

*GAVI Alliance*

**Application Form for Country Proposals**

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

Submitted by

The Government of

***Lesotho***

Date of submission: **Not submitted yet**

**Deadline for submission: 1 Jun 2011**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Start Year | 2012 | End Year | 2016 |

**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 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. |

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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 | 2012 | 2016 | 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**

Increasing poverty, increasing public health expenditure and the AIDS pandemic are currently the greatest threats to the survival of children in Lesotho. Vaccine preventable diseases, including tuberculosis, malnutrition, diarrhoea, acute respiratory infections, continue to contribute significantly to the disease burden in children.
As a result the country continues to experience increasing infant and child mortality among children under the age of one and five years respectively. 2009 LHDS reported an upward trend of childhood mortality ranging from 72 -91deaths per 1,000 live births and 90-117 deaths per 1,000 live births respectively (LHDS 2009). According to the findings from the DHS and related studies, pneumonia is the leading cause of such deaths in the region. For example, findings from the 2010 Annual Joint Review further indicated an national proportion of 20% of children below one year are dying from pneumonias (2010 AJR) It is on this premise that the country found it necessary to find means to reduce child mortality in the country as well as contribute towards achievement of the MDG 4 by introducing new pneumococcal vaccine.
The country is mobilizing resources to support procurement of the vaccine for the next five years (2012-2016). The country realises this is a co-financing type of support. In that regard the contribution of the Government of Lesotho towards co-financing will be at 20c per dose per child. Duration of the support for the whole period is 5 years. The type of vaccine Lesotho is applying for, during this round is PCV13 liquid one dose vial.
Established in 1979, the Expanded Programme on Immunization in Lesotho aims to ensure that vaccines are available to the population for the traditional six preventable diseases of Tuberculosis, Diphtheria, Whooping Cough, Tetanus, Polio and Measles, plus Hepatitis B and Hib as part of the pentavalent vaccine which was introduced into the programme in 2008 with GAVI support.
The foundation of the Expanded Programme on Immunization in Lesotho date back to 1979 when the country adopted the Alma Ata Declaration of Primary Health Care as a strategy to achieving health goals. The country has adopted the MDGs to further improve provision of child survival services in terms of access and quality. Although reported vaccine-preventable disease morbidity and mortality is currently low in Lesotho, there are challenges in assessing the true impact of the National EPI. However, in an attempt to assess the impact of the new pentavalent vaccine, a sentinel surveillance system has been established.

The Government expanded its collaborating partners to include JICA and GAVI. This necessitated establishment of Inter-agency Coordinating Committee (ICC) as a high powered body entrusted with the following roles:
- Advocacy for the Programme policy reviews;
- Advisor to the Government on technical immunization issues;
- Review and ratification of Programme plans and reports;
- Monitoring and Evaluation of the programme;
- Coordination of EPI service provision;
- Resource mobilization for the programme;

The decision to introduce the new vaccine was a result of discussions held between the ICC members and consensus was reached. The Government of Lesotho is currently committed to the process of co-financing pentavalent vaccine from 2008 and there is no history of defaults regarding co-financaing obligations.The Government of Lesotho is therefore further committed to the partnership with GAVI in co-financing procurement of the new Pneumococcal vaccine.

# **Signatures**

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

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

The Government of Lesotho 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 Lesotho 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 April .

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** | Hon Dr. MPHU RAMATLAPENG | **Name** | Hon Dr. TIMOTHY THAHANE |
| **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** |
| --- | --- | --- | --- | --- |
| Ms. POPO NTJONA | National EPI Manager | +266 22226431 | popontjona@yahoo.com |  |
| Mr. MOKUBISANE KHACHANE | National EPI Logistitian | +266 22226440 | mokubisanekhachane@yahoo.com |  |
| Ms.SELLOANE MAEPE | EPI Officer WHO | +266 22312122 | maepes@ls.afro.who.int |  |
| Dr. VICTOR ANKRAH | Child Survival Specialist UNICEF | +266 22315 | victorankrah@unicef.org |  |

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

We the members of the ICC, HSCC, or equivalent committee**[1]** met on the 06.05.2011 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** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | MRS. MALERATO KHOELI | **Title** | Principal Secretary Ministry of Health |
| **Tel no** | +266 22226496 |
| **Fax no** | +266 22323010 | **Address** | Ministry of Health & Social WelfareP.O. 514Maseru, 100Lesotho  |
| **Email** | khoelim@health.gov.ls |

# **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** | LESOTHO ICC |
| **Year of constitution of the current committee** | 1996 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | stand-alone |
| **Frequency of meetings** | Quarterly and or as when needed |

