

*GAVI Alliance*

**Application Form for Country Proposals**

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

Submitted by

The Government of

***Liberia***

Date of submission: **13.05.2011 06:07:20**

**Deadline for submission: 1 Jun 2011**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Start Year | 2011 | 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 | 2012 | 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**

Liberia is desirous of continuing its gradual progress toward achieving all the MDGs especially MDG 4, reducing child mortality by two thirds. The country has made significant progress in the attainment of MDG 4 as evidenced by the reduction in both infant and under five mortality rates from 114 and 175 about a decade ago to the current estimates of infant and under five mortality rates of 71 and 110 respectively. Although, many factors have been responsible for the observed downward trend, there is no doubt that immunization contributed significantly towards this downward trend.   
To increase the contribution of immunization towards the reduction in infant and childhood morbidity and mortality as well as realize some of the strategic areas of the Global Immunization Vision and Strategy (GIVS), Liberia with the support of the Global Alliance for Vaccines and Immunization (GAVI) introduced two additional antigens, Hib and Hep B in to routine immunization when it introduced the Pentavalent vaccine in January 2008. The introduction of the pentavalent vaccine has been largely successful and has been widely accepted in all parts of the country. The Liberian government has demonstrated its commitment to the partnership enshrined in the application document by regularly delivering on its obligation to the co-financing arrangement and has paid its annual contribution as they fall due. This commitment will be carried forward to the introduction of the new vaccine (pneumococcal vaccine) covered by this application.  
  
Although specific Liberian data on pneumococcal disease is not readily available, there is a firm believe that the situation in Liberia will not be too dissimilar from those observed in other countries in the sub-region and elsewhere with similar childhood morbidity and mortality pattern. The decision and experience of those countries and the support of the GAVI partners greatly influenced the decision of Liberia to avail itself of the opportunity provided by GAVI to introduce this vaccine.   
  
The preferred formulation by the Liberian government is the PCV13 single dose fully liquid formulation because of its potential to protect against a wider range of strains of pneumococcus and reduced wastage especially in a largely rural and dispersed population that is characteristic of most parts of the country.   
  
Assessment of the cold chain capacity at the national level has shown that there is enough cold chain space to accommodate the additional storage space required for the new vaccine if the two shipments a year schedule for receipt of vaccines is maintained.However, the government with support from partners has plan to replace aging equipment at the county and health facility level with new generation solar equipment. Cold chain space expansion will also be extended to new health facilities. An Effective Vaccine Management (EVM) assessment conducted recently indicates that overall the vaccine management system is satisfactory. Every effort will be made to address the gaps that have been observed by the assessment before the due date for the introduction of the new vaccine.  
  
Monitoring of the performance of the immunization programme will continue to be largely through the routine administrative coverage method. Regular data reviews and biennial coverage surveys will be institutionalized for the purpose of complementing and validating the administrative figures. Closer collaboration will be established with disease surveillance in order to monitor the impact on disease incidence. In this regard plans are underway to establish sentinel site for monitoring pediatric meningitis, most of the information will however continue to be sourced from the existing IDSR system.  
  
The introduction plan will include revision of guidelines, re-training of service providers, revision of data tools and social mobilization including high level launching of the introduction.  
  
Technical guidance for the implementation of the introduction will be provided by the Technical Coordinating Committee (TCC) while the ICC will continue its oversight function. The government of Liberia and its partners represented by the ICC fully endorse this application and are hopeful that it will receive a favorable review from the Independent Review Committee (IRC) and meet with the approval of the GAVI Board.

# **Signatures**

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

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

The Government of Liberia 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 Liberia 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 September .

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** | Dr Walter T. GWENIGALE | **Name** | Mr Augustine K NGAFUAN |
| **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 Mary MOMOLU | EPI Manager | +2316552491 | mmomolu@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 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** | Ms Mary MOMOLU | **Title** | EPI Manager |
| **Tel no** | +2316552491 |
| **Fax no** |  | **Address** | Ministry of Health and Social welfare Capitol Byepass Monrovia, Liberia |
| **Email** | mmomolu@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 Coordinating committee (ICC) |
| **Year of constitution of the current committee** | 2000 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | The main body of ICC with one sub-committee namely, Technical Sub-committee of ICC (TCC) |
| **Frequency of meetings** | ICC meets Quarterly while Technical committee meets monthly |

**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** | Minister of Health and Social Welfare/ Ministry of Health and Social Welfare | Dr. Walter T. GWENIGALE |
| **Secretary** | EPI Manager/Ministry of Health and Social Welfare | Ms Mary MOMOLU |
| **Members** | Minister of Finance/Ministry of finance | Mr Augustine K NGAFUAN | **Action** |
|  | Minister of Internal Affairs/Ministry of Internal Affairs | Mr. Harrison KARNWEA |  |
|  | Minister of Planning and Economic Affairs/Ministry of Planning and Economic Affiars | Mr Amara KONNEH |  |
|  | Minister of Information/Minisry of Information cultural Affairs and Tourism | Mr Cletus SIEH |  |
|  | WHO Representative/WHO | Dr Nestor NDAYIMIRIJE |  |
|  | UNICEF Representative/UNICEF | Mrs Isabel CROWLEY |  |
|  | USAID Representative/USAID | Augustine RANDOLPH |  |
|  | NGO Representative/NGOs |  |  |
|  | Rotary Polio-Plus Chairman/Rotary International | Mr David K VINTON |  |

