Head, Public Health and	Dr Joseph OPARE		

	Reference Laboratory/Ghana Health Service			
	Coordinator, 2YL/CDC	Dr Joseph OPARE		
	Past EPI Manager	Dr K. O. ANTWI-AGYEI		
	Deputy Director Policy Planning Monitoring and Evaluation Division/GHS	Dr Koku AWOONOR-WILLIAMS		
	WR/WHO	Dr Owen KALUWA		
	Chief of Health and Nutrition, UNICEF	Dr. Victor NGONGALAH		
	Chairman / Coalition of NGOs in Health	Mr Gabriel Gbiel BENARKUU		
	Coordinator, Latter Day Saints	Mr Martin OBENG		
	Director, HPNO / USAID	Mrs Akua KWATENG-ADDO		
	Health Coordinator / Ghana Red Cross Society	Thomas AAPORE		

By submitting the proposal we confirm that the quorum has been met. **Yes**

The minutes from the meeting endorsing the proposal and of the meetings of the past 12 months are attached are attached as DOCUMENT NUMBER : 6.

4.2. National Immunization Technical Advisory Group (NITAG)

Has a NITAG been established in the country ? **No**

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG. This document is attached as **(Document Number: 8)**

5. Immunisation Programme Data

5.1 Background information

Please complete the table below, using the most recent data from available sources. Please identify the source of the data, and the date and attach the source document, where possible. The following documents should be referred to and/or attached:

- Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan). Please attach as DOCUMENT NUMBER 9.
- If applying for measles or measles rubella support, please check that the current cMYP includes all the information described in Annex 2 of the Measles and Rubella 2017 Application Guidelines. If this information is not included in the cMYP, please submit a cMYP addendum that covers the missing information and attach it as document number 40.
- New Vaccine Introduction Plan(s) / Plan of Action. Please attach as DOCUMENT NUMBER 12.
- New Vaccine Introduction Checklist, Activity List and Timeline. Please attach as DOCUMENT NUMBER 12.
- Effective Vaccine Management (EVM) assessment. Please attach as DOCUMENT NUMBER 20.
- Two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases.
- Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.
- In the case of Yellow Fever and Meningitis A mass preventive campaigns, the relevant risk assessments. Please attach as DOCUMENT NUMBER 24 and DOCUMENT NUMBER 25.

Please use the most recent data available and specify the source and date.

	Figure	Year	Source
Total population	28,851,870	2017	PPMED, GHS
Birth cohort	1,154,075	2017	PPMED, GHS

Infant mortality rate (per 1000)	41	2014	Ghana Demographic and Health Survey
Surviving infants*[1]*	1,096,371	2017	PPMED, GHS
GNI per capita (US$)	1,480	2015	World Bank
Total Health Expenditure (THE) as a percentage of GDP	3.6	2014	World Bank
General government expenditure on health (GGHE) as % of General government expenditure	14	2014	World Bank

[1] Surviving infants = Infants surviving the first 12 months of life

5.1.1 Lessons learned

Follow up Support

If campaigns with Measles, MR vaccines have already been conducted in your country, please give details of the lessons learned, specifically for: storage capacity, protection from additional freezing, staff training, cold chain, logistics, coverage, wastage rate, etc., and suggest action points to address them in future campaigns. If this information is already included in Plan Of Action, please reference the document and in which section/page this information can be found.

Lessons Learned	Action Points
storage capacity During the Yellow Fever Sub-national Campaign in 2011 most of the districts concerned had adequate storage capacity for their required vaccines and logistics. The few districts whose storage capacity were inadequate relied on neighbouring districts to store their logistics. This was complemented by the storage capacity at the regional level. Ghana conducted meningitis campaign in 2012 after the introduction of vaccines for pneumonia and rotavirus diarrhoea in routine immunization. Before these two vaccines were introduced into routine immunization, there was massive expansion of the storage capacity in the country. There was therefore no issue with storage at all level during the meningitis campaign.	The country is constantly updating the cold chain inventory and have also established maintenance protocols to ensure non-functioning but serviceable refrigeration equipment are repaired on time. The country procured 51 units of TCW 3000 and 101 units of TCW 2000 which have been distributed to districts and facilities with inadequate storage space. Plans are again underway to augment the storage capacity at the lower levels.
Staff training In recent campaigns, cascaded training plans were developed and implemented. Trainers were identified at all levels and were equipped with the capacity to train health staff within their respective areas. Leaflets and fact sheets were developed and distributed to health staff to ensure they have these reference materials available before these campaigns were conducted.	A cascaded training plan will be developed and implemented. All health staff especially those directly involved in immunisation will be trained. All trainings will be evaluated and where trainings are found to be inadequate, re-orientation will be organised. Fact sheet and leaflets will also be developed and distributed to serve as reference materials for staff.
Cold chain Periodic update of the cold chain inventory ensured that most cold chain gaps identified were addressed. Also prior to every campaign, all levels update their cold chain inventory and put in remedial action should there be a gap. During campaign implementation, cold chain was appropriately maintained at all storage levels. On the field, temporal stock refill depots were established to ensure cold chain is not compromised. Vaccination sessions were established under shade to prevent direct sunlight.	The EPI Programme has also informed all regions, districts and health facilities to update their cold chain inventory. A training session for regional cold chain maintenance teams has already been scheduled for January 2017. During campaign implementation, temporal vaccine deports will be established at vantage points for vaccination teams to replenish their stock as well as change their ice packs. Vaccination sessions will also be established under shade to prevent direct sunshine on the vaccines.
Logistics The Logistics and Waste Management Sub-committee estimated the logistics and devices need for previous campaigns. Due to the huge nature of these logistics, they were transported to regions immediately they are delivered at the national level. Regions also transported all logistics to districts as soon as they were delivered. This ensured that all logistics were delivered at the point of use prior to the campaign. An inventory of all incinerators (functional and non-functional) was conducted. Non functional but serviceable incinerators were	For this campaign, the quantity of logistics will be estimated well ahead of time. All recording materials will be developed, printed and distributed immediately they are supplied to the national level. An assessment of incinerators in the country will be conducted to ensured that all are functional prior to campaign implementation. Medicines for managing adverse events following immunisation will be procured and distributed.