**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** | Hon Minister of Health and Social Welfare | DR.MPHU RAMATLAPENG |
| **Secretary** | EPI Secretaiat | MS. POPO NTJONA |
| **Members** | Principal Secretary for Health | MRS. MALERATO KHOELI | **Action** |
|  | Deputy Principal Secretary for Health | MS.MOLIEHIKHABELE |  |
|  | Director General of Health Services | DR.MPOLAI MOTETEE |  |
|  | Director Health Planning and Statistics Unit | MR. MALEFETSANE MASASA |  |
|  | Director Primary Health Care | DR. LUGEMBA BUDIAKI |  |
|  | Director Human Resource | MS. TSELENG MOEKATSI |  |
|  | Chief Nursing Officer | MS. MANTS'EBO MOJI |  |
|  | Chief Health Educator | MR. KHABISO NTOAMPE |  |
|  | Chief Environmental health | MR. NKUEBE THEKO |  |
|  | Executive Secretary CHAL | MRS. MALENTSOE NTHOLI |  |
|  | Secretary General Lesotho Red Cross | MR. TEBOHO KITLELI |  |
|  | UNICEF | DDR.AHMED MAGAN |  |
|  | WHO | DR. JACOB MUFUNDA |  |

Major functions and responsibilities of the committee

|  |
| --- |
| **i) Coordination: The ICC coordinates partners with a view of fostering a strong partnership which will facilitate sharing of resources and technical inputs. This will ultimately lead to effective utilization of available resources.ii) Advocacy: The committee advocates for EPI at higher political levels in the country and internationally to improve the program performance.iii) Resource Mobilisation: The ICC reviews and endorses EPI plans and supports the EPI programme by mobilizing resources both locally and internationally. It is also responsible for ensuring operationalization of technical issues.IV) Monitoring and Evaluation: The ICC is for responsible for ensuring periodic program review, monitoring through quarterly meetings and timely routine reports both nationally and Internationally.v) Social mobilization: One of the critical tasks of the ICC is to support the programme with social mobilization to ensure wider publicity of the programme.vi) Transparency and accountability: Since the ICC mobilizes resources for EPI, the committee is obliged to review and monitor the use of funds and other resources together with the EPI unit and give continuous feedback to the donors and communities as need arises.vii) Advisory: ICC has an advisory role to the MOHSW and to the National EPI programme** |

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

|  |  |
| --- | --- |
| **1.** | **Ensuring that quarterly meetings with all ICC members are conducted as planned. The minutes and agenda are circulated to the members on time.** |
| **2.** | **Ensuring that the terms of reference of the ICC are clear and responsibilities explicitly outlined** |
| **3.** | **Ensuring that the ICC is periodically briefed about the immunization and disease surveillance activities in order to enlist their support at all levels.** |

# **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

|  |
| --- |
|  |

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 2
* 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 | 1,876,633 |  | 2010 | Lesotho BOS  |
| Infant mortality rate (per 1000) | 91 |  | 2009 | Lesotho DHS  |
| Surviving Infants**[1]** | 50,904 |  | 2010 | Lesotho BOS  |
| GNI per capita (US$) | 1,334 |  | 2009 | Lesotho BOS Pop Data Sheet |
| Total Health Expenditure (THE) as a percentage of GDP | 6.40 | % | 2008 | World Bank |
| General government expenditure on health (GGHE) as % of General government expenditure | 14.00 | % | 2010 | Lesotho Government |

**[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

|  |
| --- |
| **The Government of Lesotho (GoL)budget cycle runs from April to March of the following year. The relevant planning document is health sector policy framework . It derives directly from the broad government objectives outlined in the Vision 2020 and Povery Rreduction Strategy. Then total budget for the MOHSW during the 2009/10 was 14% of the total government budget and this is close to the Abuja Declaration recommendations of at least 15%.**  |

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

|  |
| --- |
| **The cMYP is based on the national health goals outlined in the national health sector plan (NHSP) and it expands on immunization as indicated in the maternal and child health cluster of the NHSP in terms of timing and content. Overall, the cMYP articulates the immunization goals to be achieved in order to effectively contribute to the attainment of national goals particularly MDG 4.** |

Please indicate the national planning budgeting cycle for health

|  |
| --- |
| **April 1st to March 31st the following year** |

Please indicate the national planning cycle for immunisation

|  |
| --- |
| **April 1st to March 31st the following year** |

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

|  |
| --- |
| **Immunization reporting is not disaggregated by sex in Lesotho** |

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

|  |
| --- |
| **Immunization services are provided to all eligible children regardless of gender and immunization coverage for male and female are the same (LDHS;2009)** |

