



Application Form for Gavi NVS support

Submitted by

The Government of Bangladesh

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

Eligible

Co-financing group

Preparatory transition

Date of Partnership Framework Agreement with Gavi

23 November 2012

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

June 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?

42,050,000,000 (source - MoF.portal.Gov.BD for FY 2016/17)

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

2,158,765,432 (5.1%)

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

91,061,380

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

149,515,590

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

181,324,132

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

2017

To

2022

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

2014-2018

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

2022

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

cMYP (2018-2022) is expected to be endorsed by ICC by end of this year (next ICC meeting). The ICC meeting held on 14 May 2018 have asked EPI to in cooperate feedback and suggestion from the meeting before endorsement. in next meeting.

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.

All EPI vaccine shipments are consigned directly to the Central Medical Stores Depot (CMSD) DGHS, which is responsible to clear the 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 Customs Authority with copies to CMSD. UNICEF processes shipping documents to the authorizing clearing agent of CMSD on behalf of the Government for clearance of the shipment at least 5 working days before the arrival of shipment. The letter is 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 & concerned parties to take immediate action to ensure the safe storage of vaccines.

Since vaccines are procured from WHO pre-qualified suppliers, a special requirement for pre-delivery inspection is not required.

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.

The Directorate General of Drug Administration (DGDA) is the national regulatory authority of the country. It is not yet certified by WHO. There is no need for licensing of WHO-prequalified vaccines to be used in national immunization programme by DGDA. There is a waiver letter from the Health Ministry.

Major General Md. Mustafizur Rahman, DG, Directorate General of Drug Administration (DGDA); Mobile : +88-01706684077; E-mail : dgda.gov@gmail.com

National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	5,785,000	6,718,632	6,114,775	6,062,153	6,006,555

PCV Routine	2018	2019	2020	2021	2022
Country Co-financing (US\$)	3,583,659	3,553,876	4,054,728	4,622,809	5,267,473
Gavi support (US\$)	44,964,000	34,919,582	34,115,332	33,218,771	32,227,047

Pentavalent Routine	2018	2019	2020	2021	2022
Country Co-financing (US\$)	1,047,170	1,161,497	1,325,188	1,510,852	1,721,544
Gavi support (US\$)	13,241,500	12,585,083	12,312,987	12,009,958	11,675,261

Rota Routine	2018	2019	2020	2021	2022
Country Co-financing (US\$)	487,140	1,472,302	1,417,028	1,615,559	1,840,853
Gavi support (US\$)	4,275,500	14,675,553	12,097,429	11,782,598	11,434,424

Summary of active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	5,117,969	6,187,675	6,796,944	7,749,220	8,829,870
Total Gavi support (US\$)	68,266,000	68,898,850	64,640,523	63,073,480	61,343,287
Total value (US\$) (Gavi + Country co-financing)	73,383,969	75,086,525	71,437,467	70,822,700	70,173,157

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).

This section is well described in cMYP (refer to situation analysis and proposed strategies and activities, cMYP) and Joint Appraisal 2016.

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 Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	BGD cMYP 20182022_08-05-18_17.22.07.docx
	Country strategic multi-year plan / cMYP costing tool	BGD cMYP 20182022_08-05-18_17.29.38.xlsx
	Effective Vaccine Management (EVM) assessment	EVMreportBangladeshAug14_09-05-18_12.05.00.pdf
	Effective Vaccine Management (EVM): most recent improvement plan progress report	Status of EVM IPMay 2018_11-06-18_20.29.27.xlsx
	Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators	Bangladesh EPI CES 2016Final_09-05-18_12.09.11.pdf

✓	Data quality and survey documents: Immunisation data quality improvement plan	DQS Report 2017 Final_15-05-18_11.21.26.docx
✓	Data quality and survey documents: Report from most recent desk review of immunisation data quality	feeneyfinalreport20170717_09-05-18_12.21.36.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	New Perdiem_11-06-18_07.09.07.pdf

Coordination and advisory groups documents

✓	National Coordination Forum Terms of Reference ICC, HSCC or equivalent	31 TOR Interagency Coordination Committee_09-05-18_12.22.34.docx
✓	National Coordination Forum meeting minutes of the past 12 months	NCV Meeting Minutes_11-06-18_07.15.03.pdf Minutes of the 54th Inter agency Coordination Committee ICC 1_11-06-18_07.13.34.pdf 53 ICCMinutes_09-05-18_18.15.59.pdf

Other documents

Other documents (optional)

No file uploaded

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.

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, Iyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	MR, 5 doses/vial, Iyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	7 January 2019
Planned launch date	10 March 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.