repaired whilst non functional and unserviceable ones were replaced. This ensured proper waste management for these campaigns. Medicines for managing adverse events were also procured and distributed.	
Coverage During previous campaigns, there were daily reporting of campaign data. Daily performances were monitored and remedial actions were taken where necessary. The campaign strategy adopted ensured that nationally the country recorded more than 95% in the meningitis campaign as well as the yellow fever campaign.	There will be daily reporting and monitoring of campaign performance. All levels will be encouraged to achieve at least 95% coverage. Areas where the coverage falls short of the national target will be asked to conduct mop-ups. In addition, the administrative coverage will be validated by conducting coverage survey by independent evaluators.
Wastage rate Vaccination teams were encourage to report on the quantity of vaccines received, the quantity used and the quantity returned unopened. Vaccine wastage rates were calculated daily using a formatted Ms Excel based template. The daily calculation of wastage rates guided vaccinators to estimate their daily vaccine needs. A national wastage rates of 2.4% and 2.5% were recorded for the yellow fever and meningitis campaigns respectively.	The daily reporting tool will be formatted to automatically calculate daily wastage rates. Vaccination teams and team supervisors will be encouraged to be guided by these rates in estimating daily vaccine needs.

5.1.2 Health planning and budgeting

Please provide information on the planning and budgeting cycle in your country

Until January 2009 there was a five-year planning and budgeting cycle for the health sector which is led by the Minister of Health with the support of health partners. The first Programme of Work (POW) was from 1997-2001. The second POW was from 2002-2006 and the third POW spanned from 2007-2011. However, from January 2009 the planning cycle was changed to 4 years. The first four-year plan was developed for the period 2010 - 2013. The current plan for the Ghana Health Service is from 2014 - 2017. A new plan is being developed.

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

The planning document for health in Ghana is the Health Sector Medium Term Development Plan. The plan is for the period 2014 - 2017.

Is the cMYP (or updated Multi-Year Plan) aligned with the proposal document (timing, content, etc.)

The EPI cMYP (2015 - 2019) is aligned with the Health Sector Medium Term Development Plan (2014 - 2017), however, the cMYP covers a 5-year period whereas the health sector planning document is for 4 years. This proposal is aligned with the cMYP. The campaign, which was scheduled for October 2017, has been rescheduled for October 2018. This was because the country could not meet the Gavi Application Deadline. The change in timing of the campaign has been effected in the cMYP. There is also an addentum of the cMYP which details out the timing and content of the Follow-Up Campaign.

Please indicate the national planning budgeting cycle for health

The national planning and budgeting is prepared annually between May - October each year for the ensuing year

Please indicate the national planning cycle for immunisation

A 5-year comprehensive Multi-Year Plan (cMYP) is developed to guide the immunization programme. The current cMYP covers 2015 - 2019. Each year, programme of work (POW) is developed in the last quarter of each year for the ensuing year which details out the fine details of activities and programmes for the year.

5.1.3 Coverage and equity

Please describe any health systems bottlenecks or barriers to access, utilisation and delivery of immunisation services at district level (or equivalent), for example geographic, socio-economic and/or gender-related barriers. Please indicated if there are specific populations of concern. If available, please provide subnational coverage and equity data highlighting geographic, socio-economic, gender-related, or other barriers and any

other relevant categories of vulnerable or high-risk populations.

Evidence from previous campaigns have shown that coverage levels among different geographical locations, socio-economic levels as well as gender is evenly distributed. It must however be pointed out that different strategies are used in different geographical location which have cost implications. Special budgetary allocations are made for communities on island and riverine areas. In such areas, camp-out teams are transported to these communities using boats. These teams stay in the communities and vaccinate all eligible populations before they are transported back. In slums, especially, urban slums, mobile vans are sent out to deliver key messages on the campaign. At the same time, volunteers and health workers also move from house to house to inform and educate caregivers on the campaign. During campaign implementation, mobilizers move from house to house to mobilize people to the vaccination site. There is no disparity in immunization with regards to gender.

Please explain how the proposed NVS support (activities and budget) will be used to improve coverage and equity of routine immunisation with reference to specifically identified health systems bottlenecks and/or specific populations of concern. For countries that will be receiving Gavi HSS and/or CCEOP funding concurrently with NVS funds, please also highlight how NVS funds will support/complement/leverage specific activities or investments included in those other grants.