# **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 | Birth | Yes |  |  |
| Penta | 6 weeks, 10weeks and 14 weeks | Yes |  |  |
| Polio | 6 weeks, 10weeks and 14 weeks | Yes |  |  |
| Measles | 9 months and 18 months | Yes |  |  |
| Other (DT) | 18 months | Yes |  |  |
| **Vitamin A** | 6-59 months | 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 | 2009 | 2010 |  | **2009** | **2010** |
| **BCG** | 80 | 73 | 94 |  | **Tuberculosis** | 0 | 0 |
| **DTP** | **DTP1** | 77 | 80 | 96 |  | **Diphtheria** | 0 | 0 |
| **DTP3** | 71 | 75 | 82 |  | **Pertussis** | 0 | 0 |
| **Polio 3** | 74 | 69 | 73 |  | **Polio** | 0 | 0 |
| **Measles (first dose)** | 70 | 67 | 67 |  | **Measles** | 192 | 2,903 |
| **TT2+ (Pregnant women)** | 71 | 74 | 60 |  | **NN Tetanus** | 0 | 0 |
| **Hib3** | 71 | 75 |  |  | **Hib[2]** | 3 | 2 |
| **Yellow Fever** | 0 | 0 |  |  | **Yellow fever** | 0 | 0 |
| **HepB3** | 71 | 75 | 82 |  | **HepBsero-prevalence[1]** |  |  |
| **Vitamin A supplement** **Mothers (< 6 weeks post-delivery)** |  |  |  |  |  |
| **Vitamin A supplement** **Infants (>6 months)** |  | 44 |  |  |

**[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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| --- |
| **Lesotho Demographic and Health Survey (LHDS) was conducted in September 2009. The pentavalent vaccine was introduced in December 2008. Therefore, the age group reported 12-23 months had not recieved pentavalent at the time of the survey.** |

# **Baseline and Annual Targets**

(refer to cMYP pages)

**Table 1:** baseline figures

| **Number** | **Base Year** | **Baseline and Targets** |
| --- | --- | --- |
| **2010** | **2012** | **2013** | **2014** | **2015** | **2016** |  |
| **Total births** | 56,185 | 55,119 | 55,560 | 56,004 | 54,436 | 54,872 |  |
| **Total infants' deaths** | 5,281 | 5,126 | 5,112 | 5,096 | 4,899 | 4,884 |  |
| **Total surviving infants** | 50,904 | 49,993 | 50,448 | 50,908 | 49,537 | 49,988 |  |
| **Total pregnant women** | 56,185 | 55,119 | 55,560 | 56,004 | 54,436 | 54,872 |  |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 41,015 | 41,339 | 44,448 | 47,603 | 47,903 | 49,384 |  |
| **BCG coverage (%)[1]** | 73% | 75% | 80% | 85% | 88% | 90% |  |
| **Number of infants vaccinated (to be vaccinated) with OPV3**  | 35,124 | 37,495 | 38,845 | 41,745 | 40,620 | 44,989 |  |
| **OPV3 coverage (%)[2]** | 69% | 75% | 77% | 82% | 82% | 90% |  |
| **Number of infants vaccinated (or to be vaccinated) with DTP1[3]** | 40,615 | 42,547 | 44,007 | 46,034 | 45,848 | 47,861 |  |
| **Number of infants vaccinated (to be vaccinated) with DTP3[3]** | 38,178 | 39,994 | 41,367 | 43,272 | 43,097 | 44,989 |  |
| **DTP3 coverage (%)[2]** | 75% | 80% | 82% | 85% | 87% | 90% |  |
| **Wastage[1] rate in base-year and planned thereafter for DTP (%)** | 5% | 5% | 5% | 5% | 5% | 5% |  |
| **Wastage[1] factor in base-year and planned thereafter for DTP** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |  |
| **Target population vaccinated with 1st dose of Pneumococcal** |  | 42,547 | 44,007 | 46,034 | 45,848 | 47,861 |  |
| **Target population vaccinated with 3rd dose of Pneumococcal** |  | 39,994 | 41,367 | 43,272 | 43,097 | 44,989 |  |
| **Pneumococcal coverage (%)[2]** | 0% | 80% | 82% | 85% | 87% | 90% |  |
| **Infants vaccinated (to be vaccinated) with 1st dose of Measles** | 34,106 | 34,995 | 36,323 | 38,181 | 39,630 | 44,989 |  |
| **Measles coverage (%)[2]** | 67% | 70% | 72% | 75% | 80% | 90% |  |
| **Pregnant women vaccinated with TT+** | 41,576 | 42,441 | 44,448 | 46,483 | 46,270 | 49,384 |  |
| **TT+ coverage (%)[4]** | 74% | 77% | 80% | 83% | 85% | 90% |  |
| **Vit A supplement to mothers within 6 weeks from delivery** |  |  |  |  |  |  |  |
| **Vit A supplement to infants after 6 months** |  |  |  |  |  |  |  |
| **Annual DTP Drop-out rate[ ( DTP1 - DTP3 ) / DTP1 ] x 100[5]** | 6% | 6% | 6% | 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 | 2012 | 2013 | 2014 | 2015 | 2016 |  |  |  |
| **Routine Recurrent Cost** |
| **Vaccines (routine vaccines only)** | **649,727** | **999,930** | **871,977** | **831,789** | **1,771,332** | **1,654,330** |  |  |  |
| **Traditional vaccines** | 293,508 | 93,423 | 97,486 | 103,709 | 104,049 | 114,523 |  |  |  |
| **New and underused vaccines** | 356,219 | 906,507 | 774,491 | 728,080 | 1,667,283 | 1,539,807 |  |  |  |
| **Injection supplies** | 28,329 | 56,562 | 59,381 | 62,614 | 62,232 | 66,816 |  |  |  |
| **Personnel** | **98,424** | **109,787** | **121,552** | **123,983** | **126,463** | **128,992** |  |  |  |
| **Salaries of full-time NIP health workers (immunisation specific)** | 50,424 | 54,707 | 59,128 | 60,311 | 61,517 | 62,747 |  |  |  |
| **Per-diems for outreach vaccinators / mobile teams** | 48,000 | 55,080 | 62,424 | 63,672 | 64,946 | 66,245 |  |  |  |
| **Transportation** | 946 | 1,040 | 1,144 | 2,517 | 1,384 | 1,523 |  |  |  |
| **Maintenance and overheads** | 7,213 | 7,357 | 158,141 | 167,859 | 170,096 | 180,318 |  |  |  |
| **Training** | 22,161 | 22,310 | 22,938 | 23,584 | 23,382 | 24,041 |  |  |  |
| **Social mobilisation and IEC** | 27,701 | 27,888 | 28,673 | 29,480 | 29,228 | 30,051 |  |  |  |
| **Disease surveillance** | 44,322 | 44,620 | 45,877 | 47,168 | 46,765 | 48,082 |  |  |  |
| **Program management** | 49,862 | 50,198 | 51,611 | 53,065 | 52,610 | 54,092 |  |  |  |
| **Other** |  |  |  |  |  |  |  |  |  |
| ***Subtotal Recurrent Costs*** | ***928,685*** | ***1,319,692*** | ***1,361,294*** | ***1,342,059*** | ***2,283,492*** | ***2,188,245*** |  |  |  |
|  |
| **Routine Capital Costs** |
| **Vehicle** | 9,000 | 9,180 | 9,364 | 9,102 | 9,742 | 9,937 |  |  |  |
| **Cold chain equipment** | 6,022 | 6,143 | 47,518 | 49,640 | 47,355 | 49,616 |  |  |  |
| **Other capital equipment** | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |
| ***Subtotal Capital Costs*** | ***15,022*** | ***15,323*** | ***56,882*** | ***58,742*** | ***57,097*** | ***59,553*** |  |  |  |
|  |
| **Campaigns** |
| **Polio** | 0 | 0 | 0 | 138,265 | 0 | 0 |  |  |  |
| **Measles** |  |  |  |  |  |  |  |  |  |
| **Yellow Fever** |  |  |  |  |  |  |  |  |  |
| **MNT campaigns** |  |  |  |  |  |  |  |  |  |
| **Other campaigns** |  |  |  |  |  |  |  |  |  |
| ***Subtotal Campaign Costs*** | ***0*** | ***0*** | ***0*** | ***138,265*** | ***0*** | ***0*** |  |  |  |
| **GRAND TOTAL** | **943,707** | **1,335,015** | **1,418,176** | **1,539,066** | **2,340,589** | **2,247,798** |  |  |  |

