



Application Form for Gavi NVS support

Submitted by

**The Government of Tanzania, United Republic of
for**

Measles-rubella follow-up campaign

Gavi terms and conditions

1.2.1 Gavi terms and conditions

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by 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 Gavi. All funding decisions for the application are made at the discretion of Gavi and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to Gavi all funding amounts that Gavi determines not to have been 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 Gavi, within sixty (60) days after the Country receives Gavi's request for a reimbursement and be paid to the account or accounts as directed by Gavi.

SUSPENSION/ TERMINATION

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

NO LIABILITY

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines and related supplies after title to such supplies has passed to the Country.

Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

INSURANCE

Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

ANTI-CORRUPTION

The Country confirms that funds provided by 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.

ANTI-TERRORISM AND MONEY LAUNDERING

The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country's knowledge or belief, is prohibited by the United Nations Security Council.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with Gavi, as requested. 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 Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

COMPLIANCE WITH GAVI POLICIES

The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

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 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 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 Gavi. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: 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.

Gavi will not be liable to the country for any claim or loss relating to the programme(s) described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programme(s) described in its application.

Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: <http://www.gavi.org/support/process/apply/>

Review and update country information

Country profile

2.1.1 Country profile

Eligibility for Gavi support

No Response

Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

1 July 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

July 2017

2.1.2 Country health and immunisation data

Please provide the following information on the country's health and immunisation budget and expenditure.

What was the total Government expenditure (US\$) in 2016?

9,659,014,798

What was the total health expenditure (US\$) in 2016?

891,479,821

What was the total Immunisation expenditure (US\$) in 2016?

7,533,632

Please indicate your immunisation budget (US\$) for 2016.

7,174,888

Please indicate your immunisation budget (US\$) for 2017 (and 2018 if available).

14,798,206

2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:

The government planning cycle starts on the

1 July

The current National Health Sector Plan (NHSP) is

From

2015

To

2020

Your current Comprehensive Multi-Year Plan (cMYP) period is

2016-2020

Is the cMYP we have in our record still current?

Yes

No

If you selected "No", please specify the new cMYP period, and upload the new cMYP in country documents section.

From

2018

To

2018

If any of the above information is not correct, please provide additional/corrected information or other comments here:

No Response

2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

Tanzania has a fast-tracking mechanism for clearance of vaccines which are delivered by air, clearing within 24 - 48 hours upon arrival. However, prior delivery of the vaccines, syringes and other related supplies, the following documents are required to facilitate customs

clearance, and should be submitted 2-4 weeks before delivery;

1. Airway bill for Vaccines
2. Bill of landing for syringes and other related supplies
3. Certificate of analysis from the manufacturer
4. Invoices from the manufacturer
5. Packing list
6. Certificate of release

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

Tanzania Food and Drug Authority (TFDA) is the national regulatory agency mandated to control the quality, efficacy, safety and efficacious of food, medicines, cosmetics, medical devices, and diagnostics. TFDA is WHO certified with ISO 9000: 2015. Prior vaccines delivery into the country, vaccines should be registered by the Authority. However, Measles Rubella vaccines have been used in the country since 2014 and there is no need for registration, provided the manufacturers are WHO-prequalified.

The physical address of TFDA is;

Director General,
P.o.Box: 77150, Dar Es Salaam, Tanzania.
Location: Off Mandela Road, Mabibo - External,
Telephone Number: +255 22 2450512 / 2450751 / 2452108
Airtel: +255 685 701735
Tigo: +255 658 445222
Zantel: +255 777 700002
Fax Number: +255 22 2450793
Email Address: info@tfda.go.tz

National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

HPV Routine

	2018	2019	2020	2021	2022
Country	351,703	290,822	296,029	551,322	619,493
Co-financing (US\$)					
Gavi support (US\$)	7,641,500	6,319,000	6,489,500	5,044,323	4,847,939

IPV Routine	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	3,964,500	4,674,835	4,879,486	4,980,488	5,084,131

Measles SD Routine - Strat 1	2018
Country Co-financing (US\$)	859,421
Gavi support (US\$)	797,500

PCV Routine	2018	2019	2020	2021	2022
Country Co-financing (US\$)	1,406,628	1,418,088	1,324,760	2,246,072	2,636,782
Gavi support (US\$)	22,066,500	23,154,500	22,739,000	20,566,244	20,650,669

