

*GAVI Alliance*

**Application Form for Country Proposals**

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

Submitted by

The Government of

***Lao People's Democratic Republic***

Date of submission: **27.05.2011 06:14:53**

**Deadline for submission: 1 Jun 2011**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Start Year | 2012 | End Year | 2015 |

**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.

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| --- |
| **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. |

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| **Application Specification** |
| Please specify for which type of GAVI support you would like to apply to. |

**Important note**: To enable proper functioning of the form, please first select the cMYP years on the previous page.

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Type of Support** | **Vaccine** | **Start Year** | **End Year** | **Preferred second presentation[1]** | **Action** |
| --- | --- | --- | --- | --- | --- |
| New Vaccines Support | Pneumococcal (PCV13), 1 doses/vial, Liquid | 2013 | 2015 | Pneumococcal (PCV10), 2 doses/vial, Liquid |  |

**[1]** This "***Preferred second presentation***" will be used in case there is no supply available for the preferred presentation of the selected vaccine ("**Vaccine**" column). If left blank, it will be assumed that the country will prefer waiting until the selected vaccine becomes available.

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# **Executive Summary**

The Government of Lao PDR seeks financial assistance with the introduction of pneumonia vaccine in the form of fully liquid single-dose pneumoccocal vaccine from the GAVI alliance starting from January 1, 2013 through 2015.  
  
WHO estimates that that in 2008, pneumonia accounted for 27% and meningitis accounted for 4% of under-5 mortality in Laos (WHS 2010). According to these estimates, pneumonia is by far the most common disease or syndrome causing child death in Laos. In the absence of vaccination, Streptococcus pneumoniae (pneumococcus) and Haemophilus influenzae are the most common causes of pneumonia death in children, and are also common causes of childhood meningitis and sepsis. Hib vaccine was already introduced in Laos, leaving pneumococcus as the most important cause of child pneumonia and meningitis. WHO estimates that in 2000, pneumococcus caused 25,605 cases of pneumonia, 109 cases of meningitis, and 541 cases of other invasive disease among children under 5 years old in Laos, resulting in 1,114 deaths. (Updated estimates for 2008 are under preparation but not yet available.) Hence introduction of pneumococcal vaccine is likely to make substantial contribution to achievement of MDG-4 goal in Lao PDR.  
  
PCV13 is the best choice for Laos because it covers 74% of serotypes present in invasive pneumococcal disease in Asia, as compared to 70% of serotypes for PCV10 (source: Pneumococcal Global Serotype Project). Local data found that 73% of serotypes in childhood invasive pneumococcal cases were covered by either PCV10 or PCV13, but this was based on only 11 cases.  
  
The pneumoccocal vaccine is proposed to be given in addition to the current pentavalent vaccine (DPT-HepB-HiB) which was earlier introduced with GAVI support in 2009. The pneumonia vaccine is proposed to be introduced nationwide starting from January 1, 2013 in a three dose schedule 6 wks, 10 wks and 14 wks to all the infants in addition to provision of monovalent hepatitis B birth dose within 24 hours of birth. Government commits itself to co-finance the cost of pneumococcal vaccine at the rate of $0.20 per dose as applicable to Lao PDR as per the current GAVI co-financing policy. The cold chain capacity analysis at different levels has shown sufficient capacity to accommodate the new vaccine introduction in single-dose vials. In addition, the experience with the introduction of single dose vials for pentavalent vaccine has shown a great reduction of vaccine wastage (from 40% with 10-dose vials to now only 5.8%). A detailed vaccine introduction plan for pneumococcal has been prepared including training, IEC and surveillance. Government plans to procure the pneumococcal vaccine through UNICEF procurement system. The co-financing payments will be released by government to UNICEF at the time of placement of order for the vaccine supply.  
  
The proposal for pneumoccocal vaccine introduction has been reviewed and endorsed by both the Technical Working Group (TWG) and Inter-agency coordinating committee (ICC). Signatures of members of the Interagency Coordinating Committee along with minutes of the meeting are also enclosed. Immunization Program data and summary information from the forecasted immunization budget from 2012-2015 is also enclosed.

# **Signatures**

# **Signatures of the Government and National Coordinating Bodies**

# **Government and the Inter-Agency Coordinating Committee for Immunisation**

The Government of Lao People's Democratic Republic would like to expand the existing partnership with the GAVI Alliance for the improvement of the infants routine immunisation programme of the country, and specifically hereby requests for GAVI support for Pneumococcal (PCV13) 1 doses/vial Liquid introduction.

The Government of Lao People's Democratic Republic commits itself to developing national immunisation services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan (cMYP) presented with this document. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

Tables 6.(n).5. (where (n) depends on the vaccine) in the NVS section of this application shows the amount of support in either supply or cash that is required from the GAVI Alliance. Tables 6.(n).4. of this application shows the Government financial commitment for the procurement of this new vaccine (NVS support only).

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 June.

Please note that this application will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister of Finance or their delegated authority.

Enter the family name in capital letters.

| **Minister of Health (or delegated authority)** | | **Minister of Finance (or delegated authority)** | |
| --- | --- | --- | --- |
| **Name** | Minister of Health, | **Name** | Director, Dr. Khamphet Manivong |
| **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  |

*This report has been compiled by*

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Full name** | **Position** | **Telephone** | **Email** | **Action** |
| --- | --- | --- | --- | --- |
| Dr. Anonh Xeuatvongsa | Manager, National Immunization Programe | +856-20-23010287 | anonhxeuat@yahoo.com |  |

# **National Coordinating Body - Inter-Agency Coordinating Committee for Immunisation**

We the members of the ICC, HSCC, or equivalent committee**[1]** met on the 12.05.2011 to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

**[1]** Inter-agency Coordinating Committee or Health Sector Coordinating Committee, or equivalent committee which has the authority to endorse this application in the country in question.

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER: 1.

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Name/Title** | **Agency/Organisation** | **Signature** | **Action** |
| --- | --- | --- | --- |
| Dr. Bounfeng Phoummalaysith | Ministry of Health |  |  |
| Mr. Tim Schaffter | UNICEF |  |  |
| Dr. Yungao Liu | WHO |  |  |
| Dr. Peter Heimann | Luxembourg Development |  |  |

In case the GAVI Secretariat has queries on this submission, please contact

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Dr. Anonh Xeuatvongsa | **Title** | Manager, National Immunization Programe |
| **Tel no** | +856-20-23010287 |
| **Fax no** | +856-21-312337 | **Address** | National Immunization Programme Thadeua Road km3 Vientiane Capital Lao PDR |
| **Email** | anonhxeuat@yahoo.com |

# **The Inter-Agency Coordinating Committee for Immunisation**

Agencies and partners (including development partners and NGOs) supporting immunisation services are co-ordinated and organised through an inter-agency coordinating mechanism (ICC, HSCC, or equivalent committee). The ICC, HSCC, or equivalent committee is responsible for coordinating and guiding the use of the GAVI NVS support. Please provide information about the ICC, HSCC, or equivalent committee in your country in the table below.

**Profile of the ICC, HSCC, or equivalent committee**

|  |  |
| --- | --- |
| **Name of the committee** | Inter-Agency Coordination Committee on immunization (ICC) |
| **Year of constitution of the current committee** | 1992 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | stand-alone |
| **Frequency of meetings** | Every 3-4 months or more often if required |

**Composition**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Function** | **Title / Organisation** | **Name** |
| --- | --- | --- |
| **Chair** | Ministry of Health | Dr. Bounfeng Phoummalaysith |
| **Secretary** | National Immunization Programe | Dr. Anonh Xeuatvongsa |
| **Members** | WHO | Dr. Yungao Liu | **Action** |
|  | UNICEF | Mr. Tim Schaffter |  |
|  | Luxembourg Development | Dr. Peter Heimann |  |
|  | Curative Department | Dr. Chanphomma |  |
|  | Planning and budgeting Department | Mr. Khampheth |  |
|  | Hygiene and Preventive Department | Dr. Somchith Akkhavong |  |

Major functions and responsibilities of the committee

|  |
| --- |
| **-Coordinating partner agencies inputs to immunization -Providing feedback to the MOH to national EPI policies, plans and their implementation -Identifying solutions and recommendations to solve problems and constraints encountered -Mobilizing resources** |

Three major strategies to enhance the committee's role and functions in the next 12 months

|  |  |
| --- | --- |
| **1.** | **To conduct routine meetings at least four times a year to regularly monitor the implementation of c-MYP.** |
| **2.** | **To regularly communicate recommendations from technical working group to all ICC members.** |
| **3.** | **Communicate detailed agenda notes and sharing them with all the background papers to all ICC member in advance of the meeting and to Review membership of ICC and strengthen partner representation to Health Sector Coordination Committee** |

# **National Immunization Technical Advisory Group for Immunisation**

(If it has been established in the country)

We the members of the NITAG met on the to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER: .