# **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** | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| **Routine Recurrent Cost** |
|  | GOVERNMENT | 542,276 | 358,097 | 496,853 | 522,007 | 523,206 | 619,589 |  |  |  |  |
|  | GAVI | 338,408 | 852,776 | 632,608 | 672,501 | 1,577,703 | 1,454,355 |  |  |  |  |
|  | UNICEF | 12,400 | 38,000 | 48,441 | 55,522 | 32,473 |  |  |  |  |  |
|  | WHO | 35,600 | 17,080 | 41,509 | 36,451 | 60,532 | 28,849 |  |  |  |  |
|  |  |
| **Routine Capital Costs** |  |
|  | GOVERNMENT | 15,022 | 9,180 | 56,882 | 68,742 | 57,097 |  |  |  |  |  |
|  | GAVI |  |  |  |  |  |  |  |  |  |  |
|  | UNICEF |  |  |  |  |  |  |  |  |  |  |
|  | WHO |  |  |  |  |  |  |  |  |  |  |
|  |  |
| **Campaigns** |  |
|  | GOVERNMENT |  |  | 310,446 |  |  |  |  |  |  |  |
|  | GAVI |  |  |  |  |  |  |  |  |  |  |
|  | UNICEF |  |  |  |  |  |  |  |  |  |  |
|  | WHO |  |  |  |  |  |  |  |  |  |  |
| **GRAND TOTAL** | **943,706** | **1,275,133** | **1,586,739** | **1,355,223** | **2,251,011** | **2,102,793** |  |  |  |  |

# **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.

|  |
| --- |
| **WHO cold chain and logistics forecasting tool was used to ascertain national cold store capacity. The existing cold storage capacity at the national store is 300 litres. The total net annual volume of vaccines (traditional and new) ranges from 502 to 580 litres. The 300 litres current cold chain capacity is sufficient to store the vaccines in two shipments. An expansion of the cold storage capacity is therefore not required for the introduction of new vaccines. Plans are in place to conduct cold chain assessment and inventory to determine functionality and remaining life span of all cold chain equipment at district and health centre level and possible replacement where indicated.** |