NA

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

9

weeks

months

years

2019

Population in target age cohort (#)	32,311,030
Target population to be vaccinated (first dose) (#)	32,311,030
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 (#)	3,262,044
Target population to be vaccinated (first dose) (#)	3,262,044
Number of doses procured	7,043,049

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	0.04
Safety boxes	0.47

Freight cost as a % of device value	0.01
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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 (%)	9.42
Minimum Country co-financing per dose (US\$)	0.03
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.03

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 (#)	34,357,800
Vaccine doses co-financed by Country (#)	1,507,500
AD syringes financed by Gavi (#)	34,048,300
AD syringes co-financed by Country (#)	1,493,900
Reconstitution syringes financed by Gavi (#)	3,779,400

Reconstitution syringes co-financed by Country (#)	165,900
Safety boxes financed by Gavi (#)	416,125
Safety boxes co-financed by Country (#)	18,275
Freight charges financed by Gavi (\$)	954,156
Freight charges co-financed by Country (\$)	41,865

	2019
Total value to be co-financed (US\$) Country	1,076,000
Total value to be financed (US\$) Gavi	24,523,000
Total value to be financed (US\$)	25,599,000

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)	4,507,551

3.3.5 Co-financing payment

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

MOH will transfer the co-financing amount to UNICEF SD and follow the procurement process.

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:

September

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

Month

December

Year

2018

Financial support from Gavi

3.4.1 Campaign operational costs support grant(s)

Measles-rubella follow-up campaign

Population in the target age cohort (#)

32,311,030

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

0.55

Total in (US\$)

17,771,066.5

Funding needed in country by

31 August 2018

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

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. In the following fields please provide an overview of your request.

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

1144000

Total amount - Other donors (US\$)

200000

Total amount - Gavi support (US\$)

17744902

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

0.035

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

0.006

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

1.27

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.

Vaccine and injection safety devices will be procured through UNICEF. The operation cost for MR campaign will be channeled through government. The government will follow existing country financial rule for management of GAVI operation grant.

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.

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

The funds for operational costs should be transferred to the government and preferred expected timing of arrival of funds need in the country is by August 2018.

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.

Partners have received required funds as per country need through TCA, 2018 to provide technical assistance, monitoring, evaluation and implementation of MR follow up campaign.

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.

Described in Plan of Action

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.

One of the objective of cMYP 2018-2022 and Strategic plan for the elimination of measles, rubella and CRS is to eliminate measles, rubella and CRS by 2020. To achieve the elimination target one of the activity described in cMYP and strategic plan is to conduct SIAs in 2019 and 2021 and achieve and maintain 95% coverage with 2 dose of MR vaccine in every Upazila, municipality and city corporation through routine and or supplementary immunization. As per cMYP next round of SIA is planned for 2022 but based on epidemiology and coverage the SIA may not be required. The emphasis will be to improve routine coverage.

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.

52nd ICC meeting conducted in March 2017 discussed and endorsed proposal to conduct MR follow up campaign and submit proposal to GAVI. The requirement of MR follow up campaign was thoroughly discussed in various consultative workshops while developing new cMYP and Strategic plan for elimination of measles, rubella and CRS in Bangladesh.

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?

Bangladesh has been complying with GAVI for co financing for new vaccines introduction. GoB has agreed to co-finance vaccine support for MR follow up campaign.

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.

One of the challenge is to identify and reach those children that are missed either by routine and or supplementary immunization. Innovative approaches (Identifying and line-listing pockets of un/under vaccinated population in hard to reach and high risk population. Strengthened micro-plan, ii) Line listing of all children with name and vaccination status by vaccination sites 3 months before SIA in two piloting districts, review of micro plan during upazila/municipality/CC zone training workshop during the month before SIA, Upazila/Municipality/City Corporation readiness assessment 4 weeks prior to the SIA etc.) to address challenges have been thought and described in Plan of Action for MR follow up campaign.

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.

MR campaign will be used as an opportunity to strengthen RI. The activities that will be conducted during campaign will also enhance RI. The example of such activities includes planning, training and supervision, cold chain and vaccine management, AEFI management, advocacy, communication and social mobilization, surveillance and monitoring and evaluation. The activities are described in annex 2 of MR campaign plan of action.

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.

GoB has good experience in conduction of supplementary immunization activities and introduction of new vaccines. Bangladesh is planning to introduce rota vaccine into routine immunization by end of 2018. Where possible opportunity for either SIA or introduction of rota will be used as potential synergy to boost the capacity of human resources, advocacy, communication and social mobilization, cold chain and vaccine management, surveillance and monitoring and evaluation.