In case the GAVI Secretariat has queries on this submission, please contact

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Title** |  |
| **Tel no** |  |
| **Fax no** |  | **Address** |  |
| **Email** |  |

# **The NITAG Group for Immunisation**

**Profile of the NITAG**

|  |  |
| --- | --- |
| **Name of the NITAG** |  |
| **Year of constitution of the current NITAG** |  |
| **Organisational structure (e.g., sub-committee, stand-alone)** |  |
| **Frequency of meetings** |  |

**Composition**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Function** | **Title / Organisation** | **Name** |
| --- | --- | --- |
| **Chair** |  |  |
| **Secretary** |  |  |
| **Members** |  |  | **Action** |
|  |  |  |  |

Major functions and responsibilities of the NITAG

|  |
| --- |
| **Lao PDR don't have a NITAG** |

Three major strategies to enhance the NITAG’s role and functions in the next 12 months

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |

# **Immunisation Programme Data**

Please complete the tables below, using data from available sources. Please identify the source of the data, and the date. Where possible use the most recent data and attach the source document.

* Please refer to the Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan) and attach a complete copy (with an Executive Summary) as DOCUMENT NUMBER 8
* Please refer to the two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases.
* Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.

# **Basic facts**

For the year 2010 (most recent; specify dates of data provided)

|  | **Figure** | | **Year** | **Source** |
| --- | --- | --- | --- | --- |
| Total population | 6,395,218 |  | 2011 | Planning Projection MoH |
| Infant mortality rate (per 1000) | 70 |  | 2005 | NSC Census 1995 & 2005, and RHS 2000, 2010 Population MOH Population projection |
| Surviving Infants**[1]** | 169,445 |  | 2011 | Planning Projection MoH |
| GNI per capita (US$) | 880 |  | 2009 | WB |
| Total Health Expenditure (THE) as a percentage of GDP | 4.70 | % | 2004 | Official Gazette, published by the Ministry of Justice, Lao PDR and Public Information Notice (PIN) No.06/31, March 21, 2006 |
| General government expenditure on health (GGHE) as % of General government expenditure | 5.50 | % | 2004 | Official Gazette, published by the Ministry of Justice, Lao PDR and Public Information Notice (PIN) No.06/31, March 21, 2006 |

**[1]** Surviving infants = Infants surviving the first 12 months of life

Please provide some additional information on the planning and budgeting context in your country; also indicate the name and date of the relevant planning document for health

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| --- |
| **The Government financial year is 01 October-30 September and has the following planning steps: 1. Dept. of Planning and Finance, MOH collect budget plan from each department of MOH by March 2. Then submit to Finance Ministry by end of March 3. Approved by Finance Ministry and inform budget available for implementation to MOH by September 4. MOH submit financial report to Finance Ministry every quarter  from 7th 5-Years Health Development Plan (2011-2015)and The Strategy and Planning Framework for the Integrated Package of Maternal and Neonatal and Child Health Services 2009-2015.** |

Is the cMYP (or updated Multi-Year Plan) aligned with this document (timing, content, etc.)?

|  |
| --- |
| **Yes. The new cMYP cover the period 2012-2015 and alligned with th 7th 5-Years Health Development Plan (2011-2015) and The Strategy and Planning Framework for the Integrated Package of Maternal and Neonatal and Child Health Services 2009-2015.** |

Please indicate the national planning budgeting cycle for health

|  |
| --- |
| **The Government financial year is 01 October-30 September and has the following planning steps: 1. Dept. of Planning and Finance, MOH collect budget plan from each department of MOH by March 2. Then submit to Finance Ministry by end of March 3. Approved by Finance Ministry and inform budget available for implementation to MOH by September 4. MOH submit financial report to Finance Ministry every quarter** |

Please indicate the national planning cycle for immunisation

|  |
| --- |
| **Same as the MoH. The 7th 5-Years Health Development Plan (2011-2015)** |

Please indicate if sex disaggregated data (SDD) is used in immunisation routine reporting systems

|  |
| --- |
| **Not used** |

Please indicate if gender aspects relating to introduction of a new vaccine have been addressed in the introduction plan

|  |
| --- |
| **These aspects are addressed at all levels in the immunization programme. Both males and fmales have equal access to immunization services in Lao PDR.** |

# **Current vaccination schedule**

Traditional, New Vaccines and Vitamin A supplement (refer to cMYP pages)

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Vaccine**  **(do not use trade name)** | **Ages of administration**  **(by routine immunisation services)** | **Given in**  **entire country** | **Comments** | **Action** |
| --- | --- | --- | --- | --- |
| BCG | B | Yes |  |  |
| HepB | B | Yes |  |  |
| Measles | M 9-11 | Yes |  |  |
| Penta | W 6, 10, 14 | Yes |  |  |
| Polio | W 6, 10, 14 | Yes |  |  |
| TT | First contact, +M 1, +M 6, +Y 1, +Y 1 | Yes | CBAW |  |
| **Vitamin A** | M 6, 12, 18, 24, 30, 36 | Yes |  |

# **Trends of immunisation coverage and disease burden**

(as per last two annual WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases)

| **Trends of immunisation coverage (percentage)** | | | | | | **Vaccine preventable disease burden** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vaccine** | | **Reported** | | **Survey** | | **Disease** | **Number of reported cases** | |
|  | | 2009 | 2010 | 2011 |  |  | **2009** | **2010** |
| **BCG** | | 67 | 72 |  |  | **Tuberculosis** |  |  |
| **DTP** | **DTP1** | 76 | 81 |  |  | **Diphtheria** | 0 | 34 |
| **DTP3** | 67 | 74 |  |  | **Pertussis** | 12 | 6 |
| **Polio 3** | | 67 | 76 |  |  | **Polio** | 0 | 0 |
| **Measles (first dose)** | | 59 | 64 |  |  | **Measles** | 78 | 153 |
| **TT2+ (Pregnant women)** | | 31 | 31 |  |  | **NN Tetanus** | 8 | 7 |
| **Hib3** | | 67 | 74 |  |  | **Hib[2]** |  |  |
| **Yellow Fever** | |  |  |  |  | **Yellow fever** |  |  |
| **HepB3** | | 67 | 74 |  |  | **HepBsero-prevalence[1]** |  |  |
| **Vitamin A supplement**  **Mothers (< 6 weeks post-delivery)** | |  |  |  |  |  | | |
| **Vitamin A supplement**  **Infants (>6 months)** | | 88 | 83 |  |  |

**[1]** If available

**[2]** **Note**: JRF asks for Hib meningitis

If survey data is included in the table above, please indicate the years the surveys were conducted, the full title and if available, the age groups the data refers to

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| **In the last quarter of 2011 the Lao Socioeconomc Indicator survey will be conducted and will determine national and provincial EPI coverage.** |

# **Baseline and Annual Targets**

(refer to cMYP pages)

**Table 1:** baseline figures

| **Number** | **Base Year** | **Baseline and Targets** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2010** | **2013** | **2014** | **2015** |  |  |  |
| **Total births** | 175,359 | 186,956 | 191,043 | 195,248 |  |  |  |
| **Total infants' deaths** | 9,473 | 10,087 | 10,302 | 10,524 |  |  |  |
| **Total surviving infants** | 165,886 | 176,869 | 180,741 | 184,724 |  |  |  |
| **Total pregnant women** | 175,359 | 186,956 | 191,043 | 195,248 |  |  |  |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 126,461 | 158,913 | 166,207 | 175,723 |  |  |  |
| **BCG coverage (%)[1]** | 72% | 85% | 87% | 90% |  |  |  |
| **Number of infants vaccinated (to be vaccinated) with OPV3** | 125,060 | 150,338 | 153,630 | 157,015 |  |  |  |
| **OPV3 coverage (%)[2]** | 75% | 85% | 85% | 85% |  |  |  |
| **Number of infants vaccinated (or to be vaccinated) with DTP1[3]** | 134,710 | 159,182 | 162,667 | 166,252 |  |  |  |
| **Number of infants vaccinated (to be vaccinated) with DTP3[3]** | 123,153 | 150,338 | 153,630 | 157,015 |  |  |  |
| **DTP3 coverage (%)[2]** | 74% | 85% | 85% | 85% |  |  |  |
| **Wastage[1] rate in base-year and planned thereafter for DTP (%)** | 5% | 5% | 5% | 5% |  |  |  |
| **Wastage[1] factor in base-year and planned thereafter for DTP** | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |
| **Target population vaccinated with 1st dose of Pneumococcal** |  | 159,182 | 162,667 | 166,252 |  |  |  |
| **Target population vaccinated with 3rd dose of Pneumococcal** |  | 150,338 | 153,630 | 157,015 |  |  |  |
| **Pneumococcal coverage (%)[2]** | 0% | 85% | 85% | 85% |  |  |  |
| **Infants vaccinated (to be vaccinated) with 1st dose of Measles** | 106,652 | 150,338 | 157,244 | 166,251 |  |  |  |
| **Measles coverage (%)[2]** | 64% | 85% | 87% | 90% |  |  |  |
| **Pregnant women vaccinated with TT+** | 54,945 | 149,564 | 152,834 | 156,198 |  |  |  |
| **TT+ coverage (%)[4]** | 31% | 80% | 80% | 80% |  |  |  |
| **Vit A supplement to mothers within 6 weeks from delivery** |  |  |  |  |  |  |  |
| **Vit A supplement to infants after 6 months** | 583,631 | 741,092 | 758,161 | 774,763 |  |  |  |
| **Annual DTP Drop-out rate[ ( DTP1 - DTP3 ) / DTP1 ] x 100[5]** | 9% | 6% | 6% | 6% |  |  |  |