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)

|  |
| --- |
| **Section 1.8 of the cMYP reflects commitment of the Govt to continue to co-finanace new and underused vaccines in preparation to undertake funding for vaccines. Findings from LHDS 2009 indicated that 6% of children under age 5 years, were ill with cough and rapid breathing during the two weeks preceding the survey. According to Lesotho MoH annual joint review report pneumonia acounted for 16% of hospital admissions for children. In addition, only two in three children with symptoms of acute respiratory infections were taken to a health facility for treatment.(LDHS: 2009). Findings from the 2009/10 annual joint review report further reflected that pneumonia accounted for 20% deaths occuring among the under five children in hospital.** |

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

|  |  | **Formula** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| **A** | **Annual positive volume requirement, including new vaccine (litres or m3)****Litres** | **Sum-product of total vaccine doses multiplied by unit packed volume of the vaccine** | 502 | 538 | 574 | 580 |  |  |  |  |
| **B** | **Existing net positive cold chain capacity (litres or m3)****Litres** | **#** | 300 | 300 | 300 | 300 |  |  |  |  |
| **C** | **Estimated minimum number of shipments per year required for the actual cold chain capacity** | **A / B** | **2** | **2** | **2** | **2** |  |  |  |  |
| **D** | **Number of consignments /****shipments per year** | **Based on national vaccine shipment plan** | 2 | 2 | 2 | 2 | 2 |  |  |  |
| **E** | **Gap (if any)** | **((A / D) - B)** | -49 | -31 | -13 | -10 |  |  |  |  |
| **F** | **Estimated additional cost of cold chain** | **US$** | **0** | **0** | **0** | **0** | **0** |  |  |  |

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 Lesotho is committed to the process of co-financing of under-used and new vaccines with GAVI while preparing for total financing of vaccines. The country has the financial sustainability plan for EPI which covers the period 2004-2013.The three main strategies of the Government of Lesotho to improve the financial sustainability of the programme include:(i) Mobilising additional resources for the programme,(ii) Improving resource reliability, and(iii) Improving programme efficiency.The Government aims at including EPI financing and costing in the health sector's MTEF estimates as strategy to improve reliability of resources; mobilzation of resources from potential donors; accounatbility and transparency on the utilization of funds to attract continued support from potential donors; efficient utilization of funds and avoid inefficiencies within the sector such as inadequate transport to implement EPI activities, inadequate skills and human resources icluding weak maintenance of cold chain equipment.(Financial Sustainability Plan; 2004). In the cMYP covering 2012-2016: 100% traditional vaccines will be paid for by the Government,in 2012 government is proposing to pay 17% Gov contrib. for PCV and penta. The government contribution towards the purchase of PCV and pentavalent will increase gradually until the governmemnt fully takes over.** |

# **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** |
| --- | --- | --- | --- |
| Haemophilus influenza type b | sentinel survellaince | 2010 | The system is newly established in one hospital and it is not yet easy to acsertain its performance. The plan is to expand and involve 6 more hospitals/laboratories to paricipate in the surveillance.This would help to assess the impact of pentavalent vaccine which was introduced in 2008.  |  |

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** |
| --- | --- |
| Storage capacity has been sufficient for introduction of HepB in 2003 and pentavalent in 2008; successful introduction require sufficient preparations notably;availbility of new vaccine introduction guidelines in all health facilities, training of health workers, EPI recording and reporting tools updating, community education on the new vaccine as community participation would play an important role in the introduction of new vaccine | - Cold chain assessment and inventory is planned to be conducted to ensure functional cold chain equipment at all levels to inform needs for replacement of equipment.- vaccine management to be reinforced- devlopment and use of microplans to plan for immunization sessions including tracking of defaulters- adaptation of new vaccine introduction guidelines and training of health workers prior to vaccine introduction |  |
| The program had adequate vaccine storage space for introduction of Hepatitis B at all levelsTemperature monitoring and recording is not done on weekends and public holidays | Conduct a meeting with District Public Health Nurses and PHC Coordinators and re-enforce the importance of monitoring temperature even in weekends and public holidays |  |
| Vaccine management and injection safety: Poor compliance with Waste Management Guidelines whereby some facilities use pits, old toilets to dispose wastes  | National level to provide adequate guidelines to all districts and re-enforce adherence. Continue to use AD syringes and safety boxes at all levels |  |
| Vaccine management, storage and wastage: Stock outs/overstock of some antigens in central and district levels experienced.Wastage monitoring not doneInadequate transport for vaccine and supplies from district to health centre | Conduct training on EPI in general, vaccine management, and logistics, cold chain management.Training for DPHNs, PHC Coordinators and EPI Manager on MLMIntroduce District Vaccine Management toolProvide induction training for new health workers prior to placementRe-visit guidelines on staff rotation to address the challenge of frequent rotation and handing-over process |  |
| Coverage and monitoring:Data is not analyzed at districts.There is low coverage (below 80%) on all antigens | Districts will conduct head count on all under 5 children to determine Health Centre Catchment area population.Supermarket approach will be practiced by all heath facilities providing immunizations |  |
| The target population is not known at Health Centre levelEPI monitoring charts not used in heath facilities | Regular in-service training will be provided on key EPI elements to close the gaps in knowledge and practiceNational level will update and distribute all EPI tools for use by facilitiesNational level will provide guidelines, policies, standard tools to collect and analyze data at all levels |  |
| AEFI monitoring: There are no guidelines for monitoring and reporting AEFI in all facilities | National level will print and distribute guidelines for monitoring and reporting AEFI and file copies appropriately |  |
| Supportive supervision: Supportive supervision is not regularly conducted at all levels | National level will develop an integrated supervisory checklist to be used by all supervisors during supportive supervisory visits |  |
|  |  |  |