In the budget for the proposed MR Campaign, provisions have been made for the procurement of cold chain equipment (vaccine refrigerators) and the construction of incinerators. The cold chain equipment and incinerators will be sent to districts, sub-districts and health facilities which either do not have these facilities at all or whatever they have is not adequate. The filling of these gaps, as identified in the inventories for cold chain equipment and incinerators, will help bridge gaps in these areas and help strengthen the health system.

A special line has been created in the budget for island and riverine communities which are very difficult to reach and require more funding in order to cover such communities within the campaign implementation period. During the campaign, the island and lake teams are made to go with routine vaccines as well and provide a wholistic routine immunization services in addition to the campaign.

With regards to the HSS support, activities which are already planned and budgeted for were excluded in the budget for the MR Campaign. In areas where the HSS did not fully cater for, especially in the area of cold chain improvement, the MR budget will help bridge the gap.

Please describe what national surveys take place routinely in country to assess gender and equity related barriers. Highlight whether this application includes any activities to assess gender and equity related barriers.

The Demographic and Health Survey is conducted every four (4) years to assess the quality and coverage of health interventions. The Multiple Indicator Cluster Survey (MICS) is also conducted to assess same. With regards to immunization, these surveys disaggregate data by gender, geographical location, education, religion, wealth quintiles etc. In addition, every year, the Ministry of Health conducts EPI Coverage surveys to validate the administrative vaccination data. The results are also disaggregated by sex.

Please indicate if sex disaggregated data is collected and used in immunisation routine reporting systems.

Data on routine immunization is not disaggregated by sex. This is because, there is no eveidence of sex descrimination with regards to immunization in past surveys.

Is the country currently in a situation of fragility (e.g. insecurity, conflict, post-conflict, refugees/and or displaced persons and recent, current or potential environmental disaster, such as flooding, earthquake or drought or others)? If Yes, please describe how these issues may impact your immunisation programme, planning for introduction of routine vaccines or campaigns and financing of these activities.

No. The country is safe and poised to plan and successfully conduct the MR campaign.

5.1.4 Data quality

To support country efforts to strengthen the availability, quality and use of vaccination coverage data for strengthened programme management, Gavi requires that countries applying for all types of Gavi support to undertake routine monitoring of vaccination coverage data through an annual desk review; conduct periodic

(once every five years or more frequently where appropriate) in-depth assessments of routine administrative vaccination coverage data; conduct periodic (at least once every five years) nationally representative vaccination coverage surveys; and develop and monitor plans for improving vaccination coverage data quality as a part of their own core work plans.

5.2. Baseline and Annual Targets for Routine Vaccines

No NVS Routine Support is requested

5.3. Targets for Preventive Campaign(s)

No NVS Prevention Campaign Support this year

5.4. Targets for One time mini-catchup campaign(s)

No One time mini-catchup campaign this year

5.5 Targets for Follow up Campaign

Table 5.5 Target figures for measles / MR campaign (Please ensure targets are consistent with Section 7 and the Plan of Action in Section 9) COMPLETE SECOND AND THIRD COLUMNS ONLY FOR PHASED CAMPAIGNS.

	Target	Target (if applicable, for phased* campaign)	Target (if applicable, for phased* campaign)
Insert Year	2018		
Target age group	Start 9 months	Start 9 months	Start 9 months
	End 5 years	End 9 months	End 9 months
Total population in the target group (nationally)	4,776,247	0	0
% of population targeted for the campaign	95.00	0.00	0.00
Number to be vaccinated with measles / MR vaccine during the campaign	4,537,434.65	0.00	0.00

*Phased: If a portion of the country is planned (eg. 1/3 of the country each year for 3 years)

6. New and Under-Used Vaccines (NVS Routine vaccines)

No NVS Routine Support is requested

7. NVS Preventive Campaigns

No NVS Prevention Campaign Support this year

8. NVS Follow-up Campaigns

8.1 Immunization coverage

Please provide in the table below the reported national annual coverage data for the first and second dose of measles-containing vaccine (MCV1 and MCV2) from the WHO/UNICEF Joint Reporting Form for the three most recent years.

Table 8.1: Reported MCV coverage

WHO/UNICEF Joint Reporting Form						
	Trends of reported national MCV1 coverage			Trends of reported national MCV2 coverage (if applicable)		
Year	2013	2014	2015	2013	2014	2015
Total population in the target age cohort	1,010,579	1,037,326	1,062,934	1,010,579	1,037,326	1,062,934
Number vaccinated	898,556	960,406	995,553	547,495	695,076	768,966
MCV Coverage (%)	89	93	94	54	67	72

Q8.1 If a survey assessing MCV1 coverage has been done during the last 3 years, please answer the following questions. If no survey has been done, please tick this box: ☐

Survey date: 2014

Methodology (DHS/MICS, EPI 30-cluster, LQAS, other): DHS

Sample size: 1,113

Number of clusters: 427

Number of children: 994

Coverage: 89

Please provide in the table below reported national (or sub-national if applicable) coverage estimates for the three most recent measles or MR campaigns. Also provide post-campaign survey coverage estimates, if available.