Major functions and responsibilities of the committee

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| --- |
| **-The encouragement of program ownership by national and county authorities (including increased financial ownership). The uptake of national and county authorities responsibilities should be operationalized through an MOU signed by national and county authorities and by operationalizing the regional Inter-Agency Coordinating committees as enshrined in the MOU. - The building of effective, transparent, and accountable partnership through efficient coordination of all stakeholders as to ensure sustainable development of the EPI program by mobilizing internal and external resources.  - The endorsement of policies and monitoring of program implementation.** |

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

|  |  |
| --- | --- |
| **1.** | **Ensure that the planned meetings are held regularly.** |
| **2.** | **Ensure that ICC members are regularly updated about programmatic activities.** |
| **3.** |  |

# **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: 2.

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

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Ms Mary MOMOLU | **Title** | EPI Manager |
| **Tel no** | +2316552491 |
| **Fax no** |  | **Address** | Ministry of Health and Social Welfare, Capitol Byepass Monrovia, Liberia |
| **Email** | mmomolu@yahoo.com |

# **The NITAG Group for Immunisation**

**Profile of the NITAG**

|  |  |
| --- | --- |
| **Name of the NITAG** | Technical Coordinating Committee |
| **Year of constitution of the current NITAG** | 1998 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Stand-Alone |
| **Frequency of meetings** | Monthly |

**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** | Assistant Minister for Preventive Services/Ministry of Health and Social Welfare | Mrs Jesse E. DUNCAN |
| **Secretary** | EPI Manager/Ministry of Health and Social Welfare | Ms Mary MOMOLU |
| **Members** | WHO-MO/EPI/WHO | Dr Zakari WAMBAI | **Action** |
|  | UNICEF Child Survival Officer EPI/UNICEF | Dr. Tarek HUSSAIN |  |
|  | WHO Surveillance Officer/WHO | Dr. Sei PARWON |  |
|  | UNICEF Project Officer Immunization/UNICEF | Mrs Cefanee KESSELEY |  |
|  | WHO Data Manager/WHO | Mr Roland TUOPILEYI |  |
|  | USAID Representative/USAID | Mrs Sophie PARWON |  |
|  | UNMIL Representative/UNMIL | Dr Nadia KAREEM |  |
|  | Save the Children Representative/NGO Representative |  |  |

Major functions and responsibilities of the NITAG

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| **- Propose strategies; review and recommend operational guidelines for ICC approval; review and recommend all outputs for different working groups for ICC approval; review and fine-tune strategic plans, workplans, and budgets for all immunization activities. - Coordinate partner planning and implementation of immunization activities; - Ensure that all county authorities participate in the planning and implementation of immunization according to the technical guidelines and recommendations - Review program results and recommend corrective action. - Compile and prepare reports as required from the working groups and draft ICC progress reports.  - Provide feedback to the working groups and stakeholders as mandated by the ICC.** |

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

|  |  |
| --- | --- |
| **1.** | **Ensure regular monthly meetings of the TCC to review program performance including progress in implementation of annual plan.** |
| **2.** | **Prepare and disseminate regular feedback to all stakeholders.** |
| **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 5
* 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 | 3,637,154 |  | 2010 | LISGIS 2008 census with 2.1% growth rate added to it for 2011 |
| Infant mortality rate (per 1000) | 71 |  | 2007 | LDHS 2007 report |
| Surviving Infants**[1]** | 148,541 |  | 2011 | LISGIS 2008 census with 2.1% growth rate added to it for 2011 |
| GNI per capita (US$) | 160 |  | 2011 | International Finance Cooperation |
| Total Health Expenditure (THE) as a percentage of GDP | 7.73 | % | 2008 | NHA |
| General government expenditure on health (GGHE) as % of General government expenditure | 29.77 | % | 2008 | NHA |

**[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 first post conflict five year National Health plan for Liberia was developed in 2007 and covers the period 2007 - 2011. A 10 year plan is currently under development. Liberia's fiscal year is July - June the health budget thus follows this fiscal cycle of government** |

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

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| **The new cMYP for Liberia covers the period 2011 - 2015 it therefore straddles two national health plans but the content is reflected in the national health plan that is under development** |

Please indicate the national planning budgeting cycle for health

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| **The national Health planning cycle of five years is being changed to longer Term, Ten year planning cycle, from this annual plans and budget are developed. The annual plan and budget follows the country's fiscal year cycle of July - June** |