Pentavalent Routine	2018	2019	2020	2021	2022
Country Co-financing (US\$)	1,193,989	1,522,543	1,478,700	501,508	588,608
Gavi support (US\$)	3,508,000	3,950,000	4,080,500	4,991,586	5,017,572

Rota Routine	2018	2019	2020	2021	2022
Country Co-	711,900	879,600	834,600	933,229	1,095,566

financing (US\$)					
Gavi support (US\$)	6,683,000	8,257,500	7,835,000	8,669,458	8,707,125

Summary of active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	4,523,641	4,111,053	3,934,089	4,232,131	4,940,449
Total Gavi support (US\$)	44,661,000	46,355,835	46,023,486	44,252,099	44,307,436
Total value (US\$) (Gavi + Country co-financing)	49,184,641	50,466,888	49,957,575	48,484,230	49,247,885

Coverage and Equity

2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;

- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

National IVD Annual Plans 2016 - 2017 is derived from the country comprehensive Multi-year plan (cMYP) 2016-2020. The focus was mainly to achieve the global and regional goals of disease eradication and elimination, maintain high immunization coverage of all antigens, expand immunization service to life course approach, reducing vaccine preventable diseases through new vaccine introductions, adopting and updating new technology in cold chain, and data management.

In the context of decentralizing policy, the number of Councils has increased from 179 in 2015 to 194 in 2017 to increase the universal health care coverage, immunization and vaccination services inclusive. It obvious that increase of new councils/districts goes with increase in the number of vaccine stores that require additional resources (human resources, finances, infrastructures, vehicles, cold chain equipment, etc). The number of health facilities providing immunization services have also increased from 5,650 in 2015 to 6,029 in 2017 aiming at narrowing the gap to access health services hence reaching every child equitably.

Immunization services are provided countrywide and are free of charge in both public and private health facilities in the whole country. There is no geographical, economic, policy, cultural, gender and social barriers to immunization. About 5,685 health facilities provide immunization services and 80% of the population lives within five (5) kilometers of a primary health facility

With references to Joint appraisal report 2017, the number of councils with administrative coverage above 90% has increased by 4% from 2012 to 2016, while the number of councils with DTP3 coverage below 80% decreased by 5% from 2012 to 2016. However, the percentage of districts of equivalent administrative units with DTP3 coverage over 95% reduced by 8% from 2015 to 2016, although the number of districts over 80% remained stable and within GVAP targets.

The country has managed to maintain high immunization coverage of over 90% of all antigens in the three consecutive years at national level. Only 15 Councils/districts in 2016 had DPT 3 coverage less than 80% while Measles Containing Vaccines 1st dose (MCV1) coverage was 90% and 71% for (MCV2) respectively. However, it has been noted that four councils have had persistently low coverage for three years consecutively while five councils had low coverage in two consecutive years.

The main challenges underlying the performance of immunization system in Tanzania includes:

- Most of the councils have been complaining on the target population given to be either higher or low.
- Human resource has been a challenge in the health sectors especially in the rural health facilities. Recently, the situation became more critical because of the national qualification verification exercise whereby the lower carder providing immunization services was mostly affected in some of the councils. This has affected the implementation of scheduled number of the outreach services in many regions.
- Stock out of vaccines and other vaccine related commodities in some of the health facilities due to delayed distribution
- Shortage of LP Gas in some facilities leading to vaccination sessions be postponed. Non-functional of the fridges due to technical problem in some of the health facilities
- Limited Funds for outreach services lead to cancellation of planned outreach and mobile services in some of the councils.
- Equity: Immunisation services for are equally provided for boys and girls, however there are some regional differences between rural and urban. The differences have also been noted based on the mother's education level and wealth (Tanzania Demographic Health Survey 2015-16).
- Tanzania host refugee community from neighbouring countries (Burundi and DRC) who are not included in the national target population. They usually supported by UNICEF but currently the support is limited. Therefore, the country is requesting new support from GAVI to meet the vaccine need especially underutilised and new vaccines.
- Data quality and availability; The country conducted biannual immunization data desk review in November 2016 and March 2017 involving regional and district immunization and vaccination officers, for purpose of data harmonisation. Administrative data for routine immunization are collected from health facilities using standardised paper based tools, mainly Tally sheets, child registers and home-based record cards like RCH-1. All these tools are summarized into EPI monthly summary form at the end of the month and submitted to district level where it entered and summarized into excel based DVDMT tool. The country has adopted the MOH/WHO/IST reporting schedule whereby reports from facilities to districts is by 7th, from district to regions by 15th, from region to MOH-IVD is by 30th of a month, from MOH-IVD to WHO/IST is by 7th of the next month. Timeliness and completeness is monitored at all levels to ensure availability of data.