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

|  |
| --- |
| **Pneumococcal conjugate vaccine (PCV13) one dose liquid** |

# **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** | Intermediate |

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2012 | 2013 | 2014 | 2015 | 2016 |  |  |  |
| **Minimum co-financing** | 0.20 | 0.23 | 0.26 | 0.30 | 0.35 |  |  |  |
| **Your co-financing (please change if higher)** | 0.20 | 0.23 | 0.26 | 0.30 | 0.35 |  |  |  |

# **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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2012 | 2013 | 2014 | 2015 | 2016 |  |  |  |
| **Vaccine wastage rate in %** | 5% | 5% | 5% | 5% | 5% |  |  |  |
| **Equivalent wastage factor** | 1.05 | 1.05 | 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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| **Number of children to be vaccinated with the first dose** | Table 1 | # | 42,547 | 44,007 | 46,034 | 45,848 | 47,861 |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 39,994 | 41,367 | 43,272 | 43,097 | 44,989 |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 80.00% | 82.00% | 85.00% | 87.00% | 90.00% |  |  |  |
| **Estimated vaccine wastage factor** | Table 6.(n).3**[3]** | # | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |
| **Country co-financing per dose[2]** | Table 6.(n).2**[3]** | $ | 0.20 | 0.23 | 0.26 | 0.30 | 0.35 |  |  |  |

**[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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| **Number of vaccine doses** | # | 9,000 | 8,600 | 10,200 | 11,600 | 14,300 |  |  |  |
| **Number of AD syringes** | # | 9,600 | 9,100 | 10,800 | 12,300 | 15,100 |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 125 | 125 | 125 | 150 | 175 |  |  |  |
| **Total value to be co-financed by country** | $ | **34,000** | **32,500** | **38,500** | **43,500** | **53,500** |  |  |  |

# **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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| **Number of vaccine doses** | # | 158,600 | 131,200 | 136,500 | 132,900 | 138,200 |  |  |  |
| **Number of AD syringes** | # | 169,400 | 138,800 | 144,300 | 140,500 | 146,100 |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 1,900 | 1,550 | 1,625 | 1,575 | 1,625 |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **594,000** | **491,500** | **511,000** | **498,000** | **517,500** |  |  |  |

# **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$** | **Total in US$** |
| --- | --- | --- | --- |
| 2012 | 55,119 | 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** | 35,000 | 35,000 |
| **Social Mobilization, IEC and Advocacy** | 30,000 | 30,000 |
| **Cold Chain Equipment & Maintenance** | 0 | 0 |
| **Vehicles and Transportation** | 1,000 | 1,000 |
| **Programme Management** | 20,000 | 20,000 |
| **Surveillance and Monitoring** | 10,000 | 10,000 |
| **Human Resources** | 0 | 0 |
| **Waste Management** | 0 | 0 |
| **Technical assistance** | 4,000 | 4,000 |
|  |  |  |  |
| **Totals** | 100,000 | 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)

|  |
| --- |
| As a policy, MOH currently procures all vaccines for the routine immunization programme including traditional and under-used vaccines through UNICEF this includes traditional and new vaccines. Therefore, similar procedure will be followed for Pneumococcal vaccine. |

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.

|  |
| --- |
|  |

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

|  |
| --- |
| A national cold chain inventory and rehabilitation of equipment is scheduled for 2011 as well as a Vaccine Management Assessment using the updated WHO tools. In line with introduction plan, the following activities will be undertaken: revision of reporting and recording tools to accommodate new vaccine, adaptation of new vaccine guidelines and training of health workers throughout the whole country, creation of awareness among the public on the new vaccine planned to be introduced and launching of the new vaccine by the Hon. Minister of Health. |

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

|  |
| --- |
| Not applicable |

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

|  |
| --- |
| Government will co-finance vaccine with GAVI and funding will be sourced from MOHSW recurrent budget for the fiscal year. Funds will be transferred to UNICEF by the accounts depatment of the Ministry of Health & Social Welfare. Discussion has been held with UNICEF who have agreed to assist the Ministry of Health in handling of the co-financing funds. MoHSW and UNICEF have a signed Memorandum of Understanding to this effect. ICC is agreeable to this arrangement. Funds equivalent to the co-financing requirements will be deposited with UNICEF by the Chief Accounting Officer of the Ministry of Health and Social Welfare. |