Please indicate the national planning cycle for immunisation

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| **The immunization planning cycle is January to December each year as a tradition and also for synchronization with other countries in the sub-region** |

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

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| **Sex disaggregated data is not used in immunization routine reporting except for TT which targets only women** |

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

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| **Gender aspects are implicitly addressed in the national immunization schedule because all children under 1 year are targeted.** |

# **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 | At birth to under one year | Yes |  |  |
| Penta | From 6 weeks to under one year | Yes |  |  |
| Measles | From 9 months to under one year | Yes |  |  |
| Yellow Fever | From 9 months to under one year | Yes |  |  |
| Polio | At birth to under one year | Yes |  |  |
| TT | From 14 year to 49 year women of child bearing age | Yes |  |  |
| Vit A Infants | From 6 months to under one year | Yes |  |  |
| Vit A Mothers | Within 6 to 8 weeks after delivery | Yes |  |  |
| **Vitamin A** |  |  |  |

# **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 | 2008 | 2009 |  | **2009** | **2010** |
| **BCG** | | 93 | 76 | 90 |  | **Tuberculosis** | 0 |  |
| **DTP** | **DTP1** | 105 | 85 | 88 |  | **Diphtheria** | 0 |  |
| **DTP3** | 93 | 75 | 69 |  | **Pertussis** | 0 |  |
| **Polio 3** | | 99 | 75 | 77 |  | **Polio** | 2 | 2 |
| **Measles (first dose)** | | 96 | 72 | 60 |  | **Measles** | 50 | 50 |
| **TT2+ (Pregnant women)** | | 96 | 63 |  |  | **NN Tetanus** | 4 | 4 |
| **Hib3** | | 93 | 75 | 69 |  | **Hib[2]** | 0 |  |
| **Yellow Fever** | | 94 | 71 | 59 |  | **Yellow fever** | 0 | 0 |
| **HepB3** | | 93 | 75 | 69 |  | **HepBsero-prevalence[1]** | 0 |  |
| **Vitamin A supplement**  **Mothers (< 6 weeks post-delivery)** | | 46 | 40 | 85 |  |  | | |
| **Vitamin A supplement**  **Infants (>6 months)** | | 93 | 63 | 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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| --- |
| **The EPI Coverage survey (EPI 30 Cluster Survey)was conducted in October 2009 and covered the period October 2007 to October 2008 for children between the ages of 12 to 23 months. The stated coverage is for card and history.** |

# **Baseline and Annual Targets**

(refer to cMYP pages)

**Table 1:** baseline figures

| **Number** | **Base Year** | **Baseline and Targets** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2009** | **2012** | **2013** | **2014** | **2015** |  |  |
| **Total births** | 178,117 | 189,576 | 193,557 | 197,622 | 201,772 |  |  |
| **Total infants' deaths** | 12,646 | 12,891 | 12,968 | 12,845 | 12,913 |  |  |
| **Total surviving infants** | 165,471 | 176,685 | 180,589 | 184,777 | 188,859 |  |  |
| **Total pregnant women** | 178,117 | 189,576 | 193,557 | 197,622 | 201,772 |  |  |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 165,603 | 174,410 | 180,008 | 185,764 | 191,683 |  |  |
| **BCG coverage (%)[1]** | 93% | 92% | 93% | 94% | 95% |  |  |
| **Number of infants vaccinated (to be vaccinated) with OPV3** | 140,881 | 159,016 | 162,530 | 166,299 | 169,973 |  |  |
| **OPV3 coverage (%)[2]** | 85% | 90% | 90% | 90% | 90% |  |  |
| **Number of infants vaccinated (or to be vaccinated) with DTP1[3]** | 149,551 | 150,182 | 162,530 | 171,843 | 179,416 |  |  |
| **Number of infants vaccinated (to be vaccinated) with DTP3[3]** | 132,697 | 141,348 | 153,501 | 162,604 | 169,973 |  |  |
| **DTP3 coverage (%)[2]** | 80% | 80% | 85% | 88% | 90% |  |  |
| **Wastage[1] rate in base-year and planned thereafter for DTP (%)** | 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 |  |  |
| **Target population vaccinated with 1st dose of Pneumococcal** | 0 | 150,182 | 162,530 | 171,843 | 179,416 |  |  |
| **Target population vaccinated with 3rd dose of Pneumococcal** | 0 | 141,348 | 153,501 | 162,604 | 169,973 |  |  |
| **Pneumococcal coverage (%)[2]** | 0% | 80% | 85% | 88% | 90% |  |  |
| **Infants vaccinated (to be vaccinated) with 1st dose of Measles** | 86,044 | 141,348 | 144,471 | 166,299 | 169,973 |  |  |
| **Measles coverage (%)[2]** | 52% | 80% | 80% | 90% | 90% |  |  |
| **Pregnant women vaccinated with TT+** | 142,494 | 161,140 | 174,201 | 177,860 | 181,595 |  |  |
| **TT+ coverage (%)[4]** | 80% | 85% | 90% | 90% | 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]** | 11% | 6% | 6% | 5% | 5% |  |  |