The challenges of availability and quality of data are;

- o Delay submission of health facility data at district level due to geographical location of facilities and communication
- o Existence of multiple data collection tool at health facilities from other program
- o High turnover of human resource

The national IVD through partners supports had developed the following;

1. Electronic Immunization systems (EIS) which is an integration of Vaccine Management information System (VIMS) that manage consumption, cold chain and stock at district to national level.
2. Electronic Immunization Registry (EIR) System, which manage individual child immunization records and schedule, and stock data at health facility level.

The development and testing phase is complete and now is at stage of scale up. EIS has been integrated with DHIS2 and latter be integration with CRVS birth registry system in 2018.

- Currently EIS is in use to improve defaulter tracing, timely submission of data and on

analysis at all level in Arusha and Tanga regions with subsequent rollout in Dodoma and Kilimanjaro by end of the year.

- Due to financial deficit to scale up EIS nationally, IVD had prioritized scale up of Vaccine Information Management System (VIMS) in 15 regions.
- The IVD program has planned to scale up EIS into six more regions covering 38 district councils and 1,250 health facilities by 2018 while prioritize scale up of VIMS into 11 remaining regions by end of 2018.
- The program plans to cover the remaining regions with EIS under HSS 2 grant support by year 2019.

The lessons learned and best practices demonstrated in the process of improving immunization coverage and equity are drawn from good preparations, planning and coordination of all activities prior to the campaign.

- In previous campaign, it was revealed that strong coordination at the national level was very important for successful implementation of integrated MR catch up campaign.
- Timely macroplans at national level and subnational microplans facilitated smooth implementation of the activities at all levels.
- Prior to the campaign dates training content was standardised and field guide training manuals printed and distributed to all levels.
- Community awareness was very key for the success of the campaign. There was involvement of all leaders at different levels, media were engaged and religious leaders. Community health workers were used to disseminate information
- Cascade trainings from regional to health facilities were conducted a day before the campaign date due to delay in funds.
- The post MR campaign coverage survey was negatively affected by use of an ordinary marker pen instead of indelible marker pen
- Post campaign coverage survey for the 2014 MR catch up campaign was combined with national routine immunization coverage survey

Country documents

2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section "Upload new application documents") you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents

✓	Country strategic multi-year plan	Tanzania Mainland cMYP 2016 2020_16-04-18_10.50.48.pdf
	Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	
✓	Country strategic multi-year plan / cMYP costing tool	Tanzania Costing ToolcMYP with HPV JULY 2016_01-05-18_17.23.47.xlsx
✓	Effective Vaccine Management (EVM) assessment	TanzaniaEVMsummary report 15 June2015_16-04-18_10.52.11.pdf
✓	Effective Vaccine Management (EVM): most recent improvement plan progress report	EVMA Annual Work plan and Progress Report on EVMA Improvement Plan_16-04-18_10.54.22.doc
	Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators	No file uploaded
	Data quality and survey documents: Immunisation data quality improvement plan	No file uploaded
✓	Data quality and survey documents: Report from most recent desk review of immunisation data quality	TANZANIA Data Desk Review 2017_01-05-18_17.36.14.docx REPORTTanzania Data Desk Review_16-04-18_10.55.49.pdf

Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation

No file uploaded

Human Resources pay scale

If support to the payment of salaries, salary top ups, incentives and other allowances is requested

No file uploaded

Coordination and advisory groups documents



National Coordination Forum Terms of Reference

ICC, HSCC or equivalent

ICC Establishment TOR 1_01-05-18_15.48.40.docx



National Coordination Forum meeting minutes of the past 12 months

85th ICC signatures_01-05-18_15.56.14.pdf

MINUTES 84th ICC MEETING
30.11.2017_01-05-18_15.55.44.doc

MINUTES 85th ICC MEETING 27042018
2_01-05-18_15.51.26.doc

Other documents



Other documents (optional)

Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

TANZANIA EQUITY ASSESSMENT_01-05-18_17.34.39.pdf

Measles-rubella follow-up campaign

Vaccine and programmatic data

3.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.
Measles-rubella follow-up campaign

