

*GAVI Alliance*

**Application Form for Country Proposals**

***Response to conditions***

*For Support to New and Under-Used Vaccines (NVS)*

Submitted by

The Government of

***[Guinea-Bissau]***

**Deadline for submission: 15 November 2011**

Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)

|  |  |  |  |
| --- | --- | --- | --- |
| Start Year | [2010] | End Year | [2014] |

**Revised in January 2011**

**(To be used with Guidelines of December 2010)**

Please submit the Proposal using the online platform [https://AppsPortal.gavialliance.org/PDExtranet](https://appsportal.gavialliance.org/PDExtranet).

Enquiries to: [proposals@gavialliance.org](mailto:proposals@gavialliance.org) or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The Proposal and attachments must be submitted in English, French, Spanish, or Russian.

**Note:** Please ensure that the application has been received by the GAVI Secretariat on or before the day of the deadline.

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

|  |
| --- |
| **GAVI ALLIANCE**  **GRANT TERMS AND CONDITIONS**  **FUNDING USED SOLELY FOR APPROVED PROGRAMMES**  The applicant country (“Country”) confirms that all funding provided by the GAVI Alliance 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 the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.  **AMENDMENT TO THE APPLICATION**  The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country’s application will be amended.  **RETURN OF FUNDS**  The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not 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 the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance’s request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.  **SUSPENSION/ TERMINATION**  The GAVI Alliance 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 programmes described in the Country’s application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.  **ANTICORRUPTION**  The Country confirms that funds provided by the GAVI Alliance 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.  **AUDITS AND RECORDS**  The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance 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 Alliance 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 Alliance 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 the GAVI Alliance in connection with any audit.  **CONFIRMATION OF LEGAL VALIDITY**  The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country’s law, to perform the programmes described in its application, as amended, if applicable, in the APR.  **CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**  The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.  **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 the GAVI Alliance 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 the GAVI Alliance 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 language of the arbitration will be English.  For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance 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.  The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application. |

# **Response to conditions**

**Vaccine: Antipneumococcal (VVM13), 1 dose/vial**

|  |
| --- |
| Condition **1:** Guinea-Bissau must provide a sworn statement from the ICC certifying that before any vaccines are shipped to the country, the cold chain at all levels will be up and running and will have a sufficient capacity to store the vaccines. |

Strengthening cold chain capacities

The situational analysis in terms of storage capacity shows the following data as regards the prospect of introducing both vaccines – the vaccine against pneumococcal infections in January 2013 and the vaccine against rotavirus infections in 2014.

**For the introduction of the pneumococcal vaccine in 2013**

At the national level, the current storage capacity of 5m3 is sufficient to introduce this vaccine and therefore does not need any additional investment.

However, some healthcare areas need to be strengthened as early as 2012 in terms of their current storage capacity, which is either nonexistent or insufficient to meet the additional needs either in 2013 or in 2014.

This concerns the following healthcare areas, broken down by healthcare region and by type of refrigerator.

Table 1. Refrigerator needs for 2012

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Healthcare region | Number of healthcare areas | Refrigerators | | | Cost (USD) |
| Type | | Number |
| BAFATA | 7 | TCW3000DC | | 10 | 31,070 |
| BIJAGOS | 1 | TCW3000DC | | 1 | 3,107 |
| BIOMBO | 3 | TCW3000DC | | 3 | 9,321 |
| CACHEU | 11 | TCW3000DC PS65i | | 11 1 | 34,177  1,820 |
| QUINARA | 5 | TCW3000DC | | 5 | 15,535 |
| GABU | 11 |  | TCV\I'3000DC | 12 | 37,284 |
| 010 | 7 |  | TCW3000DC | 9 | 27,963 |
| FARIM | 1 | TCW3000DC | | 1 | 3,107 |
| TOMBALI | 8 | TCW3000DC PS65 | | 7 1 | 21,749  1,820 |
| SAB | 13 | TCW3000DC | | 19 | 59,033 |
| Total | 67 |  | | 80 | 245,986 |

Source EPI Department

Condition 2:

Guinea-Bissau must revise its vaccine coverage objectives to make them gradual and more realistic. Needs for support and co-financing amounts will be revised accordingly.

Considering the numerous challenges in terms of introducing new vaccines as well as certain constraints such as the lack of human resources in many health centres of the healthcare areas, as well as the lack of sufficient financial and material resources to conduct outreach and mobile strategies, the national Department for the Expanded Programme of Immunisation for Guinea-Bissau has revised its strategies as follows:

1. The vaccine against pneumococcal infections will be introduced only in January 2013 so that better preparations can be made.

Table 2. Revised vaccine coverage objectives and needs for support and co-financing amounts

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Antigens | 2011 | 2012 | 2013 | 2014 | 2015 |
| Vaccine coverage | Pneumo |  |  | 60% | 93% | 95% |
| Rota |  |  |  | 60% | 95% |
| Support from  GAVI (USD) |  |  |  | 182,656 | 237,709 | 301,636 |
| Co-financing |  |  |  | 36,531 | 47,542 | 60,327 |
| **Condition 3:**  Given its history of failing to make co-financing payments, Guinea-Bissau must provide a commitment from the government and/or from partners to honour payment of the co-financing part for the new vaccine. | | | | | | | | |

**II. Anti-rotavirus vaccine for schedule 2 doses**

|  |
| --- |
| **Condition 1:**  Guinea-Bissau must provide a sworn statement from the ICC certifying that before any vaccines are shipped to the country, the cold chain at all levels will be up and running and will have a sufficient capacity to store the vaccines. |

**For the introduction of the Rotavirus vaccine in 2014**

At the national level, the cold chain capacity will have to be strengthened with the installation of an additional capacity of 20 m3 at an estimated cost of USD 50,000.