**[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** | |
| 2009 | 2012 | 2013 | 2014 | 2015 |  |  |  |  | |
| **Routine Recurrent Cost** | | | | | | | | | | |
| **Vaccines (routine vaccines only)** | **1,180,000** | **3,936,590** | **4,248,089** | **4,498,980** | **4,693,355** |  |  |  |  | |
| **Traditional vaccines** | 340,000 | 488,946 | 515,324 | 533,588 | 545,305 |  |  |  |  | |
| **New and underused vaccines** | 840,000 | 3,447,644 | 3,732,765 | 3,965,392 | 4,148,050 |  |  |  |  | |
| **Injection supplies** | 163,460 | 33,771 | 36,255 | 38,098 | 39,283 |  |  |  |  | |
| **Personnel** | **300,180** | **354,473** | **375,741** | **398,286** | **422,183** |  |  |  |  | |
| **Salaries of full-time NIP health workers (immunisation specific)** | 111,180 | 135,034 | 143,136 | 151,724 | 160,828 |  |  |  |  | |
| **Per-diems for outreach vaccinators / mobile teams** | 189,000 | 219,439 | 232,605 | 246,562 | 261,355 |  |  |  |  | |
| **Transportation** | 227,172 | 115,274 | 209,470 | 134,809 | 133,091 |  |  |  |  | |
| **Maintenance and overheads** | 2,532,008 | 2,835,451 | 2,740,021 | 2,902,565 | 3,074,446 |  |  |  |  | |
| **Training** | 50,000 | 0 | 63,124 | 0 | 0 |  |  |  |  | |
| **Social mobilisation and IEC** | 141,000 | 158,428 | 35,730 | 37,874 | 45,500 |  |  |  |  | |
| **Disease surveillance** | 200,000 | 224,720 | 238,203 | 252,495 | 267,645 |  |  |  |  | |
| **Program management** | 96,000 | 179,776 | 145,304 | 141,397 | 135,161 |  |  |  |  | |
| **Other** | 84,000 | 431,840 | 483,978 | 563,988 | 618,818 |  |  |  |  | |
| ***Subtotal Recurrent Costs*** | ***4,973,820*** | ***8,270,323*** | ***8,575,915*** | ***8,968,492*** | ***9,429,482*** |  |  |  |  | |
|  | | | | | | | | | | |
| **Routine Capital Costs** | | | | | | | | | | |
| **Vehicle** | 72,333 | 34,083 | 68,086 | 39,768 | 51,522 |  |  |  |  | |
| **Cold chain equipment** | 92,000 | 133,000 | 13,000 | 13,000 | 13,000 |  |  |  |  | |
| **Other capital equipment** | 167,140 | 178,843 | 178,846 | 178,843 | 178,843 |  |  |  |  | |
| ***Subtotal Capital Costs*** | ***331,473*** | ***345,926*** | ***259,932*** | ***231,611*** | ***243,365*** |  |  |  |  | |
|  | | | | | | | | | | |
| **Campaigns** | | | | | | | | | | |
| **Polio** | 1,295,260 | 0 |  |  |  |  |  |  | |  |
| **Measles** | 0 | 0 |  |  |  |  |  |  | |  |
| **Yellow Fever** |  |  |  |  |  |  |  |  | |  |
| **MNT campaigns** |  | 366,261 |  |  |  |  |  |  | |  |
| **Other campaigns** |  |  |  |  |  |  |  |  | |  |
| ***Subtotal Campaign Costs*** | ***1,295,260*** | ***366,261*** | ***0*** | ***0*** | ***0*** |  |  |  | |  |
| **GRAND TOTAL** | **6,600,553** | **8,982,510** | **8,835,847** | **9,200,103** | **9,672,847** |  |  |  | |  |

# **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** |
| **2009** | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| **Routine Recurrent Cost** | | | | | | | | | | |
| 43,944,842.00 | GOL, GAVI & Partners | 5,138,700 | 8,461,245 | 8,778,293 | 9,183,013 | 9,656,874 |  |  |  |  |  |
|  | | | | | | | | | | |  |
| **Routine Capital Costs** | | | | | | | | | | |  |
| 1375555 | GOL & Partners | 331,473 | 345,926 | 259,930 | 231,611 | 243,365 |  |  |  |  |  |
|  | | | | | | | | | | |  |
| **Campaigns** | | | | | | | | | | |  |
| 1550320 | GOL , Partners & GAVI | 1,295,260 | 857,804 | 0 | 0 | 0 |  |  |  |  |  |
| **GRAND TOTAL** | | **6,765,433** | **9,664,975** | **9,038,223** | **9,414,624** | **9,900,239** |  |  |  |  |  |