Preferred presentation	MR, 10 doses/vial, lyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	1 July 2019
Planned launch date	10 September 2019
Support requested until	2019

3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

The country prefers the use of 10 dose-vial presentations of lyophilized MR vaccines, considering the accepted wastage rate and cold chain storage space. The 10 dose vial MR vaccine is currently used in routine immunization since 2015 and does not need a registration from TFDA. In case the selected presentation is not available, the 5 dose-vial presentations are preferred, and should be registered with TFDA before being used in the country. However, if the manufacturer is WHO-prequalified, the registration and licensing process are smooth and TFDA waives most of the requirements, provided the relevant documents (certificate of analysis and release, packing lists, and Airway bill) are submitted on time.

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes

No

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

Target Information

3.2.1 Targets for campaign vaccination

Gavi will always provide 100% of the doses needed to vaccinate the population in the target age cohort.

Please describe the target age cohort for the Measles-rubella follow-up campaign:

From

9

weeks

months

years

To

59

weeks

months

years

	2019
Population in target age cohort (#)	7,076,108
Target population to be vaccinated (first dose) (#)	6,722,303
Estimated wastage rates for preferred presentation (%)	10

3.2.2 Targets for measles-rubella routine first dose (MR1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is

already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2019
Population in the target age cohort (#)	55,890,747
Target population (first dose) (#)	2,011,036
Number of doses procured	5,600,200

Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles-rubella follow-up campaign

	2019
10 doses/vial,lyo	0.64

Commodities Price (US\$) - Measles-rubella follow-up campaign (applies only to preferred presentation)

	2019
AD syringes	0.04
Reconstitution syringes	0
Safety boxes	0
Freight cost as a % of device value	0.01

3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support

	2019
Country co-financing share per dose (%)	2
Minimum Country co-financing per dose (US\$)	0.01

Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.01
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3.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

Measles-rubella follow-up campaign
2019

Vaccine doses financed by Gavi (#)	
Vaccine doses co-financed by Country (#)	
AD syringes financed by Gavi (#)	
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi (\$)	
Freight charges co-financed by Country (\$)	

2019	
Total value to be co-financed (US\$) Country	
Total value to be financed (US\$) Gavi	
Total value to be co-financed (US\$)	

3.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

2019	
Minimum number of doses financed from domestic resources	
Country domestic funding (minimum)	

3.3.5 Co-financing payment

Please indicate the process for ensuring that the co-financing payments are made in a timely manner.

Tanzania has never defaulted from its obligation of Co-financing for the new vaccines since 2013, and the budget for vaccines is ring-fenced in the health budget. The Co-financing funds for MR vaccines in 2019 MR campaign will be included in the vaccine budget for 2019/2020, and the Government is committed for payment of the first tranche in October 2019.

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-

October

financing funds in the month of:

The payment for the first year of co-financed support will be made in the month of:

Month
Year

Financial support from Gavi

3.4.1 Campaign operational costs support grant(s)

Measles-rubella follow-up campaign
Population in the target age cohort (#)

Gavi contribution per person in the target age cohort (US\$)

Total in (US\$)

Funding needed in country by

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template.

Total amount - Gov. Funding / Country Co-financing (US\$)

Total amount - Other donors (US\$)

291143

Total amount - Gavi support (US\$)

10977101

Amount per target person - Gov. Funding / Country Co-financing (US\$)

0.04

Amount per target person - Other donors (US\$)

0.04

Amount per target person - Gavi support (US\$)

1.55

3.4.3 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

The procedures to be used are in according to the Government of Tanzania financial procedures as outlined in the Public Finance Act and as per other terms of the agreement as outlined in the MoU between GAVI and Tanzanian Government.

3.4.4 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government 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 government. Please note that UNICEF and WHO will require administrative fees as follows.

Based on the current challenges in implementing the FMA recommendations, the country is suggesting the VIG to be channelled through UNICEF. However, if the FMA recommendations are resolved before the VIG disbursement, then the country would prefer the funds to be sent through the government financial system.

- o UNICEF Tripartite Agreement: 5%
- o UNICEF Bilateral Agreement: 8%
- o WHO Bilateral Agreement: 7%.

The Government is implementing the Grants Management Requirements outlined by Gavi and expects all GMRs to be fully implemented before 1st December 2018. Therefore, Funds for operational costs should be sent to the Government. If not fulfilled as per Gavi opinion, the Government will then decide and communicate whether to send the funds to Unicef or WHO.

