

*GAVI Alliance*

**Application Form for Country Proposals**

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

Submitted by

The Government of

***Zimbabwe***

Date of submission: **31.05.2011 07:44:40**

**Deadline for submission: 1 Jun 2011**

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

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

**Revised in January 2011**

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

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

Enquiries to: [proposals@gavialliance.org](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 | 2016 | Pneumococcal (PCV10), 2 doses/vial, Liquid |  |
| New Vaccines Support | Rotavirus 3-dose schedule | 2013 | 2016 | Rotavirus 2-dose schedule |  |

**[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**

Background  
One out of every eleven Zimbabwean children dies each year before their fifth birthday (approximately 35 500 children per year). With an under-5 mortality rate estimated at 86 per 1,000 live births (MIMS 2009), Zimbabwe ranks within the top 50 countries in the world for high early childhood mortality. Over 65% of these deaths occur within the first year of life, as estimated by an infant mortality of 60 per 1,000 live births (MIMS, 2009). In order to effectively reduce the childhood mortality trends in the country, a child survival strategy outlining the major target killers, key intervention strategies and actions was developed. The Zimbabwe Expanded Programme on Immunization is one of the key interventions aiming at reducing vaccine preventable diseases such as pneumonia, diarrhea and measles which are the third, fourth and fifth leading causes of under five mortality.  
  
According to the Minstry of Health and Child Welfare’s National Health Profile of 2006 respiratory conditions, diarrhoea, malaria and skin conditions rank among the top five causes of morbidity in children under-5 years in Zimbabwe. Acute respiratory infections account for most outpatient attendances. A significant proportion of children present with pneumonia, often of the severe form. The Zimbabwean infant mortality rate is estimated at 60 per 1,000 live births. The under-5 mortality rate is estimated at 86 per 1,000 live births (MIMS 2009). These figures demonstrate little change since the ZDHS of 2005/6 which reported an infant mortality rate of 60 per 1,000 live births and under-5 mortality rate of 82 per 1,000 live births respectively. The single leading cause of child mortality in Zimbabwe is HIV and AIDS which contributes 21 percent of deaths. The other major contributions to under-5 mortality are pneumonia, diarrhoea and measles, although HIV and AIDS may also underlie deaths recorded under pneumonia and diarrhoea.   
  
The country has established 4 sentinel sites for rotavirus surveillance and results for the past 5 years have revealed that between 38% to 60% of all admitted diarrheal cases below the age of 5 years were due to rotavirus. The objective therefore is to reduce morbidity and mortality from these diseases in infants and under five populations as one of the steps towards achieving MDG4 within the stipulated time frame.   
  
Zimbabwe intends to introduce pneumococcal and rotavirus vaccines in 2012 and 2013 respectively. The Child Survival Strategy (2009 – 2015) reports that pneumonia and diarrhea contribute to 9% of childhood diseases. Zimbabwe introduced Hib as pentavalent vaccine in 2008 in an effort to reduce the incidence of pneumonia and this will be further lowered with the introduction of pneumococcal vaccine and the introduction of rotavirus vaccine will lower the incidence of diarrhoeal diseases in under fives.  
  
The comprehensive Multi Year Plan (cMYP) presents the strategic goals, objectives as well as the cost and financing implications of the major initiatives required to improve the health of Zimbabweans through a strong and sustainable immunization programme. In line with the Global Immunization Vision and Strategy (GIVS), this comprehensive multiyear plan 2012 - 2016 will focus on key actions to achieve the five goals of:  
1. Protecting more people and saving lives by widespread use of safe vaccines  
2. Accelerating the reduction of morbidity and mortality from vaccine preventable diseases  
3. Introducing new vaccines  
4. Strengthening EPI surveillance, health information and data management  
5. Integrating EPI with other interventions.  
  
The last Vaccine Management Assessment (VMA) was conducted October 2009 in four provinces that had not participated in the previous VMA of 2007. The assessment followed the WHO 11 criteria method. The country achieved a commendable average score of 73% in view of the prevailing socio-political and economic situation and all other occurrences in the health sector between the last assessment and then. In fact the country managed to at least sustain the vaccine management standard achieved in 2007.  
  
