



Government of Nepal
Ministry of Health & Population
Department of Health Services
Child Health Division

Tel : 4231436
:4261712
Fax : 4262238

Pachali, Teku
Kathmandu Nepal

Ref.No. 121

Date: 20 August 2014

To,
GAVI Secretariat
Geneva, Switzerland

Subject: Answers to comments on Nepal's proposal for New Vaccines Support (NVS)
for Measles Second Dose and HPV demonstration programme

Dear Sir:

I am writing in response to IRC's recommendation of approval with comments for Nepal's application for New Vaccines Support (NVS) for Measles Second Dose and HPV demonstration programme which was submitted to the GAVI Secretariat in May 2014.

Please find the answers to comments with the attachment as requested.

Thanking you for your support and in anything further please reach us.

Sincerely,

Dr. Shyam Raj Upreti
Director
Child Health Division

Recommendations

NVS (MSD):

Comments:

1. Provide an updated cold chain inventory report and submit an analysis of net storage capacity given the introduction of 3 new vaccines plus HPV Demo over a 6-month time span.

Please find attachment (ATTCH 1 Inventory CC capacity for NVS GAVI.doc) of the cold chain inventory report and storage capacity given the introduction of 3 new vaccines plus HPV Demo of the different vaccine stores for their maximum allowed period to store the vaccine as per the national strategy.

2. Consider potential synergies between MRSD introduction and upcoming introductions of PCV10 & IPV.

The imminent plan for the new vaccines introduction in Nepal are; Inactivated polio vaccine (IPV), Pneumococcal conjugate vaccine (PCV), Measles Rubella second dose (MRSD) and HPV vaccination demonstration programme. The potential synergies for the new vaccine introduction are as follows;

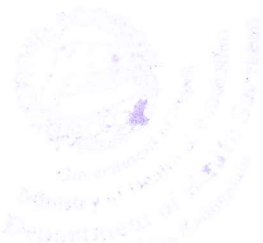
- *The new vaccine guideline for health workers has been developed in incorporating topics for IPV, PCV and MRSD.*
- *The IEC/BCC and communication material has been developed with messages on IPV, PCV and MRSD.*
- *The revised national routine immunization schedule has addressed immunization schedules for introduction of new vaccines.*

HPV Demo:

Comments:

1. Confirm inclusion of appropriate representatives from Cancer Control and Education on the HPV TAG.

The director of the Family Health Division is a core member of the NCIP (National Committee on Immunisation Practices) synonymous with the NITAG in other countries and has been involved since the initial discussions on the HPV vaccination demonstration programme. Along with the FHD director appropriate representatives from Cancer Control and Education on the HPV TAG (MoE, MoF, WHO, UNFPA and local NGOs NNCTR, NACCF) has been involved in the participatory process of the HPV vaccination demonstration



programme. These representatives will be involved while establishing the multi-disciplinary technical advisory group (TAG).

2. Modify budget to include a more realistic estimate for the cost of the evaluation component or provide justification for the existing low figure.

The low figure of the evaluation component in the budget work plan has been shown as Child Health division plans to carry out the evaluation component of the post introduction with support of WHO and UNICEF.

3. Submit detailed plans for mobile outreach strategies targeting hard to reach populations.

In Nepal the routine immunization services is delivered through:

- Fixed session i.e. through the health facilities on daily to weekly or monthly.*
- Outreach sessions which are age on average 3-5 in each VDC, totalling about 16,000 nationally and run each month and 1,92,000 annually.*
- Mobile clinics which are designed for geographically hard to reach population. Thus at least 4 visits are done in such hard to reach area annually.*

As outlined in the initial plan; the strategy for delivering the HPV vaccination programme will be using school based vaccination to reach those attending schools initially, adding HPV vaccination programme at fixed health posts and outreach clinics as required. A cohort of 137 out of the 14,433 girls not attending schools will be vaccinated through mobile outreach by health workers. Some areas in the selected districts will use mobile teams to reach children in hard-to-reach areas. These activities will be supported by Female Community Health Volunteers (FCHVs).

4. Ensure that if you are conducting activities that might be deemed research, you seek the appropriate ethical approvals based on your national guidelines, and if applicable, submit a copy of the approval letter with year 1 deliverables.

None of the activities conducted prior to the demonstration programme will be requiring ethical approvals and also the vaccines administered in the National Immunization Programme (NIP), Nepal does not require obtaining parental or guardian consent.