# **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.

|  |
| --- |
| **The present refrigeration capacity at the national store is 12,271 liters while the freezing capacity is 4,054 liters. The refrigeration capacity needed for a one shipment plan for all antigens is 14,944 liters while the freezing capacity for a one shipment plan is 2,876 liters. Therefore, Liberia's storage capacity is adequate for two shipment plan per year. Although the two shipment arrangement leaves enough cold chain space even for supplies for Supplemental Immunization Activities (SIAs), sub-national depots and county cold stores are also relied upon.** |

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 Liberia, ARI is one of the leading causes of morbidity and mortality among children under 5. The DHS-2007 report states that, 9% of children under 5 experience ARI. Although specific data on the number of cases of ARI attributable to pneumococcus does not exist for Liberia, data from other countries in the sub-region indicate that its contribution is substantial. Liberia being desirous of making progress towards achieving the MDGs and following technical advice from partners such as WHO and UNICEF finds it appropriate to introduce pneumococcal vaccine in order to reduce childhood morbidity and mortality.** |

# **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** |  |  |  |  |
| **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** | 14,944 | 15,258 | 14,383 | 15,747 |  |  |  |  |
| **B** | **Existing net positive cold chain capacity (litres or m3)**  **Litres** | **#** | 12,271 | 12,271 | 12,271 | 12,271 |  |  |  |  |
| **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 |  |  |  |  |
| **E** | **Gap (if any)** | **((A / D) - B)** | -4,799 | -4,642 | -5,080 | -4,398 |  |  |  |  |
| **F** | **Estimated additional cost of cold chain** | **US$** | **100,676** | **100,676** | **100,676** | **100,676** |  |  |  |  |

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)

|  |
| --- |
| **Liberia has so far shown commitment towards honoring its commitment by regularly paying its contribution towards the co-financing for financial sustainability to continue to look at all sources (internal and external) of funding to ensure financial sustainability.Other possible sources of funding to be explored include HIPC , Millennium Development fund facilities and advocacy for increase in government budget..** |

# **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 Disease | No Assessment done |  | Although no specific assessment about this disease has been done, there is a firm belief that the situation is similar to that in other countries in the sub-region where assessments have been done (eg. The Gambia). However, plans are underway to establish sentinel surveillance in the country. |  |

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** |
| --- | --- |
| Training: - Importance of organizing and conducting training before introduction - Positive impact of national level participation at all levels - Ensuring availability of sufficient quantities of reference materials for all HFs  Policy: - Using introduction of a new vaccine as opportunity to update all policy documents - Implementing uniform policy on procedure for left-over stocks of DPT  - Demonstrating flexibility in useful disposal of DPT  Community Preparedness: - Effective launching and use of radio and other media at all levels | Nation wide training and extensive social mobilization were conducted before introduction of Penta, the same will be done before introduction of pneumo The national EPI policy has been further revised to include new vaccines and Technologies A launching is planned just as for the introduction of Penta. |  |

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

|  |
| --- |
| **Pneumoccal Conjugate Vaccine (PCV13), 1 dose/vial, 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** | Low |

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2012 | 2013 | 2014 | 2015 |  |  |  |  |
| **Minimum co-financing** | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |  |
| **Your co-financing (please change if higher)** | 0.20 | 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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2012 | 2013 | 2014 | 2015 |  |  |  |  |
| **Vaccine wastage rate in %** | 5% | 5% | 5% | 5% |  |  |  |  |
| **Equivalent wastage factor** | 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** |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | Table 1 | # | 150,182 | 162,530 | 171,843 | 179,416 |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 141,348 | 153,501 | 162,604 | 169,973 |  |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 80.00% | 85.00% | 88.00% | 90.00% |  |  |  |  |
| **Estimated vaccine wastage factor** | Table 6.(n).3**[3]** | # | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |  |
| **Country co-financing per dose[2]** | Table 6.(n).2**[3]** | $ | 0.20 | 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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| **Number of vaccine doses** | # | 31,600 | 27,900 | 29,400 | 30,600 |  |  |  |  |
| **Number of AD syringes** | # | 33,800 | 29,500 | 31,000 | 32,300 |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 375 | 350 | 350 | 375 |  |  |  |  |
| **Total value to be co-financed by country** | $ | **118,500** | **104,500** | **110,000** | **114,500** |  |  |  |  |

# **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** |  |  |  |  |
| **Number of vaccine doses** | # | 559,800 | 493,900 | 519,400 | 540,700 |  |  |  |  |
| **Number of AD syringes** | # | 597,700 | 522,600 | 549,400 | 571,900 |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 6,650 | 5,800 | 6,100 | 6,350 |  |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **2,097,000** | **1,849,500** | **1,945,000** | **2,025,000** |  |  |  |  |