**[1]** Number of infants vaccinated out of total births

**[2]** Number of infants vaccinated out of total surviving infants

**[3]** Indicate total number of children vaccinated with either DTP alone or combined

**[4]** Number of pregnant women vaccinated with TT+ out of total pregnant women

**[5]** The formula to calculate a vaccine wastage rate (in percentage):[ ( A – B ) / A ] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

# **Summary of current and future immunisation budget**

(or refer to cMYP pages)

|  | **Estimated costs per annum in US$ (in thousand US$)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost category** | **Base Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** | |
| 2010 | 2013 | 2014 | 2015 |  |  |  |  |  | |
| **Routine Recurrent Cost** | | | | | | | | | | |
| **Vaccines (routine vaccines only)** | **2,355,465** | **4,098,866** | **3,584,848** | **3,714,904** |  |  |  |  |  | |
| **Traditional vaccines** | 466,995 | 539,379 | 566,348 | 594,665 |  |  |  |  |  | |
| **New and underused vaccines** | 1,888,470 | 3,559,487 | 3,018,500 | 3,120,239 |  |  |  |  |  | |
| **Injection supplies** | 124,159 | 143,404 | 150,574 | 158,103 |  |  |  |  |  | |
| **Personnel** | **622,657** | **726,380** | **762,700** | **800,834** |  |  |  |  |  | |
| **Salaries of full-time NIP health workers (immunisation specific)** | 173,960 | 201,380 | 211,450 | 222,022 |  |  |  |  |  | |
| **Per-diems for outreach vaccinators / mobile teams** | 448,697 | 525,000 | 551,250 | 578,812 |  |  |  |  |  | |
| **Transportation** | 250,000 | 232,025 | 243,626 | 255,807 |  |  |  |  |  | |
| **Maintenance and overheads** |  | 50,000 | 50,000 | 50,000 |  |  |  |  |  | |
| **Training** | 54,148 | 100,000 | 100,000 | 100,000 |  |  |  |  |  | |
| **Social mobilisation and IEC** | 50,000 | 100,000 | 100,000 | 100,000 |  |  |  |  |  | |
| **Disease surveillance** | 100,000 | 80,000 | 80,000 | 80,000 |  |  |  |  |  | |
| **Program management** | 100,302 | 100,000 | 100,000 | 100,000 |  |  |  |  |  | |
| **Other** | 123,349 | 150,000 | 150,000 | 150,000 |  |  |  |  |  | |
| ***Subtotal Recurrent Costs*** | ***3,780,080*** | ***5,780,675*** | ***5,321,748*** | ***5,509,648*** |  |  |  |  |  | |
|  | | | | | | | | | | |
| **Routine Capital Costs** | | | | | | | | | | |
| **Vehicle** | 100,000 | 100,000 | 100,000 | 100,000 |  |  |  |  |  | |
| **Cold chain equipment** | 101,486 | 200,000 | 200,000 | 200,000 |  |  |  |  |  | |
| **Other capital equipment** |  | 110,000 | 121,000 |  |  |  |  |  |  | |
| ***Subtotal Capital Costs*** | ***201,486*** | ***410,000*** | ***421,000*** | ***300,000*** |  |  |  |  |  | |
|  | | | | | | | | | | |
| **Campaigns** | | | | | | | | | | |
| **Polio** |  |  | 1,000,000 |  |  |  |  |  | |  |
| **Measles** |  |  |  |  |  |  |  |  | |  |
| **Yellow Fever** |  |  |  |  |  |  |  |  | |  |
| **MNT campaigns** | 2,372,200 |  |  |  |  |  |  |  | |  |
| **Other campaigns** | 631,376 |  |  |  |  |  |  |  | |  |
| ***Subtotal Campaign Costs*** | ***3,003,576*** | ***0*** | ***1,000,000*** | ***0*** |  |  |  |  | |  |
| **GRAND TOTAL** | **6,985,142** | **6,190,675** | **6,742,748** | **5,809,648** |  |  |  |  | |  |

# **Summary of current and future financing and sources of funds**

Please list in the tables below the funding sources for each type of cost category (if known). Please try and indicate which immunisation program costs are covered from the Government budget, and which costs are covered by development partners (or the GAVI Alliance), and name the partners (or refer to cMYP).

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

|  | | **Estimated costs per annum in US$ (in thousand US$)** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost category** | **Funding source** | **Base Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| **2010** | **2013** | **2014** | **2015** |  |  |  |  |  |
| **Routine Recurrent Cost** | | | | | | | | | | |
|  | Government | 441,300 | 678,282 | 675,938 | 708,282 |  |  |  |  |  |  |
|  | GAVI | 1,833,561 | 3,422,495 | 2,802,442 | 2,890,905 |  |  |  |  |  |  |
|  | WHO | 106,267 | 300,000 | 300,000 | 300,000 |  |  |  |  |  |  |
|  | UNICEF | 726,764 | 548,000 | 498,000 | 498,000 |  |  |  |  |  |  |
|  | Lux Development | 490,805 | 0 | 0 | 0 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |  |
| **Routine Capital Costs** | | | | | | | | | | |  |
|  | Government |  |  |  |  |  |  |  |  |  |  |
|  | GAVI |  |  |  |  |  |  |  |  |  |  |
|  | WHO |  |  |  |  |  |  |  |  |  |  |
|  | UNICEF | 55,373 |  |  |  |  |  |  |  |  |  |
|  | Lux Development | 46,113 |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |  |
| **Campaigns** | | | | | | | | | | |  |
|  | Government | 150,000 |  |  |  |  |  |  |  |  |  |
|  | UNICEF | 1,000,000 |  |  |  |  |  |  |  |  |  |
|  | WHO | 1,539,692 |  |  |  |  |  |  |  |  |  |
|  | US AID | 313,884 |  |  |  |  |  |  |  |  |  |
| **GRAND TOTAL** | | **6,703,759** | **4,948,777** | **4,276,380** | **4,397,187** |  |  |  |  |  |  |

# **New and Under-Used Vaccines (NVS)**

Please summarise the cold chain capacity and readiness to accommodate new vaccines, stating how the cold chain expansion (if required) will be financed, and when it will be in place. Please indicate the additional cost, if capacity is not available and the source of funding to close the gap.

|  |
| --- |
| **At the central level: The National vaccine store presently has the following major cold chain equipment to store EPI vaccines (OPV, HepB -birth dose-, DPTHepBHib, Measles, TT and BCG) for routine immunization. • 2 Walk-in Cooler, Gross volume = Total 39.312 cubic meter • 1 Walk-in Freezer, Gross volume = Total 19.926 cubic meter • 1 Deep freezer, SB 142, 45 liters • 2 Deep freezers, SB 300, 197 x 2 = Total 394 liters • 2 Standby generators • 1 Truck for vaccine transport (open/not insulated) • 1 Insulated vehicle for vaccine transport Now there needs to be consideration given to cold chain storage capacity for JE and pneumococcal vaccine introduction. Calculations need to be done and projections required. The cold room and freezer room have sufficient cold storage space to store routine vaccines in net positive storage capacity. However, the capacity needs to be expanded if more than one new vaccines is introduced simultaneously such rotavirus, pneumococcal, pandemic vaccines or human papiloma virus (HPV). The government has not decided to expand central level storage at this moment because it is only planning to add two vaccines in the current planning cycle  Cold chain capacity at central store and requirements for future new vaccines:  Vaccines Volume per dose Doses Needed Total Volume need Total Volume need (m3) Current available Net capacity  Current routine Vaccines 6,7 m3  (BCG, HepB, Pentavalent, OPV, MCV, TT)    PCV 13 12.9 cm3 626,779 8,085,449 cm3 8,085 m3  JE 2.9 cm3 200,000 580,000 cm3 0,58 m3  Rotavirus 17.1 cm3 417,853 7,145,286 cm3 7,145 m3   22,51 m3 18 m3   Storage at provincial, district and health centers have recently been expanded thus introduction of another vaccine will not be a problem. Now 80% of all health centers have their own cold chain capacity compared to only 20% in the last multi-year plan.** |