Table 8.2: Measles / MR campaign coverage

	Reported		
Year	2006	2010	2013
Target age group	Start 9 months	Start 9 months	Start 9 months
	End 5 years	End 5 years	End 14 years
Total population in the target age group	5,065,661	4,317,817	11,169,557
Geographic extent (national, subnational)	National	National	National
Number vaccinated	3,994,052	4,002,842	11,002,326
Campaign Coverage (%)	79	93	99
Wastage rate (%) for measles / MR campaign	4	3	3

Q8.2 If a survey assessing coverage was done after each of the three last measles / MR campaigns, please answer the following questions (please repeat the following questions for each survey). If no survey has been done for the three previous campaigns, please tick this box: ☐

Survey date: 2006

Methodology (DHS/MICS, EPI 30-cluster, LQAS, other): Cluster Sampling Technique

Sample size: 8,919

Number of clusters: 300

Number of children: 8,490

Coverage: 95

Survey date: 2010

Methodology (DHS/MICS, EPI 30-cluster, LQAS, other): Cluster Sampling Technique

Sample size: 4,288

Number of clusters: 400

Number of children: 4,025

Coverage: 94

Survey date: 2013

Methodology (DHS/MICS, EPI 30-cluster, LQAS, other): Cluster Sampling Technique

Sample size: 2,501

Number of clusters: 30

Number of children: 2,394

Coverage: 96

8.2 Financial support

8.2.1 Government financial support for past Measles / MR campaigns

Country should provide information on the total founding, and amount per targeted person, provided by the government for vaccines and for operational costs for at least the last measles / MR campaign. This should be the actual expenses but if not available, the final budget should be referred to. Please also provide information on funding provided by partners.

Share of financing for last measles / MR campaign

Item	Category	Government Funding (US$)	Partner Support (US$)
Vaccines and injection supplies	Total amount	0.00	8,435,000.00
	Amount (US$) per target person	0.00	1.00
Operational costs	Total amount	740,761.00	7,522,000.00
	Amount (US$) per target person	0.00	1.00

Year of campaign: 2013

Estimated target population: 11,169,557

Are the amounts provided based on final budget or actual expenses? Final Budget

8.2.2 Government financial support for past Measles / MR routine vaccines

To be eligible for measles and rubella vaccine support, countries must be fully financing with domestic resources the measles monovalent component of routine MCV1 that is already in their national immunisation schedule or have firm written commitments to do so from 2018 onwards. If your country is not currently fully financing with domestic resources the measles monovalent vaccine component of MCV1, please provide evidence that the country can meet this requirement from 2018 onwards through a decision recorded in the ICC minutes (or equivalent coordination forum) AND a signed letter from the Minister of Health and the Minister of Finance. Please attach these documents as Document Number 30 and 38 in Section 10 – Attachments.

Please provide information on the budget provided by the government for routine measles / MR vaccines and injection supplies for the past 3 years, in total amount and amount per child immunized. Please also provide information on funding provided by partners.

Share of financing for routine measles

Year	Category	Government Funding (US$)	Partner Support (US$)
2014	Total amount	610,775.00	0.00
	Amount per child immunized	5.90	0.00
2015	Total amount	610,775.00	0.00
	Amount per child immunized	5.70	0.00
2016	Total amount	1,358,167.00	0.00
	Amount per child immunized	12.50	0.00

8.2.3 Proposed support for upcoming Measles / MR

Country should provide information on the proposed total funding commitment, and amount per targeted person, that will be provided by the government for vaccines and supplies, and for operational costs, for the measles / MR campaign for which Gavi support is being requested. Gavi's support will not be enough to cover the full needs so please indicate in the table below how much and who will be complementing the government funds (refer to the Plan of Action and/or cMYP). Gavi will not replace government funding. Each country is required to contribute towards the costs of immunising its children against measles, using the past government contributions to measles / MR campaigns as the reference point.

Table 8.2.3a Proposed financing for the upcoming measles / MR follow up campaign for which Gavi support

is requested

Item	Category	Country co-financing (US$)	Other donors' support (US$)	Gavi support requested (US$)
Vaccines and injection supplies	Total amount	155,629.00	0.00	2,956,961.00
	Amount (US$) per target person	0.03	0.00	0.58

If you would like to co-finance a larger share than the minimum required, please provide information in Your co-financing row*.

Country group	Accelerated transition phase

	2018
minimum co-financing per dose	0.03
your co-financing per dose (please change if higher)	0.03

* In order to strengthen country ownership, a cost sharing requirement will be introduced for periodic measles and MR follow-up campaigns planned for implementation in 2018 onwards, per Gavi's updated Co-Financing Policy. This cost-sharing will not come into effect for follow-up campaigns planned for implementation in 2017. If the campaign is implemented in 2018 onwards, initial self-financing countries will be expected to co-finance 2%, and preparatory transition and accelerated transition countries will be expected to co-finance 5% of the costs of vaccines used in such campaigns.

Table 8.2.3b Calculation of grant to support the operational costs of the campaigns **

Year of MR support	Total target population (from Table 5.5)	Gavi contribution per target person in US$	Total in US$
2018	4,537,435	0.45	2,041,845.59

Estimated target population: 4,537,435

** The grant is adjusted according to the transition stage of the country. Countries in preparatory transition phase will be provided up to $0.55 per targeted person, and countries which have entered accelerated transition phase up to $0.45 per targeted person. For initial self-financing countries, the amount will remain up to $0.65 per targeted person

Please describe how the grant will be used to facilitate the preparation and timely and effective delivery of the campaigns to the target population (refer to the cMYP and the Vaccine Introduction Plan).