# **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 | 189,576 | 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** | 33,750 | 33,750 |
| **Social Mobilization, IEC and Advocacy** | 67,000 | 27,000 |
| **Cold Chain Equipment & Maintenance** | 400,000 | 20,000 |
| **Vehicles and Transportation** | 15,000 | 10,000 |
| **Programme Management** | 12,000 | 4,250 |
| **Surveillance and Monitoring** | 5,000 | 5,000 |
| **Human Resources** | 0 |  |
| **Waste Management** | 7,000 |  |
| **Technical assistance** | 6,000 | 0 |
|  |  |  |  |
| **Totals** | 545,750 | 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)

|  |
| --- |
| This new support will be managed as is being currently done with regards to pentavalent vaccine support. Procurement is and will continue to be through UNICEF and co-financing will be made as required based on the status of Liberia (fragile state). |

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.

|  |
| --- |
| No National Regulatory Authority as yet |

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

|  |
| --- |
| The new vaccine will be introduced in to routine and will target children under 1 year of age and follow the standard immunization schedule for pneumo |

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

|  |
| --- |
| Any funding support from GAVI Alliance, if applicable should continue to be transferred to the government account provided. |

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

|  |
| --- |
| Payment of co-financing amount will continue as currently obtains, government will continue to make the payment through UNICEF. |

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

|  |
| --- |
| The main method of monitoring coverage will be through administrative coverage data. This will be supplemented by data quality reviews and periodic coverage surveys (every 2-3 years) |

# **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?April - 2011

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

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.

|  |
| --- |
|  |

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

*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** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 31,600 | 27,900 | 29,400 | 30,600 |  |  |  |  |
| **Number of AD syringes** | *#* | 33,800 | 29,500 | 31,000 | 32,300 |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 375 | 350 | 350 | 375 |  |  |  |  |
| **Total value to be co-financed by the country** | *$* | 118,500 | 104,500 | 110,000 | 114,500 |  |  |  |  |

**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** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 559,800 | 493,900 | 519,400 | 540,700 |  |  |  |  |
| **Number of AD syringes** | *#* | 597,700 | 522,600 | 549,400 | 571,900 |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 6,650 | 5,800 | 6,100 | 6,350 |  |  |  |  |
| **Total value to be co-financed by the country** | ***$*** | **2,097,000** | **1,849,500** | **1,945,000** | **2,025,000** |  |  |  |  |

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

|  | **Data from** |  | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # | 176,685 | 180,589 | 184,777 | 188,859 |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # | 141,348 | 153,501 | 162,604 | 169,973 |  |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # | 80.00% | 85.00% | 88.00% | 90.00% |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # | 150,182 | 162,530 | 171,843 | 179,416 |  |  |  |  |
| **Number of doses per child** |  | # | 3 | 3 | 3 | 3 |  |  |  |  |
| **Estimated vaccine wastage factor** | *Table 6.(n).3***[2]** | # | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |  |
| **Number of doses per vial** |  | # | 1 | 1 | 1 | 1 |  |  |  |  |
| **AD syringes required** |  | # | Yes | Yes | Yes | Yes |  |  |  |  |
| **Reconstitution syringes required** |  | # | No | No | No | No |  |  |  |  |
| **Safety boxes required** |  | # | Yes | Yes | Yes | Yes |  |  |  |  |
| **Vaccine price per dose** |  | $ | 3.500 | 3.500 | 3.500 | 3.500 |  |  |  |  |
| **Country co-financing per dose** | *Table 6.(n).2***[2]** | $ | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |  |
| **AD syringe price per unit** |  | $ | 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 |  |  |  |  |
| **Freight cost as % of vaccines value** |  | % | 5.00 | 5.00 | 5.00 | 5.00 |  |  |  |  |
| **Freight cost as % of devices value** |  | % | 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% |  |  | 5.34% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 150,182 | 8,020 | 142,162 | 162,530 | 8,680 | 153,850 |
| C | **Number of doses per child** | Vaccine parameter | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 450,546 | 24,058 | 426,488 | 487,590 | 26,040 | 461,550 |
| 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 | 473,074 | 25,261 | 447,813 | 511,970 | 27,342 | 484,628 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 118,269 | 6,316 | 111,953 | 9,724 | 520 | 9,204 |
| I | **Total vaccine doses needed** | F + G | 591,343 | 31,576 | 559,767 | 521,694 | 27,862 | 493,832 |
| 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 | 631,385 | 33,714 | 597,671 | 552,019 | 29,481 | 522,538 |
| 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 | 7,009 | 375 | 6,634 | 6,128 | 328 | 5,800 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 2,069,701 | 110,515 | 1,959,186 | 1,825,929 | 97,515 | 1,728,414 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 33,464 | 1,787 | 31,677 | 29,258 | 1,563 | 27,695 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 4,486 | 240 | 4,246 | 3,922 | 210 | 3,712 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 103,486 | 5,526 | 97,960 | 91,297 | 4,876 | 86,421 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 3,795 | 203 | 3,592 | 3,318 | 178 | 3,140 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 2,214,932 | 118,269 | 2,096,663 | 1,953,724 | 104,339 | 1,849,385 |
| U | **Total country co-financing** | I \* country co-financing per dose | 118,269 |  |  | 104,339 |  |  |
| 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** | **2014** | | | **2015** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **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) | 171,843 | 9,178 | 162,665 | 179,416 | 9,582 | 169,834 |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 515,529 | 27,533 | 487,996 | 538,248 | 28,746 | 509,502 |
| 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 | 541,306 | 28,909 | 512,397 | 565,161 | 30,183 | 534,978 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 7,334 | 392 | 6,942 | 5,964 | 319 | 5,645 |
| I | **Total vaccine doses needed** | F + G | 548,640 | 29,301 | 519,339 | 571,125 | 30,502 | 540,623 |
| 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 | 580,378 | 30,996 | 549,382 | 604,076 | 32,261 | 571,815 |
| 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 | 6,443 | 345 | 6,098 | 6,706 | 359 | 6,347 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 1,920,240 | 102,552 | 1,817,688 | 1,998,938 | 106,755 | 1,892,183 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 30,761 | 1,643 | 29,118 | 32,017 | 1,710 | 30,307 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 4,124 | 221 | 3,903 | 4,292 | 230 | 4,062 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 96,012 | 5,128 | 90,884 | 99,947 | 5,338 | 94,609 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 3,489 | 187 | 3,302 | 3,631 | 194 | 3,437 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 2,054,626 | 109,728 | 1,944,898 | 2,138,825 | 114,225 | 2,024,600 |
| U | **Total country co-financing** | I \* country co-financing per dose | 109,728 |  |  | 114,225 |  |  |
| 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

# **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** | **2012** | **2013** | **2014** | **2015** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pneumococcal(PCV13), 1 doses/vial, Liquid** | 0.20 | 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** |  | **7** | **Yes** |
| **MoF Signature (or delegated authority) of Proposal** |  | **8** | **Yes** |
| **Signatures of ICC or HSCC or equivalent in Proposal** |  | **9** | **Yes** |
| **Minutes of ICC/HSCC meeting endorsing Proposal** |  | **10** | **Yes** |
| **comprehensive Multi Year Plan - cMYP** |  | **5** | **Yes** |
| **cMYP Costing tool for financial analysis** |  | **6** | **Yes** |
| **Minutes of last three ICC/HSCC meetings** |  | **1, 2, 3** | **Yes** |
| **Improvement plan based on EVM** |  | **Missing** | **Yes** |
| **WHO/UNICEF Joint Reporting Form (JRF)** |  | **4** |  |
| **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:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:**  Attached is a copy of the ICC 1st Minutes on the 2010 Round 3 NIDs and Measles outbreak | **File name:**  [1st ICC Minutes.pdf](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=44770358&propertyName=FormAttachments%5b0%5d.FileData)  **Date/Time:**  06.04.2011 17:23:28  **Size:**  228 KB | |  |  |
| 2 | **File Type:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:**  Attached is a copy of the ICC 2nd Minutes on the 2010 Round 2 integrated Polio, Measles, Vitamin A and Mebendazole implementation | **File name:**  [2nd\_ICC minutes.pdf](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=44770358&propertyName=FormAttachments%5b1%5d.FileData)  **Date/Time:**  06.04.2011 17:26:11  **Size:**  65 KB | |  |  |
| 3 | **File Type:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:**  Attached is a copy of the ICC 4th Minutes on the endorsement of GAVI APR of 2009 | **File name:**  [4th\_ICC\_Minutes.pdf](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=44770358&propertyName=FormAttachments%5b2%5d.FileData)  **Date/Time:**  06.04.2011 17:39:49  **Size:**  243 KB | |  |  |
| 4 | **File Type:**  WHO/UNICEF Joint Reporting Form (JRF)  **File Desc:**  Attached is a copy of Liberia JRF\_2010 | **File name:**  [JRF\_data\_for\_2010\_english\_AFR32.xls](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=44770358&propertyName=FormAttachments%5b3%5d.FileData)  **Date/Time:**  06.04.2011 17:56:02  **Size:**  454 KB | |  |  |
| 5 | **File Type:**  comprehensive Multi Year Plan - cMYP \*  **File Desc:**  Revised comprehensive Multi-Year Plan cMYP 2011 - 2015 | **File name:**  [cMYP\_Liberia 280411.doc](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=44770358&propertyName=FormAttachments%5b4%5d.FileData)  **Date/Time:**  02.05.2011 18:53:44  **Size:**  1008 KB | |  |  |
| 6 | **File Type:**  cMYP Costing tool for financial analysis \*  **File Desc:**  cMYP Costing Tool 2011-2015 | **File name:**  [LIBERIA\_cMYP\_Costing\_Tool\_Vs 2.5\_En cP 280411.xls](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=44770358&propertyName=FormAttachments%5b5%5d.FileData)  **Date/Time:**  02.05.2011 19:36:08  **Size:**  3 MB | |  |  |
| 7 | **File Type:**  MoH Signature (or delegated authority) of Proposal \*  **File Desc:**  Attached is copy of the Minister of Health and Social Welfare signature | **File name:**  [C:\Documents and Settings\tuopileyir.LR.000\Desktop\Government Signaures- All GAVI Supportl.pdf](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=44770358&propertyName=FormAttachments%5b6%5d.FileData)  **Date/Time:**  10.05.2011 16:13:28  **Size:**  351 KB | |  |  |
| 8 | **File Type:**  MoF Signature (or delegated authority) of Proposal \*  **File Desc:**  Attached is copy of the Minister of Finance signature | **File name:**  [C:\Documents and Settings\tuopileyir.LR.000\Desktop\Government Signaures- All GAVI Supportl.pdf](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=44770358&propertyName=FormAttachments%5b7%5d.FileData)  **Date/Time:**  10.05.2011 16:18:49  **Size:**  351 KB | |  |  |
| 9 | **File Type:**  Signatures of ICC or HSCC or equivalent in Proposal \*  **File Desc:**  Attached is copy of members of ICC signatures | **File name:**  [C:\Documents and Settings\tuopileyir.LR.000\Desktop\ICC Signature Page.pdf](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=44770358&propertyName=FormAttachments%5b8%5d.FileData)  **Date/Time:**  10.05.2011 16:21:36  **Size:**  471 KB | |  |  |
| 10 | **File Type:**  Minutes of ICC/HSCC meeting endorsing Proposal \*  **File Desc:**  Attached is a copy of ICC/HSCC meeting munite | **File name:**  [C:\Documents and Settings\tuopileyir.LR.000\Desktop\HSCC and ICC Minutes\_ April 28 2011 (2).pdf](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=44770358&propertyName=FormAttachments%5b9%5d.FileData)  **Date/Time:**  13.05.2011 11:48:29  **Size:**  177 KB | |  |  |
| 11 | **File Type:**  other  **File Desc:**  Attached is a copy of draft EVM report for Liberia | **File name:**  [G:\Liberia\_EVMA\_Docs\_Apr\_20011\Draft EVM\_Liberia.pdf](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=44770358&propertyName=FormAttachments%5b10%5d.FileData)  **Date/Time:**  13.05.2011 11:58:14  **Size:**  923 KB | |  |  |

Banking Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In accordance with the decision on financial support made by the GAVI Alliance, the Government of Liberia hereby requests that a payment be made via electronic bank transfer as detailed below: | | | | |  |
|  |  | | |  | |
| **Name of Institution (Account Holder):** | Ministry of Health and Social Welfare | | |  | |
|  |  | | |  | |
| **Address:** | Ministry of Health and Social welfare, Capital Bye-Pass, | | |  | |
| **City Country:** | Monrovia, Liberia | | |  | |
| **Telephone no.:** |  | **Fax no.:** |  |  | |
| **Currency of the bank account:** | | | US$ |  | |
| **For credit to:** | | | | |  |
| **Bank account's title:** | MOHSW Earmarked Project Account | | |  | |
| **Bank account no.:** | 10610016312011 | | |  | |
| **Bank's name:** | Ecobank Liberia Limited | | |  | |
|  | | | | |  |

Is the bank account exclusively to be used by this program? No

By who is the account audited? External Auditors

Signature of Government’s authorizing official

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

| **FINANCIAL INSTITUTION** | | **CORRESPONDENT BANK**  **(In the United States)** | |
| --- | --- | --- | --- |
| **Bank Name:** | Ecobank Liberia Limited |  | CITIBANK N. A. |
| **Branch Name:** | Ecobank |  | CITIBANK N. A. |
| **Address:** | Randall street |  | 111 Wall Street New York, n. Y. 10043 |
| **City Country:** | Monrovia, Liberia |  | USA |
| **Swift Code:** | ECOCLRLM |  | CITIUS33 |
| **Sort Code:** |  |  |  |
| **ABA No.:** |  |  |  |
| **Telephone No.:** |  |  |  |
| **FAX No.:** |  |  |  |
|  | |  | |

I certify that the account no 10610016312011 is held by (Institution name) Ministry of Health and Social Welfare at this banking institution.

|  |  |  |
| --- | --- | --- |
| The account is to be signed jointly by at least 2 (number of signatories) of the following authorized signatories: | | |
| **1** |  | |
| **Name:** | Cllr. Vivian J. Cherue |
| **Title:** | Deputy Minister for Administration |
| **2** |  | |
| **Name:** | Mr.Toegoe Karzon |
| **Title:** | Comptroller |
| **3** |  | |
| **Name:** |  |
| **Title:** |  |
| **4** |  | |
| **Name:** |  |
| **Title:** |  |

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