Major findings of the assessment included knowledge deficit on EPI at service delivery level mainly due introduction of a new cadre (Primary Care Nurse), last formal training in vaccine management was n 2004 and since then a lot of changes in vaccine management technology had taken place, storage capacity for current vaccines was adequate, multi dose vial policy was being implemented well at all levels, facilities within which the cold chain equipment was being accommodated were adequate at all levels.  
  
However, despite the commendable achievement of sustaining the 2007 achieved standard of vaccine management in view of all the challenges, the country still fell short of meeting the required standard of 80%. Areas of vaccine delivery, diluents management, stock management and equipment preventive maintenance needed attention. Staff knowledge on EPI in general and vaccine management in particular would also needed to be upgraded in order to match with new developments and technologies.  
  
Ministry of Health and Child Welfare and its partners have made some significant progress in addressing all issues raised in the VMA.   
  
The ZEPI program requires between US$6-18 million per year from 2012 - 2016, to meet the cost of traditional, underused and new vaccines as well as cold chain equipment. This cost has risen substantially from the previous years due to cost of introducing new vaccines. The major financial gaps will require concerted support efforts by partners like UNICEF and WHO, who normally provide technical support. Although the Government has shown a strong commitment to health, its efforts have been hampered by the prevailing unfavorable socio-economic environment. However the Government and its partners are committed to mobilising funds towards required co-financing. Government’s demonstrated commitment to the health service, even during this most difficult period, has encouraged partners to support the ZEPI program hence the noted improvement in coverage. In addition there is a close interaction with UN Inter-country teams that form the backbone of the Inter Agency Coordination Committee on EPI. The Ministry of Health and Child Welfare has developed the Health Transition Fund (HTF) which is a pooled donor basket to be administered by UNICEF. The government of Zimbabwe and its partners will mobilise additional resources to meet the financial gap in the cMYP. The government is expected to formulate strategies to achieve financial sustainability. The strategies will cover three main areas: a) mobilization of additional resources b) ensuring resource reliability and c) programme efficiency.  
  
  
It is against this background that the Government of Zimbabwe is again taking the opportunity to apply to GAVI for support to introduce opted vaccines. It is the hope of the Government that all the development parthers and other stake holders will provide support for another two successful introductions.

# **Signatures**

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

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

The Government of Zimbabwe 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 , Rotavirus 3-dose schedule introduction.

The Government of Zimbabwe 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 January.

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** | Honorable Minister Dr Henry MADZORERA | **Name** | Honorable Minister Tendai BITI |
| **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** |
| --- | --- | --- | --- | --- |
| Mrs Mary KAMUPOTA | National EPI Manager- Ministry of Health and Child Welfare | +263-4-790896 | kamupotam@yahoo.co.uk |  |
| Ms Regina GEREDE | Deputy Director-Community Nursing-Ministry of Health and Child Welfare | +263-4-798539-70 | reginagerede@yahoo.com |  |
| Mrs Mary N. MUNYORO | NPO/EPI- WHO | +263-4-253724 | munyorom@zw.afro.who.int |  |
| Mr Kenneth CHINDEDZA | NPO/EPI/Logistics- WHO | +263-4-253724 | chindedzak@zw.afro.who.int |  |
| Ms Ranganai MATEMA | EPI Officer- UNICEF | +263-4-703941 | rmatema@unicef.org |  |
| Ms Adelaide SHEARLEY | Child Health and Immunization Technical Advisor- MCHIP | +263-4-339661/7 | adelaide@mchipzim.org |  |
| Mr Edward Z. MUTYAMBIZI | Chief Accountant Revenue-Ministry of Health and Child Welfare | +263-4-798539-70 | mutyambiziez@yahoo.com |  |
| Mr Bestinos CHINODYA | EPI Logistician-Ministry of Health and Child Welfare | +263-4-790579 | bfchinodya@gmail.com |  |

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

We the members of the ICC, HSCC, or equivalent committee**[1]** met on the 27.04.2011 to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

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

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

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

Enter the family name in capital letters.