The grant support for the operational cost will be used to cover the following key activities to ensure timely and effective campaign;

1. Advocacy

2. Training and microplanning

3. Social mobilization

4. Cold chain equipment expansion and maintenance

5. Review and printing of recording tools including vaccination cards

6. Payment of allowance for human resource (Vaccinators & volunteers)

7. Transportation 8. Material development and printing

8. Post-campaign review

9. Independent evaluation

10. Documentation

Where Gavi support is not enough to cover the full needs, please describe other sources of funding and the expected amounts to be contributed, if available, to cover your full needs.

The total estimated cost of the measles-rubella follow-up campaign is $ 2,783,741. The GAVI support will cover $ 2,041,846 (73.3%) and an additional amount of $ 39,464 (1.4%) will be sourced from the GAVI Health System Strengthening Support (HSS). The Government of Ghana and local partners (WHO, UNICEF and CDC) will provide the remaining $ 702,431 (25.2%) for the vaccination campaign.

GAVI will again provide $2,956,961 (95%) of the total cost of vaccines for the campaign as well as the entire cost of safe injection materials (needles, syringes and safety boxes). The Government of Ghana will pay $ 155,629 (5%) of the cost of vaccines only.

Please complete also the 'Detailed budget for VIG / Operational costs' template provided by Gavi and attach as a mandatory document in the Attachment section.

Detailed budget attached as Document No. 22

8.3 Epidemiology and disease burden data

8.3.1 Epidemiological analysis

In order to plan and execute an effective follow-up campaign, to flexibly adjust key parameters and use tailored strategies to reach the unvaccinated, epidemiological data and modelling (if available) are essential. Please attach measles and rubella epidemiology and disease burden data relevant to the follow-up campaign application, providing a rationale for the timing, target age range, and geographical scope of the campaign should be based on epidemiological data, and modelling wherever possible as document number 39.

9. Procurement and Management

9.1 Procurement and Management of New and Under-Used Vaccines Routine

No NVS Routine Support is requested

9.2 Procurement and Management for NVS Preventive Campaign(s)

No NVS Prevention Campaign Support this year

9.3 Product Licensure

For each of the vaccine(s) requested, please state whether manufacturer registration and/or national vaccine licensure will be needed in addition to WHO prequalification and, if so, describe the procedure and its duration. In addition, state whether the country accepts the Expedited Procedure for national registration of WHO-prequalified vaccines.

Note that the necessary time for licensure should be factored into the introduction timeline and reflected in the Vaccine Introduction Plan or Plan of Action.

Ghana requires that all vaccines used in the immunization programme including WHO pre-qualified vaccines are registered by the Food and Drugs Authority if they are not already registered in the country. There is expedited procedure for registration of WHO pre-qualified vaccines.

For each of the vaccine(s) requested, please provide the actual licensure status of the preferred presentation and of any alternative presentations, if required.

The Measles-Rubella Vaccine is a registered vaccine in Ghana. It is already on the immunization schedule.

Please describe local customs regulations, requirements for pre-delivery inspection, special documentation requirements that may potentially cause delays in receiving the vaccine. If such delays are anticipated, explain what steps are planned to handle these.

All EPI vaccine shipments are consigned directly to the Procurement and Stores Division (PSD) of the Ministry of Health, which is responsible for the clearing of shipments using their appointed clearing agent. The shipping documents are sent by the UNICEF Global Freight Forwarders to the UNICEF country office as notified party. UNICEF then forwards the shipping documents to the Ministry of Health with a copy to the EPI Office. The Ministry of Health then submits the documents to the Customs Authority and the authorized clearing agent on behalf of the Government for clearance of the shipment at least 5 working days before the arrival of shipment. The shipping documents are directly addressed to customs to expedite the processing time as the vaccines must be cleared within a few hours of arrival. The Local Customs Authority assesses the duties and taxes (CD/VAT) based on the value of the vaccine shipment. The consignee arranges payment on a provisional basis of duties and taxes to the Customs Authority. If there are any delays, UNICEF immediately takes action and asks all concerned authorities and concerned parties to take immediate action to ensure the safe storage of vaccines. There is a certified cold storage facility at the port of arrival to store vaccines should there be any unexpected delays. Since vaccines are procured from WHO pre-qualified suppliers, a special requirement for pre-delivery inspection is not required.

Please provide information on NRA in the country, including status (e.g. whether it is WHO-certified). Please include points of contact with phone numbers and e-mail addresses. UNICEF will support the process by communicating licensing requirements to the vaccine manufacturers where relevant.

The Food and Drugs Authority (FDA) is the national regulatory authority mandated by the Public Health Act, 2012(Act 851) of the Republic of Ghana to regulate drugs and medical devices including vaccines. The FDA is an Agency under the Ministry of Health and a WHO-certified center.

