1. **Please revise the budget to clarify the annual costs, GAVI requested funds, funds from other sources, costs of local training and a coverage survey. Furthermore, please clarify whether costs for the assessment of the feasibility of integrating adolescent health interventions with HPV vaccination are included.**

|  |  |  |
| --- | --- | --- |
| **Cost category** | **Funding source** | **Estimated costs per annum in US$** |
| **Year 1** | **Year 2** |
| TAG meetings | GAVI | 3000 | 3000 |
| Programme management and coordination | GAVI | 3000 | 3000 |
| Cold chain equipment | GoL | 50000 | 50000 |
| Other capital equipment (describe) |  |  |  |
| Personnel, including salary supplements and/or per diems | GoL | 90000 | 95000 |
| DSA for outreach team | GAVI | 27900 | 23200 |
| GoL |  | 5000 |
| Transport | GoL | 14000 | 15000 |
| Training | GAVI | 8000 |  |
| WHO | 5000 | 5000 |
| Community sensitization, mobilization and advocacy | GAVI | 20000 |  |
| Waste disposal | GoL | 5000 | 5000 |
| AEFI monitoring | GoL | 10000 | 10000 |
| Monitoring and supportive supervision | GAVI | 5000 | 5000 |
| GoL | 5000 | 5000 |
| WHO | 5000 | 5000 |
| Evaluation of vaccine delivery | GAVI | 95000 |  |
| Technical assistance from local experts |
| Assessment of feasibility of integrating ADH with HPV vaccines | GAVI |  | 25000 |
| Drafting national cervical cancer prevention and control strategy | GoL | 5000 | 5000 |
| Printing Immunization forms and materials  | UNICEF | 5000 | 5000 |
| ***Subtotal for which GAVI funds are being requested*** |  | 161900 | 59200 |
| ***Subtotal from other funding sources*** |  | 184000 | 205000 |
| **TOTAL** |  | 345900 | 264200 |

**Summary of GAVI Funds**

**YEAR 1🡪 Girls 13938 x 4.80$ = 66,902$ + 95,000$ 1st year evaluation = 161902$**

**YEAR 2🡪 Girls 14286 x 2.40$ = 34286$ + 25000$ 2nd year assessment = 59286$**

**2. Please check and revise the number of requested doses of vaccine.**

The target population is from the Ministry of Education and Sports (MoES) school enrolment lists which state that school enrolment rates in these two provinces are 99% and 94.7% respectively. The MoES acknowledges that there may be differences in enrolment rates between urban and remote/rural districts. As such, to account for any underestimation of our target population (including the out of school girls), we are adding 10% in addition to the buffer of 25%.

13,938 girls year 1 and 14,286 girls year 2 (including an average 10% out of school girls); plus 5% wastage and added 25% buffer stock X 3 doses = 54881 vaccine doses year 1, and 56251 doses year 2.

|  |  |  |  |
| --- | --- | --- | --- |
| **Required supply item** |   | **Year 1** | **Year 2** |
| Number of vaccine doses | # | 54,881 | 56,251 |
| Number of AD syringes | # Doses x 1.11 | 60,917 | 62,439 |
| Number of safety boxes | # AD/100 x 1.11 | 676 | 693 |
| **TOTAL** | **#** | **[Type text] cost** | **[Type text] cost** |

For more detailed information on target groups see table below:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **N of girls to be vaccinated** | **N of girls to be vaccinated** |
| **Year 1** | **Year 2 (2.5% pop increase from Census)** |
| **Vientiane Municipality** | **90% Enrollment** | **7071** | **7247** |
| **10% out of School** | **707** | **725** |
| **Vientiane Province** | **90% Enrollment** | **5600** | **5740** |
| **10% Out of school** | **560** | **574** |
| **Total Girls**  |  | **13938** | **14286** |
| **Number of doses (3 x #girls)** |  | **41814** | **42858** |
| **5% wastage** |  | **2091** | **2143** |
| **25% Contingency Buffer** |  | **10976** | **11250** |
| **Total Dose Required** |  | **54881** | **56251** |

**3.    Please describe how out of school girls will be reached, what the role is for boys/men in terms of communication and advocacy for vaccine uptake.**

The community will be sensitized by a strategy that has proven to be successful for other vaccine campaigns and other health interventions. Initial meetings will be held with the National Committee for Mother and Child, the Lao Women’s Union, and the MoES and the Ministry of Home Affairs. The Lao Women’s Union is an important stakeholder to assist in raising awareness at community level. The Ministry of Home Affairs will inform the Provincial and District Governors. Provincial and District Mother and Child Committees, which have broad cross-sectoral membership, will also be informed. Village leaders and school representatives are represented on the District committees and will raise awareness at Village Development meetings. This information will then be discussed at the household level. At each level, men will be represented on these committees and will therefore play an important role in advocating and communicating the importance of HPV vaccination.

IEC and BCC materials will be developed and disseminated via schools and health centers. The health centers will co-ordinate the process with local village committees and the schools prior to the school health team’s visit. Health centers will liaise with teachers so that hand written notes can be taken home from school by the children a few days prior to the school team visiting, inviting any eligible out of school girl (including those with a disability) to come to school on the day of the team’s visit for HPV vaccination. In addition, the health centre staff will liaise with village leaders so that they can inform villagers and thereby assist in arranging for eligible girls to receive vaccine offered at school.

In addition, it is normal immunization practice in Lao PDR for EPI to be delivered by outreach and mobile teams via 4 annual rounds. The health centre staff will liaise with village leaders so that they can inform villagers and thereby assist in arranging for eligible girls to receive vaccine offered by the mobile teams. Any eligible girl who missed her vaccination at school can receive her HPV vaccine via these teams. Immunization lists kept by the health centre staff will keep a record of girls vaccinated and when they are due for subsequent doses.

**4. Please clarify whether the feasibility assessment of adolescent interventions will include examining all currently implemented interventions (and possibly some that are not currently implemented) or specific interventions such as TT or deworming activities and whether the country is proposing to test integration of interventions in Year 2.**

The feasibility assessment of adolescent interventions will include examining all currently implemented interventions (and possibly some that are not currently implemented) and Lao PDR is proposing to test this integration of interventions in Year 2.

**5.    Neither vaccine is licensed in Lao PDR. Please confirm the vaccine can be imported.**

According to the Drug Law and regulation on Drug registration for donated drugs, Lao PDR follows the notice No 1189/FDD if the product is not yet prequalified by WHO. Registration of HPV vaccine will follow  this formal process of registration. However, if there is an urgent need, the FDD can expediate the registration processas required.

If the drugs are WHO prequalified (such as GAVI vaccines) the process becomes much simpler and drugs are approved and register without major complications. All GAVI donated vaccines in the past have been fast tracked and other new vaccines such as MR; also donated A(H1N1) and seasonal influenza have also been fast tracked then permitted by the government.

But in any case the following documents need to be presented:

- GMP certificate

- Certificate of analysis

- Certificate of Drug Registration

-  Quality Document