Please give a summary of the cMYP sections that refer to the introduction of new and under-used vaccines. Outline the key points that informed the decision-making process (data considered etc)

|  |
| --- |
| **In the last plan period, pentavalent vaccine was introduced in 2009. A post vaccine introduction assessment was conducted in March-April 2011 and it found that the vaccine introduction proceeded smoothly.  Japanese Encephalitis: 2006-2008 Welcome Trust/Mahosot Hospital/Moh supported by WHO conducted a study of acute encephalitis syndrome patients and detected Japanese encephalitis in 13.2% of them. Following this study, the MOH National Center for Laboratory and Epidemiology began conducting routine surveillance for Japanese encephalitis. There was an outbreak in Northern part of Laos in April 2010 and extended until the end of the year. There were 152 cases, with 90 lab confirmed cases and 7 deaths. 66% of suspected cases were children aged between one and 15. 75% cases were reported from the northern provinces, but cases have also been reported from across the country. Campaign funds have been requested from the MOH to immunize against Japanese encephalitis, using the SA 14-14-2 live attenuated vaccine from China, in the northern part of Laos where most of the cases have occurred. The target group is 450,000 (age group 1- 15 years). It is proposed to introduce the vaccine in 2012. Both campaign and routine strategies, along with extension of the encephalitis surveillance system, will therefore be considered in the next plan. Pneumococcal Conjugate Vaccine: Pneumonia is the leading cause of child mortality in Lao PDR, and pneumococcus causes a substantial portion of childhood pneumonia. Surveillance is difficult due to the fact that most of the patients have already received treatment with antibiotics before they are admitted to hospital. Specimens are therefore difficult to culture. Secondly, capacity to perform lumbar puncture at the provincial and district hospital is limited due to lack of skill and problems with transportation of specimens. So as was the case with Hib (pentavalent) vaccine, “proxy data” such as modeling estimates and hospital projections are used to justify pneumococcal conjugate vaccine (PCV) introduction in the next plan period. Pneumonia is the most common single cause of death among children under 5 years old in Laos, causing 27% of under-5 deaths according to WHO estimates (World Health Statistics 2010). In the absence of vaccination, pneumococcus is one of the most common causes of childhood pneumonia. According to WHO estimates published in 2009, pneumococcus causes 25,605 cases of pneumonia, 109 cases of meningitis, and 541 cases of other invasive disease among children under 5 years old annually in Laos, resulting in 1,114 deaths (estimates for year 2000). Specific data on pneumococcal disease burden in Laos are very limited; a recent study in a Vientiane hospital found that one-third of all pneumococcal meningitis and sepsis cases were in children under 5 years old. The Pneumococcal Global Serotype Project estimates that PCV13 will provide protection against serotypes causing about 74% of invasive disease cases in Asia (as compared to 70% for PCV10). Local data from the Vientiane hospital study, though based on small numbers, are consistent with these estimates: 73% of cases in children under 5 were caused by serotypes covered by PCV13 and the same for PCV10. Hence PCV 13 may prevent 19,428 cases of severe illness and 824 deaths out of an estimated total 26,255 cases and 1,114 deaths, respectively.  Measles and Rubella Vaccine: Criteria for rubella introduction is that at least 80% of children are reached. The criteria should be met as a result of a planned measles/rubella campaign in 2011. In order to achieve measles elimination goals, a second dose of measles will also be considered at school entry (see strategy section) in 2013. The new plan period will also take the opportunity to strengthen measles and rubella case based surveillance (rash and fever), as well as introduce a system for surveillance of congenital rubella syndrome (CRS).** |

# **Capacity and cost (for positive storage)**

|  |  | **Formula** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** | **2015** |  |  |  |  |  |
| **A** | **Annual positive volume requirement, including new vaccine (litres or m3)**  **m3** | **Sum-product of total vaccine doses multiplied by unit packed volume of the vaccine** | 15 | 16 | 16 |  |  |  |  |  |
| **B** | **Existing net positive cold chain capacity (litres or m3)**  **m3** | **#** | 18 | 18 | 18 |  |  |  |  |  |
| **C** | **Estimated minimum number of shipments per year required for the actual cold chain capacity** | **A / B** | **1** | **1** | **1** |  |  |  |  |  |
| **D** | **Number of consignments /**  **shipments per year** | **Based on national vaccine shipment plan** | 2 | 2 | 2 |  |  |  |  |  |
| **E** | **Gap (if any)** | **((A / D) - B)** | -11 | -10 | -10 |  |  |  |  |  |
| **F** | **Estimated additional cost of cold chain** | **US$** | **200,000** | **200,000** | **200,000** |  |  |  |  |  |

Please briefly describe how your country plans to move towards attaining financial sustainability for the new vaccines you intend to introduce, how the country will meet the co-financing payments, and any other issues regarding financial sustainability you have considered (refer to the cMYP)

|  |
| --- |
| **The Government of Laos is committed to increase its total health sector financing to meet its effort to strengthen the overall health system and to create greater sustainability in the health sector. This provides opportunities to increase government commitment for immunization services as well. Firstly, the government will steadily increase government commitment to vaccine financing by including a budget line to buy traditional vaccines (BCG, Measles, OPV and TT). This c-MYP includes government contribution towards traditional vaccines and injection supplies for at least 15% of total cost. The GoL has committed to spending $ 949,000 for new vaccines over the new multi-year plan period. In addition, government will put domestic resources to meet some of the operational costs towards outreach. Regular advocacy meetings will be held with Minister of Health and Minister of Finance to advocate for increase in financing of different costs associated with immunization services to reduce the donor dependence. There is optimism in the government sector that public spending resources will greatly increase in the coming years due to increased revenues from new hydroelectric projects, increased tourism and trade within the region. At the same time efforts will be made to expand and diversify the donor base to meet future immunization program costs. The NIP will actively recruit new donors and foster their longer term commitments. Some success is already seen in substantial commitments made by Government of Luxembourg to support cold chain equipment, traditional vaccines and vehicles. With implementation of the new Strategy and Planning Framework for the Integrated Package of Maternal Neonatal and Child Health Services 2009-2015, funding from MNCH donors will be shared with the immunization program because more and more interventions are being conducted jointly.** |

# **Assessment of burden of relevant diseases (if available)**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Disease** | **Title of the assessment** | **Date** | **Results** |
| --- | --- | --- | --- |
| Pneumococcal meningitis | Enhanced determination of Streptococcus pneumoniae serotypes in invasive disease in Laos with a real-time PCR serotyping assay | 2003-2009, published 2010 | Of 353 patients (all ages) with suspected meningitis, 19 (5.4%) were found to have pneumococcal meningitis by culture or PCR. PCR identified twice as many cases as culture alone. 57% of patients admitted for meningitis had received antibiotics before admission (by measured antibiotic activity in urine). Of 10,799 patients with suspected bacterial sepsis, 23 (1.9%) were culture-positive for pneumococcus. One-third of all pneumococcal meningitis or sepsis was among children under 5 years old; coverage for the serotypes found in under-5’s was 73% for PCV13, 73% for PCV10, and 45% for PCV7. (Am J Trop Med Hygiene, 2010) |  |

If new or under-used vaccines have already been introduced in your country, please give details of the lessons learned from storage capacity, protection from accidental freezing, staff training, cold chain, logistics, drop-out rate, wastage rate etc., and suggest action points to address them

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Lessons Learned** | **Action Points** |
| --- | --- |
| (According to the PIE of pentavalent vaccine) 1. Pre-implementation plan is necessary 2. Need to print new IEC materials for the new vaccine 3. Training of health workers should be competency based 4. Increase supportive supervision | 1.Developed an introduction plan 2. IEC materials and radio messages developed 3. Change to a more compentency based curriculum and use Master trainers 4. Ensure budget is available for supervision and retrain supervisors |  |

Please list the vaccines to be introduced with support from the GAVI Alliance (and presentation)

|  |
| --- |
| **Pneumoccocal conjugate vaccine-13 one-dose vial** |

# **6.****3.1. Requested vaccine ( Pneumococcal (PCV13), 1 doses/vial, Liquid )**

As reported in the cMYP, the country plans to introduce Pneumococcal (PCV13), 1 doses/vial, Liquid vaccine.

# **6.****3.2. Co-financing information**

If you would like to co-finance higher amount than minimum, please overwrite information in the “*Your co-financing*” row.

