**I. Observations made during the examination of the IPV proposal submitted by Burkina Faso**

***1- The application form must be signed by both the Ministers of Finances and Health; the absence of these signatures would make the proposal ineligible.***

***Please send us the document with the required signatures.***

The page containing the signatures of the Ministers of Health and Finances was scanned and was included in the batch of documents to be submitted on-line on the 15th of September 2014.

Unfortunately, due to the number of documents to be sent on-line, this page was left out, but it was sent on the 8th of October 2014.

***2- Technical note (related to the injection site)***

***It is mentioned that the IPV will be administered as an intramuscular (IM) injection in the thigh, at least 2 cm from the injection site for the Penta 3 vaccine (p.11 of the introduction plan). However, the WHO recommends that IPV be administered by IM injection with a dose of 0.5 ml to the outside of the thigh and, when administered during the same visit, the IPV and other injectable vaccines should be administered in two different sites at least 2.5 cm apart.***

We have taken your comment into account; IPV will be administered to the outside of the thigh and, when administered during the same visit, the IPV and other injectable vaccines will be administered to two different sites at least 2.5 cm apart.

This observation will be taken into consideration during training sessions for healthcare workers on IPV, which is planned in the timeline of activities.

***3- IPV introduction plans***

***The IPV introduction plan in the immunization schedule is planned at 16 weeks for all infants aged 0 to 11 months. Please note that GAVI does not support IPV catch-up campaigns (see attached memo).***

The routine immunization schedule in Burkina Faso is as follows, as described in the introduction plan: 8, 12 and 16 weeks.

And in compliance with WHO recommendations, the IPV will be administered at the 16th week as a supplement to other vaccine doses present in the immunization schedule (DTP-HepB-Hib, PCV13, ROTATEQ), including OPV.

N.B: Burkina Faso has not planned for an IPV catch-up campaign.

***4- Synergy with other vaccine introduction***

***Burkina Faso is currently preparing for the introduction of the MR vaccine next November (following the introduction of the 2nd dose of the measles vaccine into routine EPI) and the Men A vaccine in October 2015; however, the application does not describe what synergy could be established with the introduction of IPV.***

As indicated in its request (already accepted by GAVI), Burkina Faso is preparing for the organization of a mass immunization campaign for the MR vaccine in November 2014.

This campaign will be followed by the introduction of the MR vaccine into routine EPI in January 2015 and not in November 2014, with the goal of having a month to conduct a vast social mobilization campaign before the introduction.

As for the 2nd dose of the measles vaccine, it has been in the routine EPI since the 1st of October 2014 throughout the country.

It is also planned to introduce IPV on the 1st of July 2015 and implement the HPV demonstration project on the 11st of October 2015 in two health districts.

With regard to MenA, we have not yet been informed of its introduction into routine EPI in October 2015.

For the introduction of all of these vaccines, the following synergies have been planned:

* The establishment of a single National Organizing Committee for the introduction of the 2nd dose of the measles vaccine and the organization of the MR vaccine campaign
* One revision of programme management tools that takes into account all of the introductions until 2015
* The organization of one single launch ceremony for the introduction of the 2nd dose of the measles vaccine and the organization of the MR vaccine campaign
* Acquisition of cold chain material is not taken into account in the introduction plans
* Acquisition of three foundries within the framework of the introduction of IPV to take into account the increase in immunization waste

**II. Comments made following the review of the HPV Demo proposal submitted by Burkina Faso.**

1. ***Deadlines for evaluation submission: these are not due at the end of the first year.***

N/A

1. ***A support fund of $170,000 USD for the introduction was requested.  Please note that you may request an additional $25,000 USD if the vaccine introduction demo is integrated with adolescent health (ADH) services.***

As a reminder, Burkina Faso intends to start the HPV demo programme the 1st of October 2015 in two health districts to conform with the school calendar.

Within this framework, the country plans to simultaneously introduce the HPV vaccine and integrate it into ADH services.

This is how the following activities are planned in the timeline

 ***Year 1***

* Establish team to conduct assessment of health interventions targeting adolescents (April 2015)
* Develop methodology for assessment of health interventions targeting adolescents (April 2015)
* Conduct assessment of ADH interventions through a survey (June 2015)
* Write preliminary report of evaluation (July 2015)
* Write preliminary report of feasibility assessment of ADH interventions (June 2016)
* Review results from year 1 and outline any programme delivery changes for year 2, including whether to do joint delivery of HPV vaccine and an ADH intervention (August 2016)

***Year 2***

* Analysis of the results from year 1 and possible changes for year 2, including joint HPV vaccine/ADH (June 2017)
* Assessment of adolescent health interventions (June 2017)
* Collect and analyze data on feasibility (September 2017)
* Conduct coverage survey (December 2017)
* Conduct a cost analysis (December 2017)

Consequently, if this has been omitted from the budgeting, please take it into account and allocate Burkina Faso the $25,000 USD planned to take into consideration the integration of the vaccine demo into ADH services. The following activities are planned:

- Micro-planning

- Training

- Awareness-raising

- Social mobilization

- Service delivery

***3- Budget evaluation categories: There is a section describing the development of a methodology for the evaluation and the other evaluations in another section. It is not clear which part refers to the document review on adolescent health in year [sic]. There also seem to be two sections dedicated to the evaluations for the joint implementation in year 2.***

***Please clarify.***

GAVI gave countries a budget template entitled “annex D" to help in developing the budget for their HPV demonstration projects. Burkina Faso followed the same outline for budgeting activities, category by category.

Thus, in the various categories related to the various evaluations, there is always a “document review” planned.

The methodology for evaluation of ADH interventions is a category in the template that we have filled in.

For Burkina Faso, the establishment of a methodology for evaluating ADH interventions (development of terms of reference, development of protocol, etc.) will take place in the form of a workshop which will bring together people resources from different areas as well as the EPI technical and financial partners.

The evaluation of ADH interventions will be carried out through surveys in several parts that include individual interviews, observations, document review, data collection, etc.

As a result, the activities grouped in this way will be summarized in the survey section.

For the evaluations of the joint implementation in year 2, the following is planned:

* Analysis of the results from year 1 and possible changes for year 2, including joint HPV vaccine/ADH interventions (June 2017)
* As joint service delivery will be implemented in year 2, the following activities will be carried out:
* Completion of a coverage survey
* Completion of a cost analysis
* Collection and analysis of data on feasibility