3.4.5 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

N/A

Strategic considerations

3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Campaign Plan of Action, please cite the sections only.

Tanzania is accelerating progress towards the AFRO Measles Elimination by 2020 and capitalizing on the measles infrastructure. The introduction of Measles and Rubella (MR) vaccine into the routine immunization schedule was preceded by an initial nationwide MR catch-up campaign conducted in October 2014 targeting children aged 9 month to 15 years. A post campaign coverage survey conducted by an independent entity documented that the campaign reached its objective of achieving high immunization coverage (>90%) for measles and rubella across Tanzania; sub national variations were however noted. By March 2015 all regions were routinely offering MR vaccine. The country introduced a second dose of measles containing vaccine (MR) into the routine immunization schedule, at 18months (MR2), immediately after the MR campaign in October 2014.

Tanzania has maintained high performance in measles vaccination nationally, however with few sub national disparities where MCV1 coverage is still below elimination standards. Preliminary coverage estimates for MCV2 show low performance (<80%) at national and sub-national levels, translating the needs for the country to urgently establish mechanism to improve MCV2 uptake

According to the JRF 2016, 1206 suspected cases of measles were tested and 5 were positive and for Rubella 2108 suspected cases were tested and 28 turned positive. No mortality were reported during that year. The following year 2017, also 1221 suspected cases of measles were registered and tested and 26 cases were positive, meanwhile 1180

suspected cases for Rubella were tested and 24 become positive. Taking into account the MR vaccine potency of 85% with accumulation of 15% of target population unprotected for four years , plus the number of suspected measles and Rubella cases for consecutive two years recorded as mentioned above, Tanzania has justifiable reasons to conduct MR follow up campaign in 2019 to respond to the threaten herd immunity for entire population. Another reason is that Tanzania is bordering with countries with internal conflicts/wars like Democratic Republic of Congo in western part and Burundi in northern west part of the country. It is obvious that there is always an intermittent influx of the refugees across the borders which also pose as great threat to Tanzanian herd immunity as well.

3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

The plan to conducted MR follow up campaign for 9 months to 59 months age target align with national comprehensive Multi Year Plan 2015-2020, but was previously planned to be conducted in 2017 and it was pushed to 2019 due to the IVD country priorities in pipeline. However, the country is willing to implement the MR follow up campaign in October 2019 using the lessons learned in previous MR catch up campaign conducted in 2014.

3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request. If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines. In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

The roles of national ICC are as follows:

1. To foster the partnerships by coordinating all inputs in resources available inside and outside the country in order to maximize the resources for better implementation of activities planned.
2. Support EPI programme to mobilize the resources internally and externally
3. To mobilize the resources where the gap is identified
4. Enhance transparency and accountability by reviewing the use of funds and other resources.
5. It encourage information sharing and feedback as possible to all levels.
6. It address issues aiming to gear up the strength and performance of immunization services across the country.

3.5.4 Financial sustainability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

The country is committed in supporting the introduction of new vaccines and it has never defaulted from GAVI co-financing obligations. The budget for vaccine had been ring fenced in the ministry budget

3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

Over the years, The United Republic of Tanzania has been using its experiences from previous SIAs for planning, monitoring and implementation of SIAs. It is known for its good governance, leadership, commitments on health and indeed historical experiences in making hard decisions in immunization services delivery. The following are some of programmatic challenges and their solutions to ensure that there is successful implementation of the requested vaccine support.

Programmatic challenges in previous campaign Action points for upcoming campaign
The tendency of delaying disbursement of the fund to the regions which affects the implementation of activities at the level of sub national The Ministry of Health will ensure timely disbursement of funds to the sub national levels

It is still unclear of the management of the operational funds; whether will be managed by WHO/UNICEF/ or Government of Tanzania pending fulfilment of GAVI management (GMR) by the GOT GAVI and the Government of Tanzania to agree on modality of funds handling
Low morale of the health care workers in some regions following 2014 MR campaign audit which has been told to return the funds. Ministry of Health will ensure funds handling are adhered to accounting principles.

Training contents was standardised and field guide training manuals printed and distributed to all level one week prior to the campaign dates For the upcoming MR follow up campaign, field training manuals will be printed and distributed 2 months before the campaign

Cascade trainings from regional to health facilities were conducted a day before the campaign date due to delay in funds. For the coming MR campaign efforts will be made to disburse funds from national level 1 month before the campaign.