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

|  |
| --- |
| Reports are generated at health facilities and submitted to the central level on a monthly basis. Data analysis takes place at national level and is shared with stakeholders including the health facilities through provision of quarterly feedback. The next Demographic and Health Survey will take place in Lesotho in 2014- this takes place every 5 years. The EPI 30 cluster survey will also be conducted in 2013, a year after introduction of Pneumococcal vaccine. Post introduction evaluation will further be condcuted the first year of vaccine introduction to identify any problems associated with new vaccine introduction to inform recommendtations to improve EPI performance.  |

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

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

When was the last Effective Vaccine Management (EVM) or Vaccine Management Assessment (VMA) conducted?August - 2008

If your country conducted either EVSM, EVM, or VMA in the past three years, please attach relevant reports. (Document N°3)

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.

|  |
| --- |
| Deployment of National EPI logistician: The MoH has employed a logistician for the EPI programme. This person has been trained and is currently working fulltime for the programme.Training of district health workers on vaccine management: In 2009 and 2010, EPI trained all the district focal persons on vaccine management and the following areas were covered: forecsting of vaccines and other supplies, calculation of wastage rates, monitoring of temperature, stock management.Introduction of vaccine management tool: The country is currently using the WHO vaccine stock management tool (SMT). The EPI logistician who was trained on the use of this tool, is currently managing the SMT. |

When is the next Effective Vaccine Management (EVM) Assessment planned? August - 2011

*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** |  | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 9,000 | 8,600 | 10,200 | 11,600 | 14,300 |  |  |  |
| **Number of AD syringes** | *#* | 9,600 | 9,100 | 10,800 | 12,300 | 15,100 |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 125 | 125 | 125 | 150 | 175 |  |  |  |
| **Total value to be co-financed by the country** | *$* | 34,000 | 32,500 | 38,500 | 43,500 | 53,500 |  |  |  |

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

| **Required supply item** |  | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 158,600 | 131,200 | 136,500 | 132,900 | 138,200 |  |  |  |
| **Number of AD syringes** | *#* | 169,400 | 138,800 | 144,300 | 140,500 | 146,100 |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 1,900 | 1,550 | 1,625 | 1,575 | 1,625 |  |  |  |
| **Total value to be co-financed by the country** | ***$*** | **594,000** | **491,500** | **511,000** | **498,000** | **517,500** |  |  |  |

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

|  | **Data from** |  | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # | 49,993 | 50,448 | 50,908 | 49,537 | 49,988 |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # | 39,994 | 41,367 | 43,272 | 43,097 | 44,989 |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # | 80.00% | 82.00% | 85.00% | 87.00% | 90.00% |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # | 42,547 | 44,007 | 46,034 | 45,848 | 47,861 |  |  |  |
| **Number of doses per child** |  | # | 3 | 3 | 3 | 3 | 3 |  |  |  |
| **Estimated vaccine wastage factor** | *Table 6.(n).3***[2]** | # | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |
| **Number of doses per vial** |  | # | 1 | 1 | 1 | 1 | 1 |  |  |  |
| **AD syringes required**  |  | # | Yes  | Yes  | Yes  | Yes  | Yes  |   |   |   |
| **Reconstitution syringes required**  |  | # | No  | No  | No  | No  | No  |   |   |   |
| **Safety boxes required**  |  | # | Yes  | Yes  | Yes  | Yes  | Yes  |   |   |   |
| **Vaccine price per dose** |  | $ | 3.500  | 3.500  | 3.500  | 3.500  | 3.500  |   |   |   |
| **Country co-financing per dose** | *Table 6.(n).2***[2]** | $ | 0.20  | 0.23  | 0.26  | 0.30  | 0.35  |   |   |   |
| **AD syringe price per unit** |  | $ | 0.053  | 0.053  | 0.053  | 0.053  | 0.053  |   |   |   |
| **Reconstitution syringe price per unit** |  | $ |   |   |   |   |   |   |   |   |
| **Safety box price per unit** |  | $ | 0.640  | 0.640  | 0.640  | 0.640  | 0.640  |   |   |   |
| **Freight cost as % of vaccines value** |  | % | 5.00  | 5.00  | 5.00  | 5.00  | 5.00  |   |   |   |
| **Freight cost as % of devices value** |  | % | 10.00  | 10.00  | 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** | **2012** | **2013** |
| --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 5.34% |  |  | 6.14% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 42,547 | 2,272 | 40,275 | 44,007 | 2,703 | 41,304 |
| C | **Number of doses per child** | Vaccine parameter | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 127,641 | 6,816 | 120,825 | 132,021 | 8,109 | 123,912 |
| 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 | 134,024 | 7,157 | 126,867 | 138,623 | 8,514 | 130,109 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 33,506 | 1,790 | 31,716 | 1,150 | 71 | 1,079 |
| I | **Total vaccine doses needed** | F + G | 167,530 | 8,946 | 158,584 | 139,773 | 8,585 | 131,188 |
| 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 | 178,874 | 9,552 | 169,322 | 147,820 | 9,079 | 138,741 |
| 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 | 1,986 | 107 | 1,879 | 1,641 | 101 | 1,540 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 586,355 | 31,309 | 555,046 | 489,206 | 30,046 | 459,160 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 9,481 | 507 | 8,974 | 7,835 | 482 | 7,353 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 1,272 | 68 | 1,204 | 1,051 | 65 | 986 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 29,318 | 1,566 | 27,752 | 24,461 | 1,503 | 22,958 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 1,076 | 58 | 1,018 | 889 | 55 | 834 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 627,502 | 33,506 | 593,996 | 523,442 | 32,148 | 491,294 |
| U | **Total country co-financing** | I \* country co-financing per dose | 33,506 |  |  | 32,148 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 5.34% |  |  | 6.14% |  |  |