Contact details;

Name: Mrs Delese Mimi Darko

Title: Ag. Deputy Chief Executive and Head of Clinical Trials & Pharmacovigilance

Contact No.: +233 244 337250

Email: mimidarko66@yahoo.co.uk

9.4 Waste management

9.5 Procurement and Management for Follow up Campaign(s)

9.5.1 Procurement for MR, 10 dose(s) per vial, LYOPHILISED

Measles / MR vaccines and supplies supported by Gavi shall be procured through UNICEF unless requested otherwise by the country. Using the estimated total for the target population, please describe the estimated supplies needed for the measles / MR campaign in the table below. Please ensure estimates need to be consistent to Tables 5.5 and 8.2.3 a.

Table 9.5 Procurement information by funding source

		Proportion from goverment funds	Proportion from partner funds	Proportion from Gavi funds
Required date for vaccines and supplies to arrive	01/08/2018			
Estimated campaign date	10/10/2018			
Number of target population	4537435			
Wastage rate*	10			
Total number of vaccine doses	5036553	251,828	0	4,784,725
Number of syringes	5036553	0	0	5,036,553
Number of reconstitution syringes	503655	0	0	503,655
Number of safety boxes	55402	0	0	55,402

9.5.2 Fiduciary Management Arrangement Data

Q8. Please indicate whether funds for operational costs in Section 8 should be transferred to the goverment or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the goverment. Please note that WHO and/or UNICEF may require administrative fees of approximately 7% wich would need to be covered by the operational funds.

The operational funds should be transferred directly to government. The accounts details is provided.

1. Name and contact information of the recipient organization(s)	Ghana Health Service, Private Mail Bag, Ministries, Accra, Ghana, West Africa
2. Experiences of the recipient organization with Gavi, World Bank, WHO, UNICEF, the Global Fund or other donors-financed operations (e.g. receipt of previous grants)	**Yes or No?** **If YES**, please state the name of the grant, years and grant amount:

	and provide the following: **for completed Grants:** • What are the main conclusions with regard to use of funds? **for on-going Grants:** • Most recent financial management (FM) and procurement performance rating? • Financial management (FM) and procurement implementation issues?
	Yes
3. Amount of the proposed grant (US Dollars)	2,041,846
4. Information about financial management (FM) arrangements for Measles / MR campaign:	
Will the resources be managed through the government standard expenditure procedures channel?	Yes
Does the recipient organization have an FM or Operating Manual that describes the internal control system and FM operational procedures?	Yes
What is the budgeting process?	Until January 2009 there was a five-year planning and budgeting cycle for the health sector which is led by the Minister of Health with the support of health partners. The first Programme of Work (POW) was from 1997- 2001. The second POW was from 2002-2006 and the third POW spanned from 2007-2011. However, from January 2009 the planning cycle was changed to 4 years. The first four-year plan was developed for the period 2010 - 2013. The current plan for the Ghana Health Service is from 2014 - 2017.
What accounting system is used or to be used, including whether it is a computerized accounting system or a manual accounting system?	The computerised system ACPCC Sage 300 is the accounting system in use
What is the staffing arrangement of the organization in accounting, auditing, and reporting?	The Finance Division has well qualified staff including chartered accountants
What is the bank arrangement? Provide details of the bank account opened at the Central Bank or in a commercial bank and the list of authorized signatories include titles	Account Name: Ghana Health Service - Public Health Programme Account, Bank: Unibank Ghana Limited, Bank Code: 22-01-01, Account No: 0330207615714, SWIFT: UBGHGHAC
What are the basic flows of funds arrangements in place or to be used to ensure timely disbursement of funds to Implementing Entities and to beneficiaries?	There is a laid down financial management procedure for managing funds in the health sector including vaccine introduction and campaign grants. The financial management system is decentralized. Budget Management Centers manage funds for their activities. Funds for these campaign will be sent to the decentralized levels using existing structures (i.e. through region to districts). Transfers are made through the banks (bank to bank transfer). At the national level, the EPI Manager initiates the process for the release of funds by preparing a financial memo. The memo is then approved by the Division Head (the Director for Public Health). The memo is then sent to the Accounts Division for processing. As part of the processing, all

	documents are sent to the Audit Division for clearance after which a cheque is then written and endorsed by the Financial Controller (or Deputy) and the Director for Public Health. Similar arrangements are used at the regional and district levels. The Public Procurement Act (PPA) requires that each government entity submit its procurement plan to the Public Procurement Board. Each year, the procurement plan is prepared to cover all commodities to be procured from the sector programmes of work (including donor supported programmes and projects).
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?	Interim financial reports are produced quarterly
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 vaccines and devices, other materials and services for the proposed measles / MR campaign:	
What procurement system(s) is used or will be used for the campaign?	The procurement system of the country (Public Procurement Authority) will be used
Does the recipient organization have a procurement plan or a procurement plan will be prepared for the campaign?	A procurement plan has already been developed by the Procurement Division of the Ghana Health Service
Is there a functioning complaint mechanism?	The Entity Tender Committee (ETC) is responsible for complaints
What is the staffing arrangement of the organization in procurement? Does the implementing entity have an experienced procurement specialist on its staff?	The Procurement Division has well qualified staff employed by the Ghana Health Service to handle procurement issues
Are there procedures to inspect for quality control of goods, works, or services delivered?	Yes
goods, works, or services delivered?	Yes

Please provide all of data in table below. It may be submitted as a separate file if preferred.