There were several missed opportunities for MR2; 38% health facilities do not offer MR at all sessions, some returned home without vaccinated due to fear of increased wastage rate (open 10 dose vial for 1 child). Thus, there were reports of some caregivers being turned away due to insufficient number of children to open MR vial • Clear guidelines should be given during health care providers training on the multi vials policy during massive immunization like campaigns. All the children who came for vaccination should never sent

away without being vaccinated.

- There was poor community awareness for MR2; caretakers, community leaders, hard-to-reach areas, and some health workers not well sensitized about need for MR2 at 18 months of age. The existing campaign mode posters may confuse the message that MR is now routinely available

The community awareness sessions involving community leaders should start early as possible to allow the time to identify hard to reach areas, the need of the vaccine for the target age group if it is different to ordinary age group in the vaccination calendar.

The post MR campaign coverage survey was negatively affected by use of an ordinary marker pen instead of indelible marker pen. The logistics subcommittee to provide specification required for indelible markers and verify the quality upon delivery at central vaccine store before distribution to sub national level

3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing the proposed activities and budget will contribute to overcoming key barriers.

To effectively control and eliminate measles and rubella, it is important to immunize the hard to reach, and underserved populations who are often missed by routine vaccination. Tanzania is planning to use the platform of MR SIA campaign implementation in 2019 to support routine immunization and surveillance. The following activities will be targeted to address gaps in routine immunization and surveillance.

1. Micro-plans for MR SIAs at the district level will be used to identify and target populations and communities which have the lowest immunization coverage for routine vaccines that will be given more emphasis to reach during the campaign. This plan will have special innovations and strategies to reach:

- Areas of un-immunized or under-immunized children in urban settlements and major cities like Dar es Salaam, Arusha and Mwanza.
- Populations inhabiting difficult or mountainous terrain like districts of Ngorongoro, Lushoto, Same, Mwanza, Ulanga, Mbulu and Karatu
- Nomadic populations in areas of Ngorongoro, Same, Kilindi, Simanjiro and Kiteto
- Fishing communities especially in islands of Ukerewe, Muleba, Kigoma, Nkasi, Rufiji, Kilwa and Mafia districts.

2. During training for MR SIA campaign, aspects of routine immunization will be incorporated. Therefore, the MR SIAs manual shall have a chapter clearly showing how to improve the uptake of MR2 which is still low (<95%) and importance of 2 doses of MCV. The training will provide an additional platform for re-training of routine immunization workers country-wide on MCV2 administration and promotion of uptake.

4. The MR SIAs messaging will also be targeted to promote routine immunization utilization in general and MCV2 specifically.

5. To improve sensitivity of measles case based surveillance, posters and other materials for promotional/visibility will contain a standard cases definition and a visual images of febrile rash illnesses that will be used to promote community surveillance for measles and rubella. Algorithm for cases detection, reporting and investigation will be printed and distributed to all health workers and displayed in all health facilities.

6. Post campaign monitoring and evaluation activities including coverage survey will be planned and implemented for the purpose of identifying the overall performance of the

campaign and identify the sub-populations that need targeted support for improvement of routine MR2 utilization.

6. During training for MR SIA, Orientation for HCWs will include a topic on AEFI surveillance, including identification, treatment and reporting of suspected AEFI cases

District micro plans will specially be reviewed to ensure that provisions were made to identify, locate and effectively vaccinate hard to reach populations. The review of plans to reach hard to reach areas shall focus on a) 'who' and 'where' the unreached are? b) 'why' these populations are under served and c) strategies on 'how' to reach them. The mapping of these populations is also useful for the IVD program and is an essential aspect of efforts to reach every child with a vaccine.

3.5.7 Synergies

Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.

N/A

3.5.8 Indicative major Measles-rubella and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major Measles-rubella and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. Measles-rubella second dose introduction, Measles-rubella or Measles-rubella-rubella follow up campaign, etc.).

Refer to cMYP 2016-2020

Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in

your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.

2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.

3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.

2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter.

If you have any questions, please send an email to countryportal@gavi.org.