**Note:** Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

|  |  |
| --- | --- |
| **Country group** | Low |

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2013 | 2014 | 2015 |  |  |  |  |  |
| **Minimum co-financing** | 0.20 | 0.20 | 0.20 |  |  |  |  |  |
| **Your co-financing (please change if higher)** | 0.20 | 0.20 | 0.20 |  |  |  |  |  |

# **6.****3.3. Wastage factor**

Please indicate wastage rate:

Countries are expected to plan for a maximal wastage rate of:

* 50% - for a lyophilised vaccine in 10 or 20-dose vial,
* 25% - for a liquid vaccine in 10 or 20-dose vial or a lyophilised vaccine in 5-dose vial,
* 10% - for a lyophilised/liquid vaccine in 2-dose vial, and
* 5% - for a liquid vaccine in 1-dose vial

**Note:** Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2013 | 2014 | 2015 |  |  |  |  |  |
| **Vaccine wastage rate in %** | 5% | 5% | 5% |  |  |  |  |  |
| **Equivalent wastage factor** | 1.05 | 1.05 | 1.05 |  |  |  |  |  |

# **6.3.4. Specifications of vaccinations with new vaccine**

|  | **Data from** |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** | **2015** |  |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | Table 1 | # | 159,182 | 162,667 | 166,252 |  |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 150,338 | 153,630 | 157,015 |  |  |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 85.00% | 85.00% | 85.00% |  |  |  |  |  |
| **Estimated vaccine wastage factor** | Table 6.(n).3**[3]** | # | 1.05 | 1.05 | 1.05 |  |  |  |  |  |
| **Country co-financing per dose[2]** | Table 6.(n).2**[3]** | $ | 0.20 | 0.20 | 0.20 |  |  |  |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Total price per-dose includes vaccine cost, plus freight, supplies, insurance, visa costs etc.

**[3]** Where (n) depends on the vaccine

# **6.3.5. Portion of supply to be procured by the country (and cost estimate, US$)**

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** | **2015** |  |  |  |  |  |
| **Number of vaccine doses** | # | 33,500 | 27,600 | 28,200 |  |  |  |  |  |
| **Number of AD syringes** | # | 35,800 | 29,100 | 29,800 |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 400 | 325 | 350 |  |  |  |  |  |
| **Total value to be co-financed by country** | $ | **125,500** | **103,500** | **105,500** |  |  |  |  |  |

# **6.3.6. Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)**

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** | **2015** |  |  |  |  |  |
| **Number of vaccine doses** | # | 593,400 | 487,700 | 498,400 |  |  |  |  |  |
| **Number of AD syringes** | # | 633,500 | 515,700 | 527,100 |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 7,050 | 5,725 | 5,850 |  |  |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **2,222,500** | **1,826,500** | **1,866,500** |  |  |  |  |  |

# **6.3.7. New and Under-Used Vaccine Introduction Grant**

Please indicate in the tables below how the one-time Introduction Grant**[1]** will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP).

**Calculation of lump-sum for the Pneumococcal (PCV13), 1 doses/vial, Liquid**

If the total is lower than US$100,000, it is automatically rounded up to US$100,000

| **Year of New Vaccine Introduction** | **Births (from Table 1)** | **Share per Birth in US$** | **Total in US$** |
| --- | --- | --- | --- |
| 2013 | 186,956 | 0.30 | 100,000 |

**[1]** The Grant will be based on a maximum award of $0.30 per infant in the birth cohort with a minimum starting grant award of $100,000

**Cost (and finance) to introduce the Pneumococcal (PCV13), 1 doses/vial, Liquid (US$)**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Cost Category** | **Full needs for new vaccine introduction in US$** | **Funded with new vaccine introduction grant in US$** |
| --- | --- | --- |
| **Training** | 32,000 | 32,000 |
| **Social Mobilization, IEC and Advocacy** | 50,000 | 28,000 |
| **Cold Chain Equipment & Maintenance** |  |  |
| **Vehicles and Transportation** |  |  |
| **Programme Management** | 20,000 | 20,000 |
| **Surveillance and Monitoring** | 40,000 | 20,000 |
| **Human Resources** |  |  |
| **Waste Management** | 10,000 |  |
| **Technical assistance** |  |  |
|  |  |  |  |
| **Totals** | 152,000 | 100,000 |

# **Procurement and Management of New and Under-Used Vaccines**

**Note:** The PCV vaccine must be procured through UNICEF

1. Please show how the support will operate and be managed including procurement of vaccines (GAVI expects that most countries will procure vaccine and injection supplies through UNICEF)

|  |
| --- |
| Lao PDR will prefer procuring the pneumoccocal vaccine through UNICEF supply system, as is the current modality. Two shipments each year will be ordered. Lao PDR will release its share of co-financing payments at the time of placing orders for vaccine supply with UNICEF. The vaccine will have to pass through MOH Food and Drug Department for clearance, which in the case of WHO pre-qualified vaccines only needs certificate of analysis, certificate of origin and donation certificate. In addition, the cash grant for introduction of new vaccine ($100000) will be received in MOH bank account as specified in annex 1 on the banking form. NIP and the technical working group and ICC will provide oversight over implementation of new vaccine introduction activities and monitoring and supervision. |

1. If an alternative mechanism for procurement and delivery of supply (financed by the country or the GAVI Alliance) is requested, please document

* Other vaccines or immunisation commodities procured by the country and descriptions of the mechanism used.
* The functions of the National Regulatory Authority (as evaluated by WHO) to show they comply with WHO requirements for procurement of vaccines and supply of assured quality.

|  |
| --- |
| N/A |

1. Please describe the introduction of the vaccines (refer to cMYP)

|  |
| --- |
| Please refer to section 4.2.6.3 of cMYP and document # 9 for the details of vaccine introduction plan. |

1. Please indicate how funds should be transferred by the GAVI Alliance (if applicable)

|  |
| --- |
| Lao PDR would like to use UNICEF procurement system to purchase the pentavalent vaccine along with AD syringes. Hence the funds for vaccine and AD syringes purchase may directly be transferred to UNICEF. Lao PDR would request GAVI to transfer the new vaccine introduction grant of $100,000 to the bank account of MOH as indicated in the banking form on Annex 1. |

1. Please indicate how the co-financing amounts will be paid (and who is responsible for this)

|  |
| --- |
| Ministry of Health of Lao PDR will be responsible for payment of co-financing amounts. Lao PDR would like to receive the vaccine in two shipments. Following the regulations of the internal budgeting and financing cycles, the Government Lao PDR would make the co-financing payments at the time of placing the vaccine supply orders with UNICEF. Since Lao DPR intends to introduce the vaccine in January 2013,and subject to approval of the application in May 2011 round, Lao PDR will place its first shipment order at around August/September 2012 and 2nd order at around March 2013, and will make the payments accordingly |

1. Please outline how coverage of the new vaccine will be monitored and reported (refer to cMYP)

|  |
| --- |
| NIP regularly monitors the coverage of all routine vaccines by district and province. All the health centers are required to send the coverage data in pre-defined reporting forms to districts, which in turn aggregate data for all health centers and send upward to provinces. Provinces compile data for all the districts and send to NIP.  With introduction of new vaccines, the reporting forms, immunization registers at the health facility and child immunization cards will be revised to reflect introduction of pentavalent vaccine. NIP, TWG (comprised of NIP, WHO, UNICEF, JICA and Govt. of Luxembourg) and ICC will regularly monitor the reported coverage data through regular reviews and analysis. In addition, supportive supervision reports from routine immunization monitoring system will be used for on-site monitoring. In addition to this, data quality self-assessment surveys will be organized for selected areas to validate the administratively reported data and the consistency in reporting across different levels of health facilities. Small scale EPI coverage surveys will be planned in selected districts during the five year plan period. Finally, UNICEF conducts nationwide Multiple Indicator Cluster Survey (MICS) every five years. The last two MICS surveys were conducted in 2000 and 2006. The next survey will be the Lao Socio-economic Indicator Survey conducted by MOH, Department of Statistics and UNICEF in 2011. These are household surveys and will validate the administrative reported national coverage levels. In addition, to reporting and monitoring of vaccine coverage data, the sentinel surveillance for meningoencephalitis at the three hospitals will be continued during this plan period. The surveillance will help to assess the impact of vaccine. Finally, the data on admissions for pneumonia and meningitis in hospitals for children under five years of age as reported through national health information systems will be regularly monitored. |

# **Vaccine Management (EVSM/EVM/VMA)**

When was the last Effective Vaccine Store Management (EVSM) conducted?August - 2010

When was the last Effective Vaccine Management (EVM) or Vaccine Management Assessment (VMA) conducted?October - 2010

If your country conducted either EVSM, EVM, or VMA in the past three years, please attach relevant reports. (Document N°2)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and VMA tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at <http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html>

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

|  |
| --- |
| The report and improvement plan have just been released and the action will take place in the near future. Refer to cMYP section 2.1.4 for more information. |