10. List of documents attached to this proposal

Table 1: Checklist of mandatory attachments

Document Number	Document	Section	File
41	cMYP addendum on measles and rubella		ADDENDUM FOR cMYP 2015-2019.docx **File desc:** cMYP addendum on measles and rubella **Date/time :** 03/05/2017 11:30:37 **Size:** 713 KB
Endorsements			
1	MoH Signature (or delegated authority) of Proposal	4.1.1	Will be sent when available.docx **File desc:** Yet to be secured due to recent change in government **Date/time :** 11/01/2017 08:36:41 **Size:** 23 KB
2	MoF Signature (or delegated authority) of Proposal	4.1.1	Will be sent when available.docx **File desc:** Yet to be secured due to recent change in government **Date/time :** 11/01/2017 08:37:17 **Size:** 23 KB
4	Terms of Reference for the Coordination Forum (ICC/HSCC or equivalent) including all sections outlined in Section 5.2 of the General Application Guidelines (Note: countries applying before May 2017 can submit their existing Terms of Reference)	4.1.2	Terms of Reference for ICC.docx **File desc:** ToR for the ICC **Date/time :** 11/01/2017 08:40:05 **Size:** 15 KB
5	Minutes of Coordination Forum meeting endorsing Proposal	4.1.3	Minutes of ICC meeting_12_01_2017.docx **File desc:** ICC meeting minutes endorsing the proposal **Date/time :** 12/01/2017 05:21:45 **Size:** 63 KB
6	Signatures of Coordination Forum members in Proposal	4.1.3	ICC Signature **File desc:** ICC Signature **Date/time :** 12/01/2017 04:56:05 **Size:** 933 KB
7	Minutes of the Coordination Forum meetings from the past 12 months before the proposal	4.1.3	ICC minutes in 2016 - GH.zip **File desc:** Minutes of the three (3) ICC meetings held in 2016 **Date/time :** 27/04/2017 03:03:28 **Size:** 81 KB
8	Role and functioning of the advisory group, description of plans to establish a NITAG	4.2.1	Draft 1_Concept Paper for NITAG Establishment.docx **File desc:** Concept paper for the establishment of NITAG **Date/time :** 11/01/2017 08:46:55 **Size:** 206 KB

30	For countries applying for measles/rubella support that are not yet financing the measles monovalent component of MCV1, ICC minutes committing to finance from 2018 onwards.		MOH Payment 2[1].pdf **File desc:** Evidence of Payment of Vaccines by Government **Date/time :** 12/01/2017 05:02:10 **Size:** 412 KB
31	Minutes of NITAG meeting with specific recommendations on the NVS introduction or campaign	4.2	Not applicable.docx **File desc:** NA **Date/time :** 11/01/2017 10:08:56 **Size:** 23 KB
38	For countries applying for measles/rubella support that are not yet financing the measles monovalent component of MCV1, a signed letter from the Minister of Health and the Minister of Finance committing to finance from 2018 onwards.		Not aplicable.docx **File desc:** Ghana financing MR1 and MR2 **Date/time :** 03/05/2017 03:39:22 **Size:** 12 KB
Planning, financing and vaccine management			
9	Comprehensive Multi Year Plan - cMYP	5.1	GH_cMYP 2015-2019_with MR FUP Addendum.docx **File desc:** Ghana's cMYP with inclusion of the 2017 MR Follow-up Campaign **Date/time :** 03/05/2017 03:15:18 **Size:** 1 MB
10	cMYP Costing tool for financial analysis	5.1	cMYP_Costing_Tool_3 6_EPIedit_12012017.xlsx **File desc:** cMYP costing tool **Date/time :** 11/01/2017 09:36:41 **Size:** 2 MB
11	M&E and surveillance plan within the country's existing monitoring plan	5.1.4	Not applicable.docx **File desc:** NA **Date/time :** 11/01/2017 09:37:34 **Size:** 23 KB
12	New vaccine introduction plan (NVIP), New Vaccine Introduction Checklist and Activity List & Timeline for routine vaccines or Plan of Action (PoA) for campaign vaccines	5.1,7.2.3	Detailed timeline for key activities of the MR introduction plan.xlsx **File desc:** Timeines **Date/time :** 11/01/2017 09:53:24 **Size:** 29 KB
14	Annual EPI Plan with 4 year forward view for measles and rubella		Key Activities and Timeline_270418.docx **File desc:** Annual Plans for EPI **Date/time :** 27/04/2017 03:14:08 **Size:** 140 KB
20	Improvement plan based on EVM	9.3	GH_EVM_improvement_plan_110117.xls **File desc:** EVMA IP **Date/time :** 27/04/2017 03:24:35 **Size:** 215 KB
21	EVM improvement plan progress report	9.3	GH_EVM_improvement_plan_110117.xls **File desc:** EVMA IP **Date/time :** 27/04/2017 03:25:11 **Size:** 215 KB