Upload new application documents

3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

Application documents

	New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline	TANZANIA MR CAMPAIGN ACTION PLAN 2019_01-05-18_20.10.34.doc
	If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.	
	Gavi budgeting and planning template	2019 MR campaign budget TANZANIA_01-05-18_16.46.29.xlsm

<p>Most recent assessment of burden of relevant disease</p> <p>If not already included in detail in the Introduction Plan or Plan of Action.</p>	<p>No file uploaded</p>
<p>Campaign target population (if applicable)</p>	<p>No file uploaded</p>

Endorsement by coordination and advisory groups

<p>✓</p>	<p>National coordination forum meeting minutes, with endorsement of application, and including signatures</p> <p>The minutes of the national coordination forum meeting should mention the domestic funding of MCV1</p>	<p>85th ICC signatures_01-05-18_16.51.01.pdf</p> <p>MINUTES 85th ICC MEETING 27042018_01-05-18_16.49.34.doc</p>
<p>✓</p>	<p>NITAG meeting minutes</p> <p>with specific recommendations on the NVS introduction or campaign</p>	<p>TAITACNITAG_01-05-18_20.28.37.pdf</p>

Vaccine specific

<p>✓</p>	<p>cMYP addendum</p> <p>Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP</p>	<p>Tanzania Mainland cMYP 2016 2020_01-05-18_20.32.46.pdf</p>
<p>✓</p>	<p>Annual EPI plan</p> <p>Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget</p>	<p>LATEST ANNUAL PLAN 2018_01-05-18_17.10.32.docx</p>
		<p>No file uploaded</p>

**MCV1 self-financing
commitment letter**

If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.

**Measles (and rubella)
strategic plan for elimination****No file uploaded**

If available

Other documents (optional)**No file uploaded**

Review and submit application

Submission Details

Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

Active Vaccine Programmes

HPV Routine

	2018	2019	2020	2021	2022
Country	351,703	290,822	296,029	551,322	619,493
Co-financing (US\$)					
Gavi support (US\$)	7,641,500	6,319,000	6,489,500	5,044,323	4,847,939

IPV Routine

	2018	2019	2020	2021	2022
Country					
Co-financing (US\$)					
Gavi support (US\$)	3,964,500	4,674,835	4,879,486	4,980,488	5,084,131

Measles SD Routine - Strat 1
2018

Country Co-financing (US\$)	859,421
Gavi support (US\$)	797,500

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	1,406,628	1,418,088	1,324,760	2,246,072	2,636,782
Gavi support (US\$)	22,066,500	23,154,500	22,739,000	20,566,244	20,650,669

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	1,193,989	1,522,543	1,478,700	501,508	588,608
Gavi support (US\$)	3,508,000	3,950,000	4,080,500	4,991,586	5,017,572

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	711,900	879,600	834,600	933,229	1,095,566
Gavi support (US\$)	6,683,000	8,257,500	7,835,000	8,669,458	8,707,125

Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-	4,523,641	4,111,053	3,934,089	4,232,131	4,940,449

financing (US\$)					
Total Gavi support (US\$)	44,661,000	46,355,835	46,023,486	44,252,099	44,307,436
Total value (US\$) (Gavi + Country co-financing)	49,184,641	50,466,888	49,957,575	48,484,230	49,247,885

New vaccine support requested

Measles-rubella follow-up campaign

2019

Country Co-financing (US\$)	
Gavi support (US\$)	

2019

Total country co-financing (US\$)	
Total Gavi support (US\$)	
Total value (US\$) (Gavi + Country co-financing)	

Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US\$)

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	4,523,641	4,111,053	3,934,089	4,232,131	4,940,449
Total Gavi support (US\$)	44,661,000	46,355,835	46,023,486	44,252,099	44,307,436
Total value (US\$) (Gavi + Country co-financing)	49,184,641	50,466,888	49,957,575	48,484,230	49,247,885

Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Dr. Dafrossa Lyimo	Program Manager	+255 762 120 412	dlyimo moh.go.tz	
Ngwegwe C. Bulula	National Cold Chain and Logistics Officer	+255 759 697 219	nbulula@moh.go.tz	

Please let us know if you have any comments about this application

The Tanzania Independent Technical Advisory Committee (TAITAC/NITAG) did not meet to discuss this application. Also, we are expecting to submit the signatures of Ministers of Health and Finance before 20th May 2018. Therefore, the docs attached are ready for submission. We cannot see the submission tab.

Government signature form

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

Measles-rubella follow-up campaign

The Government of Tanzania, United Republic of commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.¹

Minister of Health (or delegated authority)

Minister of Finance (or delegated authority)

Name

Name

Date

Date

Signature

Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

Minister of Education (or delegated authority)

Name

Date

Signature

¹ In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.