When is the next Effective Vaccine Management (EVM) Assessment planned? - 2013

*Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.*

# **Additional Comments and Recommendations**

Comments and Recommendations from the National Coordinating Body (ICC/HSCC)

|  |
| --- |
|  |

# **Annexes**

# **Annex 1**

# **Annex 1.1 – Pneumococcal (PCV13), 1 doses/vial, Liquid**

**Table 1.1 A** - Rounded up portion of supply that is procured by the country and estimate of related cost in US$

| **Required supply item** |  | **2013** | **2014** | **2015** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 33,500 | 27,600 | 28,200 |  |  |  |  |  |
| **Number of AD syringes** | *#* | 35,800 | 29,100 | 29,800 |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 400 | 325 | 350 |  |  |  |  |  |
| **Total value to be co-financed by the country** | *$* | 125,500 | 103,500 | 105,500 |  |  |  |  |  |

**Table 1.1 B** - Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.

| **Required supply item** |  | **2013** | **2014** | **2015** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 593,400 | 487,700 | 498,400 |  |  |  |  |  |
| **Number of AD syringes** | *#* | 633,500 | 515,700 | 527,100 |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 7,050 | 5,725 | 5,850 |  |  |  |  |  |
| **Total value to be co-financed by the country** | ***$*** | **2,222,500** | **1,826,500** | **1,866,500** |  |  |  |  |  |

**Table 1.1 C** - Summary table for Pneumococcal (PCV13), 1 doses/vial, Liquid

|  | **Data from** |  | **2013** | **2014** | **2015** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # | 176,869 | 180,741 | 184,724 |  |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # | 150,338 | 153,630 | 157,015 |  |  |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # | 85.00% | 85.00% | 85.00% |  |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # | 159,182 | 162,667 | 166,252 |  |  |  |  |  |
| **Number of doses per child** |  | # | 3 | 3 | 3 |  |  |  |  |  |
| **Estimated vaccine wastage factor** | *Table 6.(n).3***[2]** | # | 1.05 | 1.05 | 1.05 |  |  |  |  |  |
| **Number of doses per vial** |  | # | 1 | 1 | 1 |  |  |  |  |  |
| **AD syringes required** |  | # | Yes | Yes | Yes |  |  |  |  |  |
| **Reconstitution syringes required** |  | # | No | No | No |  |  |  |  |  |
| **Safety boxes required** |  | # | Yes | Yes | Yes |  |  |  |  |  |
| **Vaccine price per dose** |  | $ | 3.500 | 3.500 | 3.500 |  |  |  |  |  |
| **Country co-financing per dose** | *Table 6.(n).2***[2]** | $ | 0.20 | 0.20 | 0.20 |  |  |  |  |  |
| **AD syringe price per unit** |  | $ | 0.053 | 0.053 | 0.053 |  |  |  |  |  |
| **Reconstitution syringe price per unit** |  | $ |  |  |  |  |  |  |  |  |
| **Safety box price per unit** |  | $ | 0.640 | 0.640 | 0.640 |  |  |  |  |  |
| **Freight cost as % of vaccines value** |  | % | 5.00 | 5.00 | 5.00 |  |  |  |  |  |
| **Freight cost as % of devices value** |  | % | 10.00 | 10.00 | 10.00 |  |  |  |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Table 1.1 D** - Estimated number of doses for Pneumococcal (PCV13), 1 doses/vial, Liquid associated injection safety material and related co-financing budget (page 1)

|  |  | **Formula** | **2013** | | | **2014** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 5.34% |  |  | 5.34% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 159,182 | 8,500 | 150,682 | 162,667 | 8,688 | 153,979 |
| C | **Number of doses per child** | Vaccine parameter | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 477,546 | 25,500 | 452,046 | 488,001 | 26,063 | 461,938 |
| E | **Estimated vaccine wastage factor** | Table 6.(n).3. in NVS section**[2]** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| F | **Number of doses needed including wastage** | D \* E | 501,424 | 26,775 | 474,649 | 512,402 | 27,366 | 485,036 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 125,356 | 6,694 | 118,662 | 2,745 | 147 | 2,598 |
| I | **Total vaccine doses needed** | F + G | 626,780 | 33,468 | 593,312 | 515,147 | 27,512 | 487,635 |
| J | **Number of doses per vial** | Vaccine parameter | 1 | 1 | 1 | 1 | 1 | 1 |
| K | **Number of AD syringes (+ 10% wastage) needed** | (D + G) \* 1.11 | 669,222 | 35,734 | 633,488 | 544,729 | 29,092 | 515,637 |
| L | **Reconstitution syringes (+ 10% wastage) needed** | I / J \* 1.11 |  |  |  |  |  |  |
| M | **Total of safety boxes (+ 10% of extra need) needed** | (K + L) / 100 x 1.11 | 7,429 | 397 | 7,032 | 6,047 | 323 | 5,724 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 2,193,730 | 117,137 | 2,076,593 | 1,803,015 | 96,292 | 1,706,723 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 35,469 | 1,894 | 33,575 | 28,871 | 1,542 | 27,329 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 4,755 | 254 | 4,501 | 3,871 | 207 | 3,664 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 109,687 | 5,857 | 103,830 | 90,151 | 4,815 | 85,336 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 4,023 | 215 | 3,808 | 3,275 | 175 | 3,100 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 2,347,664 | 125,356 | 2,222,308 | 1,929,183 | 103,030 | 1,826,153 |
| U | **Total country co-financing** | I \* country co-financing per dose | 125,356 |  |  | 103,030 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 5.34% |  |  | 5.34% |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Table 1.1 D -** Estimated number of doses for Pneumococcal (PCV13), 1 doses/vial, Liquid associated injection safety material and related co-financing budget (page 2)

|  |  | **Formula** | **2015** | | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 5.34% |  |  |  |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 166,252 | 8,879 | 157,373 |  |  |  |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 498,756 | 26,637 | 472,119 |  |  |  |
| E | **Estimated vaccine wastage factor** | Table 6.(n).3. in NVS section**[2]** | 1.05 | 1.05 | 1.05 |  |  |  |
| F | **Number of doses needed including wastage** | D \* E | 523,694 | 27,969 | 495,725 |  |  |  |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 2,823 | 151 | 2,672 |  |  |  |
| I | **Total vaccine doses needed** | F + G | 526,517 | 28,120 | 498,397 |  |  |  |
| J | **Number of doses per vial** | Vaccine parameter | 1 | 1 | 1 | 1 | 1 | 1 |
| K | **Number of AD syringes (+ 10% wastage) needed** | (D + G) \* 1.11 | 556,753 | 29,734 | 527,019 |  |  |  |
| L | **Reconstitution syringes (+ 10% wastage) needed** | I / J \* 1.11 |  |  |  |  |  |  |
| M | **Total of safety boxes (+ 10% of extra need) needed** | (K + L) / 100 x 1.11 | 6,180 | 331 | 5,849 |  |  |  |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 1,842,810 | 98,418 | 1,744,392 |  |  |  |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 29,508 | 1,576 | 27,932 |  |  |  |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 3,956 | 212 | 3,744 |  |  |  |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 92,141 | 4,921 | 87,220 |  |  |  |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 3,347 | 179 | 3,168 |  |  |  |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 1,971,762 | 105,304 | 1,866,458 |  |  |  |
| U | **Total country co-financing** | I \* country co-financing per dose | 105,304 |  |  |  |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 5.34% |  |  |  |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Annex 2**

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

**Table A -** Commodities Cost

| **Vaccine** | **Presentation** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AD syringe | 0 | 0.053 | 0.053 | 0.053 | 0.053 | 0.053 | 0.053 | 0.053 |
| DTP-HepB | 2 | 1.600 |  |  |  |  |  |  |
| DTP-HepB | 10 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 |
| DTP-HepB-Hib | WAP | 2.580 | 2.470 | 2.320 | 2.030 | 1.850 | 1.850 | 1.850 |
| DTP-HepB-Hib | WAP | 2.580 | 2.470 | 2.320 | 2.030 | 1.850 | 1.850 | 1.850 |
| DTP-HepB-Hib | WAP | 2.580 | 2.470 | 2.320 | 2.030 | 1.850 | 1.850 | 1.850 |
| DTP-Hib | 10 | 3.400 | 3.400 | 3.400 | 3.400 | 3.400 | 3.200 | 3.200 |
| HepB monoval | 1 |  |  |  |  |  |  |  |
| HepB monoval | 2 |  |  |  |  |  |  |  |
| Hib monoval | 1 | 3.400 |  |  |  |  |  |  |
| Measles | 10 | 0.240 | 0.240 | 0.240 | 0.240 | 0.240 | 0.240 | 0.240 |
| Pneumococcal(PCV10) | 2 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 |
| Pneumococcal(PCV13) | 1 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 |
| Reconstit syringe for Pentaval (2ml) | 0 | 0.032 | 0.032 | 0.032 | 0.032 | 0.032 | 0.032 | 0.032 |
| Reconstit syringe for YF | 0 | 0.038 | 0.038 | 0.038 | 0.038 | 0.038 | 0.038 | 0.038 |
| Rotavirus 2-dose schedule | 1 | 7.500 | 6.000 | 5.000 | 4.000 | 3.600 | 3.600 | 3.600 |
| Rotavirus 3-dose schedule | 1 | 5.500 | 4.000 | 3.333 | 2.667 | 2.400 | 2.400 | 2.400 |
| Safety box | 0 | 0.640 | 0.640 | 0.640 | 0.640 | 0.640 | 0.640 | 0.640 |
| Yellow Fever | WAP | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 |
| Yellow Fever | WAP | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 |

**Note:** WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

**Table B -** Commodities Freight Cost

| **Vaccines** | **Group** | **No Threshold** | **200’000 $** | | **250’000 $** | | **2’000’000 $** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **<=** | **>** | **<=** | **>** | **<=** | **>** |
| Yellow Fever | Yellow Fever |  | 20% |  |  |  | 10% | 5% |
| DTP+HepB | HepB and or Hib | 2% |  |  |  |  |  |  |
| DTP-HepB-Hib | HepB and or Hib |  |  |  | 15% | 3,50% |  |  |
| Pneumococcal vaccine (PCV10) | Pneumococcal | 5% |  |  |  |  |  |  |
| Pneumococcal vaccine (PCV13) | Pneumococcal | 5% |  |  |  |  |  |  |
| Rotavirus | Rotavirus | 5% |  |  |  |  |  |  |
| Measles | Measles | 10% |  |  |  |  |  |  |

**Table C -** **Low** - Minimum country's co-payment per dose of co-financed vaccine.

| **vaccine** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pneumococcal(PCV13), 1 doses/vial, Liquid** | 0.20 | 0.20 | 0.20 |  |  |  |  |

**Table D -** Wastage rates and factors

Countries are expected to plan for a maximal wastage rate of:

* 50% - for a lyophilised vaccine in 10 or 20-dose vial,
* 25% - for a liquid vaccine in 10 or 20-dose vial or a lyophilised vaccine in 5-dose vial,
* 10% - for a lyophilised/liquid vaccine in 2-dose vial, and
* 5% - for a liquid vaccine in 1-dose vial

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vaccine wastage rate | 5% | 10% | 15% | 20% | 25% | 30% | 35% | 40% | 45% | 50% | 55% | 60% |
| Equivalent wastage factor | 1.05 | 1.11 | 1.18 | 1.25 | 1.33 | 1.43 | 1.54 | 1.67 | 1.82 | 2 | 2.22 | 2.5 |

WHO International shipping guidelines: maximum packed volumes of vaccines

**Table E -** Vaccine maximum packed volumes

| **Vaccine product** | **Designation** | **Vaccine formulation** | **Admin route** | **No. Of doses in the schedule** | **Presentation (doses/vial, prefilled)** | **Packed volume vaccine (cm3/dose)** | **Packed volume diluents (cm3/dose)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| BCG | BCG | lyophilized | ID | 1 | 20 | 1.2 | 0.7 |
| Diphtheria-Tetanus-Pertussis | DTP | liquid | IM | 3 | 20 | 2.5 |  |
| Diphtheria-Tetanus-Pertussis | DTP | liquid | IM | 3 | 10 | 3.0 |  |
| Diphtheria-Tetanus | DT | liquid | IM | 3 | 10 | 3.0 |  |
| Tetanus-Diphtheria | Td | liquid | IM | 2 | 10 | 3.0 |  |
| Tetanus Toxoid | TT | liquid | IM | 2 | 10 | 3.0 |  |
| Tetanus Toxoid | TT | liquid | IM | 2 | 20 | 2.5 |  |
| Tetanus Toxoid UniJect | TT | liquid | IM | 2 | Uniject | 12.0 |  |
| Measles | Measles | lyophilized | SC | 1 | 1 | 26.1 | 20.0 |
| Measles | Measles | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles | Measles | lyophilized | SC | 1 | 5 | 5.2 | 7.0 |
| Measles | Measles | lyophilized | SC | 1 | 10 | 3.5 | 4.0 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 1 | 26.1 | 26.1 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 5 | 5.2 | 7.0 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 1 | 26.1 | 26.1 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 5 | 5.2 | 7.0 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 10 | 3.0 | 4.0 |
| Polio | OPV | liquid | Oral | 4 | 10 | 2.0 |  |
| Polio | OPV | liquid | Oral | 4 | 20 | 1.0 |  |
| Yellow fever | YF | lyophilized | SC | 1 | 5 | 6.5 | 7.0 |
| Yellow fever | YF | lyophilized | SC | 1 | 10 | 2.5 | 3.0 |
| Yellow fever | YF | lyophilized | SC | 1 | 20 | 1.5 | 2.0 |
| Yellow fever | YF | lyophilized | SC | 1 | 50 | 0.7 | 1.0 |
| DTP-HepB combined | DTP-HepB | liquid | IM | 3 | 1 | 9.7 |  |
| DTP-HepB combined | DTP-HepB | liquid | IM | 3 | 2 | 6.0 |  |
| DTP-HepB combined | DTP-HepB | liquid | IM | 3 | 10 | 3.0 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 1 | 18.0 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 2 | 13.0 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 6 | 4.5 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 10 | 4.0 |  |
| Hepatitis B UniJect | HepB | liquid | IM | 3 | Uniject | 12.0 |  |
| Hib liquid | Hib\_liq | liquid | IM | 3 | 1 | 15.0 |  |
| Hib liquid | Hib\_liq | liquid | IM | 3 | 10 | 2.5 |  |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 1 | 13.0 | 35.0 |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 2 | 6.0 |  |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 10 | 2.5 | 3.0 |
| DTP liquid + Hib freeze-dried | DTP+Hib | liquid+lyop. | IM | 3 | 1 | 45.0 |  |
| DTP-Hib combined liquid | DTP+Hib | liquid+lyop. | IM | 3 | 10 | 12.0 |  |
| DTP-Hib combined liquid | DTP-Hib | liquid | IM | 3 | 1 | 32.3 |  |
| DTP-HepB liquid + Hib freeze-dried | DTP-Hib | liquid | IM | 3 | 10 | 2.5 |  |
| DTP-HepB liquid + Hib freeze-dried | DTP-HepB+Hib | liquid+lyop. | IM | 3 | 1 | 22.0 |  |
| DTP-HepB-Hib liquid | DTP-HepB+Hib | liquid+lyop. | IM | 3 | 2 | 11.0 |  |
| DTP-HepB-Hib liquid | DTP-HepB-Hib | liquid | IM | 3 | 10 | 4.4 |  |
| DTP-HepB-Hib liquid | DTP-HepB-Hib | liquid | IM | 3 | 2 | 13.1 |  |
| DTP-HepB-Hib liquid | DTP-HepB-Hib | liquid | IM | 3 | 1 | 19.2 |  |
| Meningitis A/C | MV\_A/C | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Meningitis A/C | MV\_A/C | lyophilized | SC | 1 | 50 | 1.5 | 3.0 |
| Meningococcal A/C/W/ | MV\_A/C/W | lyophilized | SC | 1 | 50 | 1.5 | 3.0 |
| Meningococcal A/C/W/Y | MV\_A/C/W/Y | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Meningitis W135 | MV\_W135 | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Meningitis A conjugate | Men\_A | lyophilized | SC | 2 | 10 | 2.6 | 4.0 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 10 | 15.0 |  |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 10 | 8.1 | 8.1 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 5 | 2.5 | 2.9 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 1 | 12.6 | 11.5 |
| Japanese Encephalitis | JE\_liq | liquid | SC | 3 | 10 | 3.4 |  |
| Rota vaccine | Rota\_lyo | lyophilized | Oral | 2 | 1 | 156.0 |  |
| Rota vaccine | Rota\_liq | liquid | Oral | 2 | 1 | 17.1 |  |
| Rota vaccine | Rota\_liq | liquid | Oral | 3 | 1 | 45.9 |  |
| Pneumo. conjugate vaccine 7-valent | PCV-7 | liquid | IM | 3 | PFS | 55.9 |  |
| Pneumo. conjugate vaccine 7-valent | PCV-7 | liquid | IM | 3 | 1 | 21.0 |  |
| Pneumo. conjugate vaccine 10-valent | PCV-10 | liquid | IM | 3 | 1 | 11.5 |  |
| Pneumo. conjugate vaccine 10-valent | PCV-10 | liquid | IM | 3 | 2 | 4.8 |  |
| Pneumo. conjugate vaccine 13-valent | PCV-13 | liquid | IM | 3 | 1 | 12.0 |  |
| Polio inactivated | IPV | liquid | IM | 3 | PFS | 107.4 |  |
| Polio inactivated | IPV | liquid | IM | 3 | 10 | 2.5 |  |
| Polio inactivated | IPV | liquid | IM | 3 | 1 | 15.7 |  |
| Human Papilomavirus vaccine | HPV | liquid | IM | 3 | 1 | 15.0 |  |
| Human Papilomavirus vaccine | HPV | liquid | IM | 3 | 2 | 5.7 |  |
| Monovalent OPV-1 | mOPV1 | liquid | Oral |  | 20 | 1.5 |  |
| Monovalent OPV-3 | mOPV3 | liquid | Oral |  | 20 | 1.5 |  |