With regard to the healthcare areas, the needs indicated in the table below should be met in order to have an adequate storage capacity both at the national level and the outreach level.

The healthcare areas in question are listed below and broken down by healthcare region and by type of refrigerator

Table 3. Refrigerator needs for 2013

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Healthcare regions | Number of healthcare areas  sanitaires | Refrigerators | | Cost (USD) |
| Type | Number |  |
| National level |  | 20 m3 cold chamber | 1 | 50,000 |
| BAFATA | 10 | TCW3000DC | 7 | 21,749 |
|  |  | PS65i | 4 | 7,280 |
| BIJAGOS | 1 | PS65i | 1 | 1,820 |
| BIOMBO | 5 | TCW3000DC | 2 | 6,214 |
|  |  | PS65i | 3 | 5,460 |
| BOLAMA | 1 | PS65i | 1 | 1,820 |
| CACHEU | 6 | TCW3000DC | 1 | 3,107 |
|  |  | PS65i | 5 | 15,535 |
| GABU | 7 | TCW3000DC | 1 | 3,107 |
|  |  | PS65i | 6 | 10,920 |
| 010 | 6 | TCW3000DC | 6 | 18,642 |
| FARIM | 3 | TCW3000DC | 1 | 3,107 |
|  |  | PS65i | 2 | 3,640 |
| TOMBALI | 1 | TCW3000DC | 1 | 3,107 |
| SAB | 10 | TCW3000DC | 15 | 46,605 |
| TOTAL | 50 |  | 56 | 195,678 |

Source: EPI Department

All told, a total of around 136 refrigerators will be needed, distributed over two years, in addition to one 20m3 cold chamber so the country will have an adequate cold chain capacity for the introduction of pneumo in 2012 and Rota in 2014.

The total cost of the operation will be USD 245,986 in 2012 and USD 195,678 in 2013.

Regarding funding, the Government is planning two solutions – one short-term (during the year 2012) and the other medium-term (2013).

Cost

* In 2012, the Government plans to seek the financial support of its traditional partners, notably UNICEF, to cover needs for refrigerators in the healthcare areas with health centres with insufficient or even nonexistent storage capacities. This will involve providing 80 refrigerators at a total estimated cost of USD 245,986.
* In 2013, while seeking the support of its traditional partners, the Government plans to renegotiate the terms for providing assistance to the Healthcare System Strengthening program concluded with GAVI in order to appropriate part of the resources to strengthening the cold chain of the [word missing/il manque un mot] especially with regard to the healthcare areas. This will involve raising about USD 200,000 to cover the financial needs involved in strengthening the cold chain capacity both at the national level and at the level of the healthcare areas so that there will be an adequate cold chain capacity for introducing the Rota vaccine in 2014.

Therefore, in conclusion, the Government plans to raise around USD 446,000 to cover the financial needs associated with strengthening the cold chain capacity in 2012 and 2013.

|  |
| --- |
| **Condition 2:**  Guinea-Bissau must revise its vaccine coverage objectives to make them gradual and more realistic. Needs for support and co-financing amounts will be revised accordingly. |

Introducing the vaccine against rotavirus infections has been postponed until 2014.

Based on this information, the following table shows the new vaccine coverage rates, the amount of support applied for from GAVI and the co-financing amounts the Government will have to pay over the next few years in connection with the pneumococcal and rotavirus vaccines. **(See Table 2)**

|  |
| --- |
| **Condition 3:**  Given its history of failing to make co-financing payments, Guinea-Bissau must provide a commitment from the government and/or from partners to honour payment of the co-financing part for the new vaccine. |

# **Signatures of the Government**

Enter the family name in capital letters.

| **Minister of Health (or delegated authority)** | | **Minister of Finance (or delegated authority)** | |
| --- | --- | --- | --- |
| **Name** | CAMILO SIMõES PERIERA | **Name** | JOSE MARIO VAZ |
| **Date** | 15/[illegible – by hand] | **Date** | 15/[illegible – by hand] |
| **Signature** | S/ | **Signature** | S/ |

*This report has been compiled by (these persons may be contacted in case the GAVI Secretatiat has queries on this document):*

Enter the family name in capital letters.

| **Full name** | **Position** | **Telephone** | **Email** |
| --- | --- | --- | --- |
| BETI CO | DIRECTOR OF THE EPI | +245 563 30 27 | bcomanjuba@gmail.com |
| UMARU BA | DIRECTOR GENERAL OF PREVENTION AND HEALTHCARE PROMOTION | +245 663 77 39 | Cristhianssan1973@hotmail.com |
|  |  |  |  |
|  |  |  |  |