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.).

Following successful completion of MR follow up campaign in first quarter of 2019, RI will be strengthened to achieve elimination target. As described in both cMYP and strategic plan for elimination of measles, rubella and CRS in Bangladesh, is to achieve and maintain 95% coverage with 2 dose of MR vaccine through routine and or supplementary immunization

activities. The guideline also mentioned about conduction of MR follow up campaign in 2022. The measles rubella activities are well described in cMYP and strategic plan for elimination.

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. Please ensure your pop-up blocker is disabled when launching the GPF.

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	POA for MR followup camapign_11-06-18_21.39.36.pdf
	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.	POA for MR followup camapign130518PrescreeningComments_11-06-18_21.38.51.docx
		Tentative Gantt Chart for MR Followup campaign March 2019_13-05-18_17.05.31.xls
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✓	Gavi budgeting and planning template	Detailed Budget Template for VIG Operational Costs_11-06-18_21.41.10.xlsm
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	Most recent assessment of burden of relevant disease	No file uploaded
	If not already included in detail in the Introduction Plan or Plan of Action.	
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	Campaign target population (if applicable)	No file uploaded

Endorsement by coordination and advisory groups

✓	National coordination forum meeting minutes, with endorsement of application, and including signatures	Minutes of the 54th Inter agency Coordination Committee ICC 1_11-06-18_07.25.57.pdf
	The minutes of the national coordination forum meeting should mention the domestic funding of MCV1	



NITAG meeting minutes

with specific recommendations on the NVS introduction or campaign

[NCV Meeting Minutes_11-06-18_07.27.34.pdf](#)

[MinutesNCIP meetin fIPV5 Jan 2017_12-05-18_10.03.43.pdf](#)

Vaccine specific



cMYP addendum

Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP

[BGD cMYP 20182022_12-05-18_10.04.57.docx](#)



Annual EPI plan

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

[EPI Workplan 2018_15-05-18_12.20.30.pdf](#)

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.

No file uploaded



Measles (and rubella) strategic plan for elimination

If available

[Measles elimination14052018_15-05-18_12.23.30.pdf](#)

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

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	5,785,000	6,718,632	6,114,775	6,062,153	6,006,555

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	3,583,659	3,553,876	4,054,728	4,622,809	5,267,473
Gavi support (US\$)	44,964,000	34,919,582	34,115,332	33,218,771	32,227,047

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	1,047,170	1,161,497	1,325,188	1,510,852	1,721,544
Gavi support (US\$)	13,241,500	12,585,083	12,312,987	12,009,958	11,675,261

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	487,140	1,472,302	1,417,028	1,615,559	1,840,853

Gavi support (US\$)	4,275,500	14,675,553	12,097,429	11,782,598	11,434,424
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Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	5,117,969	6,187,675	6,796,944	7,749,220	8,829,870
Total Gavi support (US\$)	68,266,000	68,898,850	64,640,523	63,073,480	61,343,287
Total value (US\$) (Gavi + Country co-financing)	73,383,969	75,086,525	71,437,467	70,822,700	70,173,157

New Vaccine Programme Support Requested

Measles-rubella follow-up campaign

	2019
Country Co-financing (US\$)	1,076,000
Gavi support (US\$)	24,523,000

	2019
Total country co-financing (US\$)	1,076,000
Total Gavi support (US\$)	24,523,000
Total value (US\$) (Gavi + Country co-financing)	25,599,000

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

	2018	2019	2020	2021	2022
Total country co-	5,117,969	7,263,675	6,796,944	7,749,220	8,829,870

financing (US\$)					
Total Gavi support (US\$)	68,266,000	93,421,850	64,640,523	63,073,480	61,343,287
Total value (US\$) (Gavi + Country co-financing)	73,383,969	100,685,525	71,437,467	70,822,700	70,173,157

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 Sultan Md. Shamsuzzaman	Director, DGHS and Line Director, MNC&AH	+88028821913	mncah@ld.dghs.gov.bd	
Dr Rajendra Bohara	Team Leader-IVD	+8801711535387	boharar@who.int	
Jucy Merina Adhikari	Immunization Specialist	+8801711836787	jmadhikari@unicef.org	
Dr Md. Altaf Hossain	Program Manager, EPI	+8801712-005094	pmepi.dghs@gmail.com	

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

No Response

Government signature form

The Government of Bangladesh 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 Bangladesh 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

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.

Minister of Health (or delegated authority)

Name

Date

Signature

Minister of Finance (or delegated authority)

Name

Date

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