# **Attachments**

# **List of Supporting Documents Attached to this Proposal**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **Section** | **Document Number** | **Mandatory[1]** |
| **MoH Signature (or delegated authority) of Proposal** |  | **11** | **Yes** |
| **MoF Signature (or delegated authority) of Proposal** |  | **12** | **Yes** |
| **Signatures of ICC or HSCC or equivalent in Proposal** |  | **13** | **Yes** |
| **Minutes of ICC/HSCC meeting endorsing Proposal** |  | **1** | **Yes** |
| **comprehensive Multi Year Plan - cMYP** |  | **8** | **Yes** |
| **cMYP Costing tool for financial analysis** |  | **7** | **Yes** |
| **Minutes of last three ICC/HSCC meetings** |  | **4, 5** | **Yes** |
| **Improvement plan based on EVM** |  | **2** | **Yes** |
| **WHO/UNICEF Joint Reporting Form (JRF)** |  | **3** |  |
| **ICC/HSCC workplan for forthcoming 12 months** |  |  |  |
| **National policy on injection safety** |  |  |  |
| **Action plans for improving injection safety** |  |  |  |
| **Plan for NVS introduction (if not part of cMYP)** |  | **14** |  |
| **Banking details** |  |  |  |

**[1]** Please indicate the duration of the plan / assessment / document where appropriate

# **Attachments**

List of all the mandatory and optional documents attached to this form

**Note:** Use the ***Upload file*** arrow icon to upload the document. Use the ***Delete item*** icon to delete a line. To add new lines click on the ***New item*** icon in the ***Action*** column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID** | **File type** | **File name** | | **New file** | **Actions** |
| **Description** | **Date and Time** | **Size** |
| 1 | **File Type:**  Minutes of ICC/HSCC meeting endorsing Proposal \*  **File Desc:**  ICC Meeting minutes | **File name:**  [MINUTES ICC meeting 12-5-11\_Lao PDR.doc](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b0%5d.FileData)  **Date/Time:**  24.05.2011 05:55:41  **Size:**  76 KB | |  |  |
| 2 | **File Type:**  Improvement plan based on EVM \*  **File Desc:**  EVM Report and Improvement Plan | **File name:**  [Report\_Improvement Plan Based on 2010 EVM\_LAO PDR.doc](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b1%5d.FileData)  **Date/Time:**  27.05.2011 06:41:17  **Size:**  466 KB | |  |  |
| 3 | **File Type:**  WHO/UNICEF Joint Reporting Form (JRF)  **File Desc:**  JRF 2010 | **File name:**  [JRF\_data\_for\_2010\_english (WPRO)\_LAO PDR.xls](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b2%5d.FileData)  **Date/Time:**  24.05.2011 06:04:32  **Size:**  372 KB | |  |  |
| 4 | **File Type:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:**  Minutes of the 19th MCH TGW | **File name:**  [Minutes of the 19th HP&F TWG.xlsx](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b3%5d.FileData)  **Date/Time:**  24.05.2011 06:23:30  **Size:**  30 KB | |  |  |
| 5 | **File Type:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:**  Minutes of the 17th MCH TGW | **File name:**  [Minutes of the 17th HP&F TWG.xlsx](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b4%5d.FileData)  **Date/Time:**  24.05.2011 06:34:01  **Size:**  30 KB | |  |  |
| 6 | **File Type:**  other  **File Desc:**  Report Post Introduction Evaluation | **File name:**  [PIE Final Report.docx](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b5%5d.FileData)  **Date/Time:**  24.05.2011 10:03:06  **Size:**  321 KB | |  |  |
| 7 | **File Type:**  cMYP Costing tool for financial analysis \*  **File Desc:**  Costing Rationale cMYP | **File name:**  [Rationale for cMYP Costing Figures.pdf](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b6%5d.FileData)  **Date/Time:**  24.05.2011 10:10:56  **Size:**  406 KB | |  |  |
| 8 | **File Type:**  comprehensive Multi Year Plan - cMYP \*  **File Desc:**  cMYP 2012-2015 | **File name:**  [LAOPDR\_cMYP\_2012\_15\_FINAL\_24may.docx](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b7%5d.FileData)  **Date/Time:**  27.05.2011 06:59:59  **Size:**  480 KB | |  |  |
| 9 | **File Type:**  other  **File Desc:**  EPI Costing Tool worksheet | **File name:**  [EPI Costing Tool 2012-15\_costing.xls](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b8%5d.FileData)  **Date/Time:**  25.05.2011 07:03:48  **Size:**  94 KB | |  |  |
| 10 | **File Type:**  other  **File Desc:**  NVS support calculations | **File name:**  [Annex 1 (LAO PDR) 2010 NVS calculations.xls](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b9%5d.FileData)  **Date/Time:**  25.05.2011 07:09:00  **Size:**  266 KB | |  |  |
| 11 | **File Type:**  MoH Signature (or delegated authority) of Proposal \*  **File Desc:**  MoH Siganature | **File name:**  [NVS MINISTERS.pdf](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b10%5d.FileData)  **Date/Time:**  27.05.2011 11:51:37  **Size:**  318 KB | |  |  |
| 12 | **File Type:**  MoF Signature (or delegated authority) of Proposal \*  **File Desc:**  MoF Signature | **File name:**  [NVS MINISTERS.pdf](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b11%5d.FileData)  **Date/Time:**  27.05.2011 11:52:16  **Size:**  318 KB | |  |  |
| 13 | **File Type:**  Signatures of ICC or HSCC or equivalent in Proposal \*  **File Desc:**  Signatures of ICC | **File name:**  [NVS ICC .pdf](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b12%5d.FileData)  **Date/Time:**  27.05.2011 11:53:07  **Size:**  305 KB | |  |  |
| 14 | **File Type:**  Plan for NVS introduction (if not part of cMYP)  **File Desc:**  PCV Intro Plan | **File name:**  [Introduction Plan\_ pneumococcal vaccine into EPI2013\_2015.doc](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=3260542&propertyName=FormAttachments%5b13%5d.FileData)  **Date/Time:**  27.05.2011 06:57:48  **Size:**  75 KB | |  |  |

Banking Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In accordance with the decision on financial support made by the GAVI Alliance, the Government of Lao People's Democratic Republic hereby requests that a payment be made via electronic bank transfer as detailed below: | | | | |  |
|  |  | | |  | |
| **Name of Institution (Account Holder):** |  | | |  | |
|  |  | | |  | |
| **Address:** |  | | |  | |
| **City Country:** |  | | |  | |
| **Telephone no.:** |  | **Fax no.:** |  |  | |
| **Currency of the bank account:** | | |  |  | |
| **For credit to:** | | | | |  |
| **Bank account's title:** |  | | |  | |
| **Bank account no.:** |  | | |  | |
| **Bank's name:** |  | | |  | |
|  | | | | |  |

Is the bank account exclusively to be used by this program?

By who is the account audited?

Signature of Government’s authorizing official

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Seal** |
|  |
| **Title:** |  |
| **Signature:** |  |
| **Date:** |  |

| **FINANCIAL INSTITUTION** | | **CORRESPONDENT BANK**  **(In the United States)** | |
| --- | --- | --- | --- |
| **Bank Name:** |  |  |  |
| **Branch Name:** |  |  |  |
| **Address:** |  |  |  |
| **City Country:** |  |  |  |
| **Swift Code:** |  |  |  |
| **Sort Code:** |  |  |  |
| **ABA No.:** |  |  |  |
| **Telephone No.:** |  |  |  |
| **FAX No.:** |  |  |  |
|  | |  | |

I certify that the account no is held by (Institution name) at this banking institution.

|  |  |  |
| --- | --- | --- |
| The account is to be signed jointly by at least 0 (number of signatories) of the following authorized signatories: | | |
| **1** |  | |
| **Name:** |  |
| **Title:** |  |
| **2** |  | |
| **Name:** |  |
| **Title:** |  |
| **3** |  | |
| **Name:** |  |
| **Title:** |  |
| **4** |  | |
| **Name:** |  |
| **Title:** |  |

|  |
| --- |
| **Name of bank’s authorizing official** |
|  |
| **Signature:** |
|  |
| **Date:** |
|  |
| **Seal:** |
|  |