**[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** | **2014** | **2015** |
| --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 6.94% |  |  | 8.01% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 46,034 | 3,197 | 42,837 | 45,848 | 3,673 | 42,175 |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 138,102 | 9,589 | 128,513 | 137,544 | 11,019 | 126,525 |
| 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 | 145,008 | 10,068 | 134,940 | 144,422 | 11,570 | 132,852 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 1,597 | 111 | 1,486 | 0 | 0 | 0 |
| I | **Total vaccine doses needed** | F + G | 146,605 | 10,179 | 136,426 | 144,422 | 11,570 | 132,852 |
| 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 | 155,066 | 10,766 | 144,300 | 152,674 | 12,231 | 140,443 |
| 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 | 1,722 | 120 | 1,602 | 1,695 | 136 | 1,559 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 513,118 | 35,625 | 477,493 | 505,477 | 40,494 | 464,983 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 8,219 | 571 | 7,648 | 8,092 | 649 | 7,443 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 1,103 | 77 | 1,026 | 1,085 | 87 | 998 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 25,656 | 1,782 | 23,874 | 25,274 | 2,025 | 23,249 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 933 | 65 | 868 | 918 | 74 | 844 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 549,029 | 38,118 | 510,911 | 540,846 | 43,327 | 497,519 |
| U | **Total country co-financing** | I \* country co-financing per dose | 38,118 |  |  | 43,327 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 6.94% |  |  | 8.01% |  |  |

**[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 3)

|  |  | **Formula** | **2016** |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 9.35% |  |  |  |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 47,861 | 4,474 | 43,387 |  |  |  |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 143,583 | 13,420 | 130,163 |  |  |  |
| 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 | 150,763 | 14,091 | 136,672 |  |  |  |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 1,586 | 149 | 1,437 |  |  |  |
| I | **Total vaccine doses needed** | F + G | 152,349 | 14,239 | 138,110 |  |  |  |
| 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 | 161,138 | 15,061 | 146,077 |  |  |  |
| 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 | 1,789 | 168 | 1,621 |  |  |  |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 533,222 | 49,836 | 483,386 |  |  |  |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 8,541 | 799 | 7,742 |  |  |  |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 1,145 | 108 | 1,037 |  |  |  |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 26,662 | 2,492 | 24,170 |  |  |  |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 969 | 91 | 878 |  |  |  |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 570,539 | 53,323 | 517,216 |  |  |  |
| U | **Total country co-financing** | I \* country co-financing per dose | 53,323 |  |  |  |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 9.35% |  |  |  |  |  |

**[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 -** **Intermediate** - Minimum country's co-payment per dose of co-financed vaccine.

| **vaccine** | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pneumococcal(PCV13), 1 doses/vial, Liquid** | 0.20 | 0.23 | 0.26 | 0.30 | 0.35 |  |  |

**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** |  | **1(No file loaded)** | **Yes** |
| **MoF Signature (or delegated authority) of Proposal** |  | **Missing** | **Yes** |
| **Signatures of ICC or HSCC or equivalent in Proposal** |  | **Missing** | **Yes** |
| **Minutes of ICC/HSCC meeting endorsing Proposal** |  | **Missing** | **Yes** |
| **comprehensive Multi Year Plan - cMYP** |  | **Missing** | **Yes** |
| **cMYP Costing tool for financial analysis** |  | **Missing** | **Yes** |
| **Minutes of last three ICC/HSCC meetings** |  | **Missing** | **Yes** |
| **Improvement plan based on EVM** |  | **Missing** | **Yes** |
| **WHO/UNICEF Joint Reporting Form (JRF)** |  |  |  |
| **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)** |  |  |  |
| **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:**MoH Signature (or delegated authority) of Proposal \***File Desc:** | **File name:****Date/Time:****Size:** |  |  |

Banking Form

|  |  |
| --- | --- |
| In accordance with the decision on financial support made by the GAVI Alliance, the Government of Lesotho 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:** |
|  |