22	Detailed budget template for VIG / Operational Costs	6.x,7.x.2,6.x.2,8.2.3	GH_MR Follow-up Operational Cost NVS_27042018.xlsx **File desc:** Budget for the MR Campaign (Operations) **Date/time :** 03/05/2017 12:44:07 **Size:** 26 KB
32	Data quality assessment (DQA) report	5.1.4	Draft Final DQA Report_12 19 16.docx **File desc:** DQA - Ghana **Date/time :** 12/01/2017 04:23:26 **Size:** 6 MB
37	Evidence of self-financing MCV1	5.1.5	MOH Payment 2[1].pdf **File desc:** Evidence of Payment of Vaccines **Date/time :** 12/01/2017 05:01:31 **Size:** 412 KB

Table 2: Checklist of optional attachments

Document Number	Document	Section	File
3	MoE signature (or delegated authority) of HPV Proposal	4.1.1	Not applicable.docx **File desc:** Not applicable **Date/time :** 11/01/2017 08:37:48 **Size:** 23 KB
15	HPV Region/ Province profile	6.1.1	Not applicable.docx **File desc:** NA **Date/time :** 11/01/2017 09:54:28 **Size:** 23 KB
16	HPV Key Stakeholder Roles and Responsibilities	6.1.1,6.1.2	Not applicable.docx **File desc:** NA **Date/time :** 11/01/2017 09:55:06 **Size:** 23 KB
17	Evidence of commitment to fund purchase of RCV (in place of the first dose of MCV) / for use in the routine system	5.1.6, 6.1.7	Not applicable.docx **File desc:** NA **Date/time :** 11/01/2017 09:55:55 **Size:** 23 KB
18	Campaign target population documentation	8.x.1, 6.x.1	Target Population for Measles.docx **File desc:** Campaign target population **Date/time :** 27/04/2017 03:18:05 **Size:** 36 KB
19	EVM report	9.3	Ghana EVM Assessment Report - 2014.pdf **File desc:** EVMA Report 2014 **Date/time :** 11/01/2017 09:57:59 **Size:** 3 MB
24	Risk assessment and consensus meeting report for Yellow Fever, including information required Section 5.3.2 in the General Guidelines on YF Risk Assessment process	5.1	Not applicable.docx **File desc:** NA **Date/time :** 11/01/2017 09:59:14 **Size:** 23 KB
25	Risk assessment and consensus meeting report for Yellow Fever, including information required in the NVS guidelines on YF Risk Assessment process	5.1	Not applicable.docx **File desc:** NA **Date/time :** 11/01/2017 09:59:46 **Size:** 23 KB

26	List of areas/districts/regions and targets to be supported for meningitis A mini catch up campaigns		Not applicable.docx **File desc:** NA **Date/time :** 11/01/2017 10:00:24 **Size:** 23 KB
27	National Measles (& Rubella) elimination plan if available		Measles-Rubella Elimination Strategic Plan_020215_1545hrs.docx **File desc:** Measles & Rubella Elimination Strategic Plan **Date/time :** 11/01/2017 10:02:51 **Size:** 685 KB
28	A description of partner participation in preparing the application	4.1.3	Partner Description in Proposal Preparation.docx **File desc:** Partner support **Date/time :** 12/01/2017 05:26:09 **Size:** 54 KB
33	DQA improvement plan	5.1.4	GH_Data Quality Improvement Plan.xlsx **File desc:** Data Quality IP for Ghana **Date/time :** 27/04/2017 03:20:43 **Size:** 16 KB
34	Plan of Action for campaigns	8.1, 8.x.4	GH_2017 MR Follow-Up Campaign POA.docx **File desc:** Plan of Action for 2018 MR Campaign **Date/time :** 27/04/2017 03:21:47 **Size:** 791 KB
35	Other		MR Presentation to ICC_12012017.pptx **File desc:** Presentation made to ICC on MR Application **Date/time :** 12/01/2017 05:17:13 **Size:** 2 MB
36	Strategy for establishing or strengthening a national comprehensive approach to cervical cancer prevention and control		No file loaded
39	Epidemiological analysis/evidence	8.3.1	No file loaded
40	Post Campaign Coverage Survey report for MR catch-up applications	5.1.x	COH_MR_COVERAGE_SURVEY_NATIONAL_2013_curr.ppt **File desc:** Report on 2013 MR Campaign Coverage Survey **Date/time :** 27/04/2017 03:34:36 **Size:** 2 MB

11. Annexes

Annex 1 - NVS Routine Support

No NVS Routine Support is requested

Annex 2 - NVS Routine – Preferred Second Presentation

No NVS Routine – Preferred Second Presentation requested this year

Annex 3 - NVS Preventive campaign(s)

No NVS Prevention Campaign Support this year

Annex 4

No NVS Routine Support is requested

No NVS Prevention Campaign Support this year

12. Banking Form

In accordance with the decision on financial support made by the Gavi, the Government of Ghana 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.:**	
		Currency of the bank account:	
For credit to:			
Bank account's title:			
Bank account no.:			
Bank's name:			

Is the bank account exclusively to be used by this program?

By who is the account audited?

Signature of Government's authorizing official

		Seal
Name:		
Title:		
Signature:		
Date:		

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.:			

I certify that the account No is held by at this banking institution

The account is to be signed jointly by at least (number of signatories) of the following authorized signatories:

1		
	Name:	
	Title:	
2		
	Name:	
	Title:	
3		
	Name:	
	Title:	

Name of bank's authorizing official
Signature:
Date:
Seal: