GAVI Alliance

APPLICATION FORM FROM THE UNION OF THE COMOROS

For support:

For the new liquid DTC-HepB-Hib vaccine

April 2008

Please return a signed copy of the document to:
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Ivone Rizzo, irizzo@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French.

CONTENTS

Executive Summary

The Union of the Comoros has been receiving GAVI support for the Hepatitis B vaccine since 2003. In 2006, vaccine coverages for DTPHepB1 and DTPHepB3 were 77.96% and 69.03% respectively, whereas the measles vaccine was 65.96%.

In view of this vaccine coverage rate, much work remains to be done to achieve the 2006-2015 Global Immunisation Vision and Strategies objectives, i.e. 90% national vaccine coverage and at least 80% in the districts. This has led the national authorities to prepare the 2007 – 2011 cMYP, based on an analysis of the strengths, weaknesses, threats and opportunities, by operational components and programme support.

The objective of this five-year plan is to contribute to lowering morbidity and mortality linked to the preventable diseases by vaccinating children under five and thus fighting, among other things, Haemophilus influenzae type b infections, which kill almost 160,000 children under five every year in the world, with growing resistance to the first line of antibiotics.

The country plans to introduce the liquid DTP-HepB-Hib vaccine in a single-dose vial after a revision, adaptation and reproduction of collection materials. The immunisation staff will be trained during the last six months of 2008 and social mobilisation activities will be carried out to make parents and immunisation staff aware of this new vaccine and the possible adverse events following immunisation (AEFI) they may encounter.

The vaccine will be introduced in 2009 on the three islands as soon as the tetravalent vaccine inventory has been exhausted at these levels. The cold chain will not require any expansion at the central level or at the intermediate level (the islands) for storing the vaccines.

For this purpose, the Union of the Comoros is requesting GAVI support to introduce this new vaccine from 2009 to 2011. The country will have to co-finance the amount of USD 0.20/dose in the first two years, and then USD 0.30 USD/dose in 2011. This amounts to an equivalent of USD **5,**500 in 2009, USD 13,000 in 2010 and USD 18,000 in 2011 for the country, whereas GAVI will have to finance USD 93,500 in 2009, USD 196,000 in 2010, and USD 166,000 in 2011.

To ensure that quality vaccines will be purchased, at the beginning of each year the government will pay the funds required to UNICEF, using the funds provided by the budget law that the National Assembly enacted in 2006. The ICC will monitor and evaluate EPI activities.

2. Signatures of the Government and National Coordinating Bodies

Government and the Inter-Agency Coordinating Committee for Immunisation

The Government of THE UNION OF THE COMOROS 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 phase 2.

The Government of THE UNION OF THE COMOROS commits itself to developing national immunisation services on a sustainable basis in accordance with the comprehensive Multi-Year Plan 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.

Table N° 6.5 of page 19 of this application shows the amount of support either in supplies or cash that is required from the GAVI Alliance. Table N° 6.4 of page 18 of this application shows the government's financial commitment for the procurement of this new vaccine (NVS support only).

Minister of Health:

Signature: ……

Name: Dr Ikililou Dhoinine

Date: ……

Minister of Finance:

Signature: ……

Name: Mr Mohamed Ali Soilihi

Date: ……

National Coordinating Body: Inter-Agency Coordinating Committee:
We the members of the ICC/HSCC[1] met on 20 September 2007 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 4

Name/Title	Agency/Organisation	Signature
Dr Moussa Mohamed	**National Department of Health**	
Dr Elbadaoui Mohamed	**Directorate General of the PNAC**	
Mme Soifiat Alfeïne	**General Planning Agency**	
Mr Daniel Ali	**Comorian Red Crescent**	
Mr Mohamed Mlindassé	**PFA Focal Point**	
Dr Ahamada Aly Goda	**Ngazidja Directorate General of Health**	
Mme Waridat Housseine	**DEPSASS**	
Mme Amina Ahamada	**Ngazidja EPI Manager**	
Mr Missubah Mohamed	**PNAC Central Inventory Manager**	
Dr Ahamada Msa Mliva	**Inspector General of Health**	
Pr Mamadou Ball	**WHO Moroni**	
Dr Nassuri Ahamada	**WHO Moroni**	
Mr Mamadou Boinamaécha	**UNFPA Moroni**	

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

[1] Inter-agency coordinating committee or Health sector coordinating committee, whichever is applicable.

Name: Dr Saïnda MOHAMED Title: National EPI Coordinator

Tel No. office:,00 (269) 73 80 70, mobile: ,00 (269) 32 04 48 Address: ……

Fax: …… ……

Email: saindamoh@yahoo.fr ……

The GAVI Secretariat is unable to return documents and attachments to individual countries. Unless otherwise specified, documents may be shared with the GAVI partners and collaborators.

The Inter-Agency Coordinating Committee for Immunisation

Agencies and partners (including development partners and CSOs) supporting immunisation services are co-ordinated and organised through an inter-agency coordinating mechanism (ICC/HSCC). The ICC/HSCC are responsible for coordinating and guiding the use of the GAVI ISS and NVS support. Please provide information about the ICC/HSCC in your country in the spaces below.

ICC/HSCC Profile

Name of the ICC/HSCC:
Inter-Agency Coordinating Committee (ICC)

Date of constitution of the current ICC/HSCC: 2000

Organisational structure (e.g., sub-committee, stand-alone): NA

Frequency of meetings: Quarterly

Composition:

Function	Title / Organization	Name
Chair	Vice President in Charge of Health	Dr Ikililou Dhoinine
Secretary	National EPI Coordinator	Dr Saïnda Mohamed
Members	• Minister of Finance and the Budget • National Director of Health • Director, General Planning Agency • Director General of the National Autonomous Pharmacy of the Comoros (PNAC) • Director of Education, Health Promotion and Socio-Health Action • National Health Information System • Director of Family Health • Director General of Health in Ngazidja • Comorian Red Crescent • WHO • UNICEF • UNFPA	• Mr Mohamed Ali Soilihi • Dr Moussa Mohamed • Mme Soifiat Alfeine • Dr Elbadaoui Mohamed • Mme Wardat Houssseine • Mr Mohamed Mlindassé • Mme Sett Fatima Tadjiddine • Dr Ahamada Aly Goda • Mr Daniel Ali • Dr Kassankogno Yao • Dr Josefa Marrato • Mr Mamadou Boinamaecha

Major functions and responsibilities of the ICC/HSCC:

1. Facilitate the coordination of EPI activities;
2. Mobilise the national authorities for greater involvement in immunisation;
3. Mobilise the financial and human resources necessary to implement the Expanded Immunisation Programme.
4. Coordinate operational and strategic planning;
5. Advocate at the international and national level;
6. Monitor and implement EPI activities;
7. Evaluate EPI activities;

Three major strategies to enhance the ICC/HSCC's role and functions in the next 12 months:

1. Mobilise financial resources for the EPI
2. Advocate for the commitment of the authorities and other stakeholders
3. Strengthen EPI technical capacities

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 (or equivalent plan), and attach a complete copy (with an executive summary) as DOCUMENT NUMBER 3.

- Please refer to the two most recent annual WHO/UNICEF Joint Reporting Forms on Vaccine Preventable Diseases and attach them as DOCUMENT NUMBERS 1 and 2.

- Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.

Table 3.1: Basic facts for the year 2005 (the most recent; specify dates of data provided)

	Figure	Date	Source
Total population	604,446	2005	RGPH 2003 estimate and projection by the General Planning Commission
Infant mortality rate (per 1000)	83.2	2005	RGPH 2003 estimate and projection by the General Planning Commission
Surviving Infants*	16,628	2005	RGPH 2003 estimate and projection by the General Planning Commission
GNI per capita (US$)	450	2005	2005 World Human Development Report
Percentage of GDP allocated to Health	5.3	2005	Data compiled from the General Directorates of the Budget and the Treasury
Percentage of Government expenditure on Health	4	2005	Data compiled from the General Directorates of the Budget and the Treasury

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

Please provide some additional information on the planning and budgeting context in your country:

Until 2007, the government budget has been designed as an "object-oriented" budget. In 2009, for the health and education sector, there are plans to implement a "programme" budget or a budget "by mission and programme."

Please indicate the name and date of the relevant planning document for health: National Health Development Plan, 2010 Outlook (Plan national de développement sanitaire, perspective 2010).

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

Please indicate the national planning budgeting cycle for health: This planning is done annually in December-January with all the partners. It begins at the island level (regions) with the participation of the district health teams. Then it joins the island regional health directorates meet with the central level to finalise and validate this planning.

Please indicate the national planning cycle for immunisation: each year an operational plan is derived from the multi-year EPI strategic plan.

Table 3.2: Current Immunisation Schedule: Traditional, New Vaccines and Vitamin A Supplement *(refer to cMYP pages 15)*

Vaccine *(do not use trade name)*	**Ages of administration** *(by routine immunisation services)*	**Indicate by an "x" if given in:**		**Indicate by an "x" if given in:**
		Entire country	**Entire country**	
BCG	At birth	X		
Polio 0	From birth to D14	X		
DTPHepB1 + polio1	6th week	X		
DTPHepB2 + polio2	10th week	X		
DTPHepB3 + polio3	14th week	X		
Vit A 100,000 IU and Mebendazole	6th week	X		
VAR	9th month until 12 months	X		
Vit A 200,000 IU and Mebendazole	12th month and then every 6 months until age 5	X		

Table 3.3: 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 (in percentage)						Vaccine preventable disease burden		
Vaccine		Reported		Survey		Disease	Number of reported cases	
		2005	2006	200 …	200…		2005	2006
BCG		130%	83.84%			Tuberculosis*	Not available	Not available
DTP	DTP 1	124.83%	77.96%			Diphtheria	0	0
	DTP 3	110.80%	69.03%			Pertussis	0	0
Polio 3		108.57%	68.72%			Polio	0	0
Measles (first dose)		110%	65.96%			Measles	912	85
TT2+ (Pregnant women)		65.14%	28.33%			NN Tetanus	1	0
Hib3		NA	NA			Hib **	NA	NA
Yellow Fever		NA	NA			Yellow fever	0	0
HepB3		106.21%	69.03%			hepB sero-prevalence*	Not available	15
Vit A supplement	Mothers (<6 weeks post-delivery)	NA	NA					
	Infants (>6 months)	48.42%	103.60%					

* * If available
** Note: JRF asks for Hib meningitis.

N.B.: The 2005 data were transmitted in the joint WHO-UNICEF report and we used the 2003 RGPH projections as a denominator. This is the reason for the high figures in 2005. With the ICC's approval, they led us to revert to the 1991 RGPH projections denominator. This explains the coverage rates below 85% in 2006 here.

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.

Table 3.4: Baseline and annual targets

Number	Baseline and targets					
	Base year (2005)	Year 1 2007	Year 2 2008	Year 3 2009	Year 4 2010	Year 5 2011
Births	18,133	19,070	19,566	20,080	20,612	21,161
Infants' deaths	1,505	1,583	1,624	1,667	1,711	1,756
Surviving infants	16,628	17,487	17,942	18,413	18,901	19,405
Pregnant women	30,222	31,783	32,610	33,466	34,353	35,269
Target population vaccinated with BCG	14,589	14,903	15,609	16,571	17,388	18,434
BCG coverage*	87%	85%	87%	90%	92%	95%
Target population vaccinated with OPV3	12,165	14433	15,250	16,203	17,010	18,046
OPV3 coverage**	73%	83%	85%	88%	90%	93%
Target population vaccinated with DTP3***	12,424	14,446	15,250			
DTP3 coverage**	74%	83%	85%			

Target population vaccinated with DTP1***		13,987	**15,298**	**15,968**			
Wastage[2] rate in base-year and planned thereafter		not available	**30%**	25%			
Target population vaccinated with **3rd dose** of …DTPHepB-Hib……		NA			**16,203**	**17,010**	**18,046**
… DTPHepB-Hib3 Coverage**		NA			**88%**	**90%**	**93%**
Target population vaccinated with **3rd dose** of DTPHepB-Hib		NA			**16,755**	**17,577**	**18,434**
Wastage[1] rate in base-year and planned thereafter		NA			**5%**	**5%**	**5%**
Target population vaccinated with **1st dose** of Measles		12,325	**12,539**	**13,815**	**14,730**	**15,687**	**16,494**
Target population vaccinated with **2nd dose** of Measles		NA					
Measles coverage**		**74%**	**72%**	**77%**	**80%**	**83%**	**85%**
Pregnant women vaccinated with TT+		5,200	**15,635**	**17,283**	**19,075**	**20,955**	**22,924**
TT+ coverage****		**17%**	**45%**	**53%**	**57%**	**61%**	**65%**
Vit A supplement	NA	NA	NA	NA	NA	NA	NA
	9,940						
Annual DTP Drop out rate [(DTP1 - DTP3)/DTP1] x100		6%	**6%**	**6%**	**6%**	**6%**	**6%**
Annual Measles Drop out rate (for countries applying for YF)		NA	NA	NA	NA	NA	NA

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

NB: The immunisation coverage rates in 2005 in Table 3.4 are calculated based on the denominator from the 2003 RGPH projections, reviewed and corrected in 2007 (i.e. 18,316 <12 months). This explains the large difference with the 2005 immunisation coverage rates in Table 3.3, which are calculated based on the 2003 RGPH projections (i.e. 11,204 <12 months).

It should be noted that the ICC decided to use the 2003 RGPH protections reviewed and corrected in 2007 as a denominator beginning in 2008.
In the Comoros, pregnant women are estimated to make up 5% of the total population. By contrast, births are estimated at 3% of the total population as is the case on the international level.

[2] 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 immunisations with the same vaccine in the same period. For new vaccines check **table α** after Table 7.1.

Table 3.5: Summary of current and future immunisation budget *(or refer to cMYP pages 43 and 47)*

Cost category	Estimated costs per annum in US$ (,000)					
	Base year (2005)	Year 1 2007	Year 2 2008	Year 3 2009	Year 4 2010	Year 5 2011
Routine Recurrent Cost						
Vaccines (routine vaccines only)	$101,267	$142,824	$123,046	$188,874	$212,608	$208,701
Traditional vaccines	$53,942	$31,879	$35,748	$36,323	$34,119	$33,667
New and underused vaccines	$47,325	$110,946	$87,298	$152,550	$178,489	$175,034
Injection supplies	$11,254	$21,349	$24,188	$27,188	$30,365	$32,461
Personnel	$43,636	$44,509	$45,399	$46,307	$47,233	$48,178
Salaries of full-time NIP health workers (immunisation specific)	$43,636	$44,509	$45,399	$46,307	$47,233	$48,178
Per-diems for outreach vaccinators / mobile teams	-	-	-	-	-	-
Transportation	$11,004	$11,250	$14,414	$15,034	$12,507	$12,958
Maintenance and overheads	$366,022	$404,519	$479,530	$560,104	$504,582	$535,196
Training	$17,500	$18,540	$20,157	$21,855	$22,510	$23,185
Social mobilisation and IEC	$3,750	$5,150	$5,305	$5,464	$5,628	$5,796
Disease surveillance	$19,000	$20,600	$21,218	$22,947	$24,761	$25,504
Programme management	$5,675	$6,180	$55,167	$56,822	$58,526	$60,282
Other	-	-	$15,914	$16,391	$16,883	$17,389
Subtotal Recurrent Costs	**$579,108**	**$674,921**	**$804,337**	**$960,984**	**$935,603**	**$969,650**
Routine Capital Costs						
Vehicles	-	-	$44,317	$25,166	-	$15,256
Cold chain equipment	$14,380	$31,425	$31,997	$33,066	$27,192	$31,602
Other capital equipment	$1,140	$83,482	$28,994	$63,302	$2,735	$3,478
Subtotal Capital Costs	**$15,520**	**$114,907**	**$105,308**	**$121,533**	**$29,927**	**$50,336**
Campaigns						
Polio	-	-	$264,903	-	-	-
Measles	$62,285	$327,633	-	-	$396,933	-
Yellow Fever	-	-	-	-	-	-
MNT campaigns	-	-	$336,130	-	-	$392,975
Other campaigns	-	-	-	-	-	-
Subtotal Campaign Costs	**$84,117**	**$327,633**	**$601,033**	**-**	**$396,933**	**$392,975**
GRAND TOTAL	**$740,757**	**$1,180,908**	**$1,603,046**	**$1,211,940**	**$1,470,202**	**$1,520,706**

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

Table 3.6: Summary of current and future financing and sources of funds *(or refer to pages 44 and 49 of the cMYP)*

		Estimated annual financing in US$ (thousands)					
Budget line item	**Source of funds**	**Reference year (2005)**	**Year 1 2007**	**Year 2 2008**	**Year 3 2009**	**Year 4 010**	**Year 5 2011**
Recurring costs							
1. Full-time salaries	1. Government	25,636	26,509	27,399	28,307	29,233	30,178
2. Part-time salaries	2. Government	41,583	42,432	48,469	54,730	61,221	66,813
3. Buildings	3. Government	285,540	294,106	302,929	331,686	341,637	351,886 (probable
4. Injection materials	4. Government	0	0	1,000	1,000	1,000	24,721
5. Traditional vaccines	5. Government	0	0	8,937	18,162	25,589 (probable	33,667 (probable
6. New vaccines	6. Government	0	0	0	8,238	10,709	16,803
7. Building (shared cost)	7. Government	0	0	22,279	52,451	23,636	17,389
8. Fixed strategy and delivery	8. Government	0	0	3,957	0	0	0
9. Other equipment	9.Government	0	13,242 (probable	17,061 (probable	24,277	25,006	25,756
Programme management	Government	0	0	0	0	5,628	5,796
Other recurring costs	Government	0	0	0	362	0	0
10. Other capital costs	10.Government	0	0	18,672	0	0	0
11. Full-time salaries	11. WHO	2,491	2,491	2,491	2,491	2,491 (probable	2,491 (probable
12. Advanced/ mobile strategy	12. WHO	695	396	0	0	0	0
13. Other equipment	13. WHO	57,644	72,409	67,602	85,513	45,902 (probable	58,000 (probable
14. Short-term training	14. WHO	13,292	13,292	5,494	13,312	13,292 (probable	13,292 (probable
15. Social mobilization	15.WHO	3,750	5,150	0	0	0	0
16. Inspection and surveillance	16 WHO	19,000	20,600	16,218	17,947	19,761 (probable	20,504 (probable
17. Programme management	17. WHO	5,675	6,180	39,492	41,822	22,898 (probable	20,282 (probable
18. Part-time employee salaries	18. WHO	379	379	379	379	379 (probable	379 (probable
19. Other recurring costs	19. WHO	0	0	15,914	0	0	0
Other capital costs	WHO	0	0	0	0	0	3,478 (probable
20. Fixed strategy and delivery	20. UNICEF	8,438	8,438	8,438	12,788 (probable	11,226 (probable	11,551 (probable

21. Cold chain	21. UNICEF	13,175	15,283	24,334	27,113 (probable	17,037 (probable	18,940 (probable
22. Other equipment	22.UNICEF	9,663	0	67,602	100,000 (probable	100,000 (probable	80,605 (probable
23.Short-term training	23.UNICEF	4,208	5,248	9,663	4,208 (probable	9,218 (probable	4,208 (probable
24. Shared transport	24.UNICEF	19,550	20,137	20,741	21,363 (probable	22,004 (probable	22,664,(probable
25.Advanced/ mobile strategy	25.UNICEF	0	300	0	0	0	0
26.Social mobilization	26.UNICEF	0	0	0	0	0	0
27.Programme management	27.UNICEF	0	0	5 675	5,000 (probable	20,000 (probable	30,000 (probable
28.Buildings (shared costs)	28.UNICEF	0	0	0	0	0	0
29. Other recurring costs	29.UNICEF	0	0	0	0	0	17 389 (probable
30. Full-time salaries	30.UNICEF	6,509	6,509	6,509	6,509	6,509	6,509
31. Traditional vaccines	31.UNICEF	53,942	31,879	26,811	18,162	8,530	0
32. Injection materials	32.UNICEF	3,713	5,425	17,688	20,182	21,766	0
33.New vaccines	33.GAVI	47,325	110,946	87,298	144,313	167,780	158,231
34. Injection materials	34.GAVI	7,541	15,924	5,500	6,006	7,599	7,740
35. Other equipments	35.GAVI	0	9 479	0	0	0	0
36. Advanced/ mobile strategy	36.GAVI	0	0	2,020	2,246	1,281	1,406
37. Short-term training	37.GAVI	0	0	5,000	4,335	0	5,685 (probable
38.Social mob. and IEC	38.GAVI	0	0	5,305	5,464	5,628	5,796
39. Disease surveillance	39.GAVI	0	0	5,000	5,000	5,000	5,000
40.Programme management	40.GAVI	0	0	10,000	10,000	10,000 (probable	10,000 (probable
41. Other recurring costs	41.GAVI	0	0	0	16,029	16,883 (probable	0
42. Fixed strategy and delivery	42.Caritas	1,871	2,116	0	0	0	0
43. Part-time salaries	43.Caritas	200	200	200	200	200	200
44. Full-time salaries	44.Caritas	6,000	6,000	6,000	6,000	6,000	6,000 (probable
45. Full-time salaries	45.AIFO	3,000	3,000	3,000	3,000	3,000	3,000 (probable
46.Part-time salaries	46.AIFO	200	200	200	200	200	200
47. Part-time salaries	47.Communauté	100	100	100	100	100	100

Equipment costs							
1. Other capital costs	1.Governement	0	2,575 (probable)	18,672 (probable	0	0	0
2. Other capital costs	2.WHO	0	2,575	5,305	0	2,735 (probable	3,478 (probable
3. Cold chain equipment	3.UNICEF	14,380	31,425 (probable)	26,692	33,066	27,192	31,602
4. Other capital costs	4.UNICEF	1,140	0	4,880	0	0	0

5.Vehicles	5.UNICEF	0	0	44,317	25,166	0	15,256
6. Other capital costs	6.GAVI	0	78,332	138	63,302 (probable	0	0
7. Cold chain equipment	7.GAVI	0	0	5,305	0	0	0
Campaigns							
1. Vaccines and materials	1.UNICEF	30,225	74,189	68,621	0	83,865	46,039
2. Operating costs	2.UNICEF	32,060	149,505	300,000	0	150,000	150,000
3. Operating costs	3.WHO	20,566	82,000	207,412 (probable	0	143,067 (probable	176,936 (probable
4. Operating costs	4. Government	627	21,939	25,000	0	20,000	20,000
5. Operating costs	5. Community	638	0	0	0	0	0
GRAND TOTAL		**740,757**	**1,180,908**	**1,603,046**	**1,211,940**	**1,470,202**	**1,520,706**

4. Immunisation Services Support (ISS)

Please indicate below the total amount of funds you expect to receive through ISS:

Table 4.1: Estimate of funds expected from ISS

	Base year (2005)	Year 1 2007	Year 2 2008	Year 3 2009	Year 4 2010	Year 5 2011
DTP3 Coverage rate	67.83%	**70%**	**85%**	**88%**	**90%**	**93%**
Number of infants reported / planned to be vaccinated with DTP3 (as in Table 3.4)	12,424	**13,536**	**15,968**	**16,203**	**17,010**	**18,046**
Number of *additional* infants that annually are reported / planned to be vaccinated with DTP3	0	**456**	**2,432**	**235**	**807**	**1,036**
Funds expected ($20 per additional infant)	0	**$9,120**	**$48,640**	**$4,700**	**$16,140**	**$20,660**

* Projected figures
** As per duration of the cMYP

If you have received ISS support from GAVI in the past, please describe below any major lessons learned, and how these will affect the use of ISS funds in future.

Please state what the funds were used for, at what level, and if this was the best use of the flexible funds; mention the management and monitoring arrangements; who had responsibility for authorising payments and approving plans for expenditure; and if you will continue this in future.

The country received ISS support in 2004 and 2006.
The table below shows the consequences and lessons leaned from the experience in using funds.

Major Lessons Learned from Phase 1	Implications for Phase 2
1. Improve efficiency in the use of funds.	Rational use of funds according to a very specific action plan.

2. Improve routine immunisation support in the services.	Increase immunisation coverage.
3. Strengthening the involvement of the governmental party in EPI financing.	Observe government commitments.
4. Validate the new health sector organisation chart to institutionalise the EPI service in the National Endemics and Epidemics Directorate.	Consideration and actual payment for the EPI out of the government budget.
5. Open a bank account specific to the EPI with the Comoros Central Bank.	Assure that funds are available for the EPI programme (purchase vaccines, programme support, etc.)

If you have not received ISS support before, please indicate: NA

a) when you would like the support to begin: NA

b) when you would like the first DQA to occur: NA

c) how you propose to channel the funds from GAVI into the country: NA

d) how you propose to manage the funds in-country: NA

e) who will be responsible for authorising and approving expenditures: NA

- Please complete the banking form (annex 1) if required.

5. Injection Safety Support

- Please attach the National Policy on Injection Safety including safe medical waste disposal (or reference the appropriate section of the Comprehensive Multi-Year Plan for Immunisation), and confirm the status of the document: DOCUMENT NUMBER……Not available……

- Please attach a copy of any action plans for improving injection safety and safe management of sharps waste in the immunisation system (and reference the Comprehensive Multi-Year Plan for Immunisation). DOCUMENT NUMBER 9.

Table 5.1: Current cost of injection safety supplies for routine immunisation

Please indicate the current cost of the injection safety supplies for routine immunisation.

	Annual requirements		*Cost per item (US$)*		*Total Cost (US$)*
Year	***Syringes***	***Safety Boxes***	***Syringes***	***Safety Boxes***	
2009	***27,899***	***310***	***0.069***	***0.940***	***3,388***

Table 5.2: Estimated supply for safety of immunisation with DTPHepB-Hib vaccine

(Please use one table for each vaccine BCG(1 dose), DTP(3 doses), TT(2 doses) [1], Measles(1 dose) and Yellow Fever(1 dose), and number them from 5.1 to 5.5)

		Formula	**Year 1 2009**	**Year 2 2010**	**Year 3 2011**	**Year 4 20…**	**Year 5 20…**

A	Number of children to be vaccinated [2]	#	**8,100**	**17,010**	**18,046**		
B	Percentage of vaccines requested from GAVI [3]	%	100	100	100		
C	Number of doses per child	#	3	3	3		
D	Number of doses	*A x B/100 x C*	**25,134**	**52,731**	**55,302**		
E	Standard vaccine wastage factor [4]	*Either 2.0 or 1.6*	1.05	1.05	1.05		
F	Number of doses (including wastage)	*A x B/100 x C x E*	**26,391**	**55,368**	**58,067**		
G	Vaccines buffer stock [5]	*F x 0.25*	**0**	**7,244**	**675**		
H	Number of doses per vial	#	1	1	1		
I	Total vaccine doses	*F + G*	**26,391**	**62,612**	**58,742**		
J	Number of AD syringes (+ 10% wastage) requested	*(D + G) x 1.11*	**27,899**	**66,572**	**62,134**		
K	Reconstitution syringes (+ 10% wastage) requested [6]	*I / H x 1.11*	0	0	0		
L	Total of safety boxes (+ 10% of extra need) requested	*(J + K) / 100 x 1.11*	**310**	**739**	**690**		

[1] GAVI supports the procurement of AD syringes to deliver two doses of TT to pregnant women. If the immunisation policy of the country includes all Women in Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of two doses for Pregnant Women (estimated as total births)
[2] To insert the number of infants that will complete immunisations with all scheduled doses of a specific vaccine.
[3] Estimates of 100% of target number of children is adjusted if a phased-out of GAVI/VF support is intended.
[4] A standard wastage factor of 2.0 for BCG and of 1.6 for DTP, Measles, TT, and YF vaccines is used for calculation of INS support
[5] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the immunisation in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
[6] It applies only for lyophilized vaccines; write zero for other vaccines.

- If you do not intend to procure your supplies through UNICEF, please provide evidence that the alternative supplier complies with WHO requirements by attaching supporting documents as available. NA

6. New and Under-Used Vaccines (NVS)

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):
Since 2005, the country had planned studies to evaluate the impact on diseases linked to Hib before being able to introduce the vaccine, but due to lack of resources, it was not possible to perform the studies. The country's authorities, with reference to studies performed in the countries of the region, and taking the epidemiological situation into account in the world, found that:

- 160,000 children under five die each year due of Haemophilus influenzae type b.
- 20 to 60% of patients hospitalised for bacterial meningitis die, whereas 15 to 35% continue to have long-term permanent neurological after-effects
- 20% of pneumonia cases are attributable to Hib, with a mortality rate of 2 to 20%
- there is resistance to the first line of antibiotics, and this is increasing worldwide, and so we have opted to introduce a new Hib vaccine to decrease carriage.

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 use attached excel annex 2a (Tab 6) on the Cold Chain. Please indicate the additional cost, if capacity is not available and the source of funding to close the gap.
Current capacity of our positive cold chamber is 2,251 litres. Thus, it easily has the capacity to accommodate a new single-dose Hib vaccine with remaining capacity of more than 1,000 litres (we receive the vaccines twice a year);
At the regional level (the islands), this capacity is also sufficient since supplies will arrive every quarter.

Table 6.1: Capacity and cost (for positive storage) (*Refer to Tab 6 of Annex 2a or Annex 2b)*

		Formula	Year 1 2009	Year 2 2010	Year 3 2011
A	Annual ***positive*** volume requirement, including new vaccine (specify: DTPHepB+Hib) (litres)[3]	*Sum-product of total vaccine doses multiplied by unit packed volume of the vaccine*	**1,266**	**1,301**	**1,362**
B	Annual ***positive*** capacity, including new vaccine (specify**,** available from the cold chain (litres)	#	**2,251**	**2,251**	**2,251**
C	Estimated minimum number of shipments per year required for the actual cold chain capacity	*A / B*	**0.56**	**0.58**	**0.60**
D	Number of consignments / shipments per year	*Based on national vaccine shipment plan*	**2**	**2**	**2**
E	Gap (if any)	*((A / D) - B)*	**- 1,618**	**- 1,601**	**- 1,570**
F	Estimated cost for expansion	*US $*	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 pp 76-79).

The financial viability strategies are based on two essential components: advocacy for mobilizing additional financing and putting in place practical measures to increase the effectiveness of the resources provided to the health sector in general and the immunisation sector in particular. Thus, advocacy will have the purpose of:

- creating a specific line item in the national budget and by providing sufficient resources yearly to purchase vaccines and injection supplies.
- opening a security account with the Comoros Central Bank, and by advocating in each budget law to increase the budget consequently as we go along
- gradually taking charge of EPI financing
- strengthening monitoring capacities for releasing financial resources allocated to the EPI
- implementing a programme budget for the health sector no later than end-2008.
- creating a system for gradual autonomous island government contribution through joint revenue
- partially allocating revenue collected in the communes to programme activities
- lowering wastage rates, drop out rates, and missed opportunities
- strengthening communication for the EPI and by involving the communities
- introducing the RED approach in all the districts

[3] Use results from table 5.2. Make the sum-product of the total vaccine doses row (I) by the unit packed volume for each vaccine in the national immunisation schedule. All vaccines are stored at positive temperatures (+5°C) except OPV which is stored at negative temperatures (-20°C).

Table 6.2: Assessment of burden of relevant diseases *(if available)*: NA

Disease	Title of the evaluation	Date	Results

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

Lessons learned	Solutions / Action Points
Current storage capacity is sufficient but co-existence with the other programmes is not reassuring	The CNPEV is in contact with the other programmes to remove their product and store it in other secure locations
Most cold-chain equipment has paid for itself (10 years of existence)	A rehabilitation plan is already available
High wastage rate in the first year when the vaccine was unconjugated	Do not use unconjugated vaccines
No routine use of freezing indicators	Make use widespread at all levels, monitor and analyze freezing indicators
Staff mobility and assignment to other positions of responsibility, especially at the peripheral level	- Staff motivation - Raise the awareness of the authorities - Strengthen capacities of the new hires
Difficulty obtaining replacement parts for refrigerators that run on petroleum	- Priority purchase of replacement parts - Gradual changeover from the current cold chain equipment to hybrid-solar
Social mobilisation not effective	Strengthen social mobilisation

Please list the vaccines to be introduced with support from the GAVI Alliance (and presentation):
The Union of the Comoros subscribes to the DTPHepB-Hib vaccine in its pentavalent form.

First Preference Vaccine

As reported in the cMYP, the country plans to introduce the *Haemophilus influenzae (antigen)* vaccine, using the DTPHepB-Hib vaccine, in 1 dose *(number of doses per vial) in liquid form (lyophilized or liquid).*

Please refer to the excel spreadsheet Annex 2a or Annex 2b (for Rotavirus and Pneumo vaccines) and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 2a or Annex 2b, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose[4].

- Please summarise the list of specifications of the vaccines and the related immunisation programme in Table 6.3 below, using the population data (from Table 3.4 of this application) and the price list and co-financing levels (in Tables B, C, and D of Annex 2a or Annex 2b).

- Then please copy the data from Annex 2a or 2b (Tab "Support Requested") into Tables 6.4 and 6.5 (below) to summarize the support requested, and co-financed by GAVI and by the country.

- Please submit the electronic version of the excel spreadsheets Annex 2a or 2b together with the application

Table 6.3: Specifications of immunisations with new vaccine

Vaccine: DTPHepB-Hib	*Use data in:*		**Year 1 2009**	**Year 2 2010**	**Year 3 2011**	**Year 4 20…**	**Year 5 20…**
Vaccine:……	*Table 3.4*	#	**8,100**	**17,010**	**18,046**		
Number of children to be vaccinated with the third dose	*Table 3.4*	#	**88%**	**90%**	**93%**		
Target immunisation coverage with the third dose	*Table 3.4*	#	**8,378**	**17,577**	**18,434**		
Number of children to be vaccinated with the first dose	*Annex 2a or 2b Table E - tab 5*	#	1.05	1.05	1.05		
Estimated vaccine wastage factor	*Annex 2a or 2b Table D - tab 4*	$	0.20	0.20	0.30		

* Total price per dose includes vaccine cost, plus freight, supplies, insurance, fees, etc.

Table 6.4: Portion of supply to be co-financed by the country (and cost estimate, US$)

		Year 1 2009	**Year 2 2010**	**Year 3 2011**
Number of vaccine doses	#	**1,500**	**3,800**	**5,700**
Number of AD syringes	#	**1,500**	**4,100**	**6,000**
Number of re-constitution syringes	#	**0**	**0**	**0**
Number of safety boxes	#	**25**	**50**	**75**
Total value to be co-financed by country	**$**	**$5,500**	**$13,000**	**$18,000**

Table 6.5: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		Year 1 2009	**Year 2 2010**	**Year 3 2011**
Number of vaccine doses	#	**25,000**	**58,900**	**53,100**

[4] *Table D1 should be used for the first vaccine, with tables D2 and D3 for the second and third vaccine co-financed by the country*

Number of AD syringes	#	**26,500**	**62,600**	**56,200**
Number of re-constitution syringes	#	**0**	**0**	**0**
Number of safety boxes	#	**300**	**700**	**625**
Total value to be co-financed by GAVI	**$**	**$93,500**	**$196,000**	**$166,000**

Please refer to http://www.unicef.org/supply/index_gavi.html for the most recent GAVI Alliance Vaccine Product Selection Menu, and review the GAVI Alliance NVS Support Country Guidelines to identify the appropriate country category, and the minimum country co-financing level for each category.

Second Preference Vaccine NA

If the first preference of vaccine is in limited supply or currently not available, please indicate below the alternative vaccine presentation:

- Please complete tables 6.3 – 6.4 for the new vaccine presentation
- Please complete the excel spreadsheets Annex 2a or Annex 2b for the new vaccine presentation and submit them alongside the application.

Procurement and Management of New and Under-Used Vaccines

a) 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): out of the funds provided each year for the EPI by the budget law, the government plans to take out the funds required for co-financing and pay them to UNICEF at the beginning of each year. The rest of the funds shall be released and used based on a proposal from the CNPEV and after validation by the ICC.

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

- *Other vaccines or immunisation commodities procured by the country and description of the mechanisms 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. 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*

c) Please describe the introduction of the vaccines (refer to cMYP):
The immunisation staff will be trained in the second half of 2008 and social mobilisation activities will be carried out to make parents and immunisation staff aware of this new vaccine and of the possible AEFI they may encounter.
A review and reproduction of the collection materials will be necessary to adapt the tools to the new vaccine.
The new vaccine will be introduced in the three islands once the tetravalent inventory has been exhausted in all the districts.
There will be active surveillance and the activities will be evaluated and monitored.
The data will be analysed and submitted to the ICC.

d) Please indicate how *funds* should be transferred by the GAVI Alliance (if applicable)
Since the country has already received GAVI support to introduce the Hepatitis B vaccine, a special GAVI account is already available and has been operational since 2003. Continuing to deposit the funds into this account will be sufficient.

e) Please indicate how the co-financing amounts will be paid (and who is responsible for this)
After disbursement at the public treasury level, the funds will be deposited into a CNPEV account to be opened with the Comoros Central Bank. From there, the funds required for co-financing will be deposited into the UNICEF account. The responsibility for these transactions is a joint one with the Financial and Administrative Director of the Office of the Vice President in Charge of Health and the National EPI Coordinator.

f) Please outline how coverage of the new vaccine will be monitored and reported (refer to cMYP):
Coverage of the new vaccine will be monitored as is done for the other antigens: We will refer to the sheets of the monthly activity reports that the district health centres send to the EPI managers on each island; in turn, they will forward them to the central level electronically or they will send the copies.
These sheets, which are now being used to monitor all the antigens, will simply need to be updated for the new vaccine that will be introduced.
Formative supervisions will be carried out every quarter by the managers of the islands and twice yearly by the central level. The small technical committee will analyse the data before it is sent monthly to ICT Harare and presented to the ICC at the quarterly meetings. Feedback from these data will also be sent to the different levels (islands and districts).

New and Under-Used Vaccine Introduction Grant

Table 6.5: calculation of lump-sum

Year of New Vaccine introduction	N° of births (from table 3.4)	Share per birth in US$	Total in US$
2009	**20,080**	$0.30	

Please indicate in the tables below how the one-time Introduction Grant[5] will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP).

Table 6.6: Cost (and finance) to introduce the first preference vaccine (US$)

Cost Category	Full needs for new vaccine introduction	Funded with new vaccine introduction grant
	US$	US$
Training	**9,520**	**9,520**
Social Mobilisation, IEC and Advocacy	**22,193**	**22,193**
Cold Chain Equipment and Maintenance	**28,500**	**16,029**
Vehicle and Transport		
Programme Management	**20,000**	**20,000**
Surveillance and Monitoring	**20,000**	**20,000**
Human Resources		
Waste Management	**55,000**	
Technical Assistance		
Other (Advanced strategy)	**6,953**	**6,953**
Other (central level cold chain)	**5,305**	**5,305**
Other (please specify)		
Other (please specify)		
Total	**167,471**	**100,000**

NB: The financing discrepancy observed will be covered by UNICEF for cold chain equipment and maintenance. For waste management, the expenditures will be made by the Comorian government and UNICEF (see p. 21 of the proposal to be submitted to GAVI).

- Please complete the banking form (annex 1) if required

Please complete a table similar to the one above for the second choice vaccine (if relevant) and title it **Table 6.7: Cost (and finance) to introduce the second preference vaccine (US$)**

[5] 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

7. Additional comments and recommendations from the National Coordinating Body (ICC/HSCC)

- *The Ministers or Secretaries General of the departments who are ICC members should attend the ICC meetings more regularly*
- *Have the authorities of the three islands attend the ICC meetings for better involvement and ownership of the activities*
- *The ICC should organise information and advocacy meetings with the decision-makers*

8. Documents required for each type of support

Type of Support	Document	DOCUMENT NUMBER	Duration *
ALL	WHO / UNICEF Joint Reporting Form (last two)	1 and 2	2005 and 2006
ALL	Comprehensive Multi-Year Plan (cMYP)	3	2007-2011
ALL	Endorsed minutes of the National Coordinating Body meeting where the GAVI proposal was endorsed	4	
ALL	Endorsed minutes of the ICC/HSCC meeting where the GAVI proposal was discussed	5	
ALL	Minutes of the three most recent ICC/HSCC meetings	5, 6 and 7	
ALL	ICC/HSCC workplan for the forthcoming 12 months	8	
Injection Safety	National Policy on Injection Safety including safe medical waste disposal (if separate from cMYP)	Not available	
Injection Safety	Action plans for improving injection safety and safe management of sharps waste (if separate from cMYP)	9	2002-2007
Injection Safety	Evidence that alternative supplier complies with WHO requirements (if not procuring supplies from UNICEF)	NA	
New and Under-used Vaccines	Plan for introduction of the new vaccine (if not already included in the cMYP)	10	

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

ANNEX 1

Banking Form

SECTION 1 *(To be completed by payee)*

In accordance with the decision on financial support made by the GAVI Alliance dated . . . . . , the Government of . . . . . hereby requests that a payment be made, via electronic bank transfer, as detailed below:

Name of Institution: *(Account Holder)*			
Address:			
City – Country:			
Telephone No.:		**Telephone No.:**	
Amount in USD:	(To be filled in by GAVI Secretariat)	**Amount in USD:**	(To be filled in by GAVI Secretariat)
For credit to: ***Bank account's title***			
Bank account No.:			
At: ***Bank's name***			

Is the bank account exclusively to be used by this programme? **YES ( ) NO ( )**

By whom is the account audited? .....

Signature of Government's authorizing official:
By signing below, the authorizing official confirms that the bank account mentioned above is known to the Ministry of Finance and is under the oversight of the Auditor General.

Name:		**Seal:**
Title:		
Signature:		
Date:		
Address and Phone number		
Fax number		
Email address:		

SECTION 2 ***(To be completed by the Bank)***

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.:		
Bank Contact Name and Phone Number:		

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 …… *(number of signatories)* of the following authorized signatories:	**Name of bank's authorizing official:**
1 Name:	**Signature:**
Title:	**Date:**
2 Name:	**Seal:**
Title:	
3 Name:	
Title:	
4 Name:	
Title:	

COVERING LETTER

(To be completed by UNICEF representative on letter-headed paper)

TO: GAVI Alliance – Secretariat
Att. Dr Julian Lob-Levyt
Executive Secretary
C/o UNICEF
Palais des Nations
CH 1211 Geneva 10
Switzerland

On the …… I received the original of the BANKING DETAILS form, which is attached.

I certify that the form does bear the signatures of the following officials:

	Name	Title
Government's authorising official	.....	.....
Bank's authorising official	.....	.....

Signature of UNICEF Representative:

Name .....

Signature .....

Date .....