| **Name/Title** | **Agency/Organisation** | **Signature** | **Action** |
| --- | --- | --- | --- |
| Mr Don MacDONALD | Rotary International (ICC Chairman) |  |  |
| Dr Custodia MANDLHATE | WHO Country Representative |  |  |
| Dr Peter SALAMA | UNICEF Country Representative |  |  |
| Prof Rose KAMBARAMI | MCHIP Country Director |  |  |

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

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Mrs Mary N. MUNYORO | **Title** | National Professional Officer, EPI- WHO |
| **Tel no** | +263-4-253724 or +263772104258 |
| **Fax no** |  | **Address** | WHO Country Office,86 Enterprise Road P.O.Box CY348 Causeway  Harare ZIMBABWE |
| **Email** | munyorom@zw.afro.who.int |

# **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** | EPI Inter Agency Coordinating Committee |
| **Year of constitution of the current committee** | 1996 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Stand alone |
| **Frequency of meetings** | Quarterly or more often when necessary |

**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** | Rotary International | Mr A.D. MacDONALD |
| **Secretary** | National EPI Manager,MoHCW | Mrs Mary KAMUPOTA |
| **Members** | Secretary for Health and Child Welfare | Brigadier General (Dr) G GWINJIi | **Action** |
|  | Principal Director ,Curative Services, MoHCW | Mr C TAPFUMANEYI |  |
|  | Director of Nursing Services | Ms CMZ CHASOKELA |  |
|  | WR Zimbabwe | Dr Custodia MANDLHATE |  |
|  | NCC Chairman | Dr Nhamo GONA |  |
|  | UNICEF Country Rep | Dr Peter SALAMA |  |
|  | Country Director, MCHIP Zimbabwe | Prof Rose KAMBARAMIi |  |
|  | Deputy Director Community Health Services | Ms Regina GEREDE |  |
|  | OPHID Country Rep | Dr Barbara ENGELSMANN |  |
|  | NPEC Chairperson | Prof JK NATHOO |  |
|  | NTF Chaiman | Dr NZIRAMASANGA |  |
|  | TFI Member | Dr Levon AREVSHATIAN |  |
|  | Director Policy & Planning, MOHCW | Mr Simon CHIHANGA |  |
|  | Ministry of Finance |  |  |
|  | Ministry of Education & Culture |  |  |
|  | Zimbabwe Association of Church related Hospitals(ZACH) |  |  |
|  | World Vision |  |  |

Major functions and responsibilities of the committee

|  |
| --- |
| **Coordination with all partners and resource mobilisation for EPI Review and endorse EPI plans in line with programme targets Advocacy and social mobilisation to ensure wide publicity of the programme** |

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

|  |  |
| --- | --- |
| **1.** | **Regular meetings and update on progress and emerging issues** |
| **2.** | **High level advocacy for the program** |
| **3.** | **Resource mobilisation for the program** |

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

(If it has been established in the country)

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

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

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

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Mrs Mary MUNYORO | **Title** | WHO EPI Officer |
| **Tel no** | + 263 4 253274 |
| **Fax no** | + 263 4 791163 Attention: R Matema | **Address** | WHO Country Office, PO Box CY 348, Causeway, Harare. |
| **Email** | munyorom@zw.afro.who.int |

# **The NITAG Group for Immunisation**

**Profile of the NITAG**

|  |  |
| --- | --- |
| **Name of the NITAG** | Child Survival Technical Working Group |
| **Year of constitution of the current NITAG** | Proposed for 2011 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Sub committee of the National Child Survival teering committee |
| **Frequency of meetings** | Monthly or/and Ad-hoc when necessary |

**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** | Deputy Director Community Nursing Services,MoHCW | Ms Regina GEREDE |
| **Secretary** | NPO/Child and Adolescent Health,WHO | Dr Trevor KANYOWA |
| **Members** | MNCH Specialist; UNICEF | Dr. Assaye. KASSIE | **Action** |
|  | Paediatrician MOHCW, Chitungwiza Hospital | Dr. N.A. GONAH |  |
|  | Deputy Country Director, MCHIP | Ms. Frances TAIN |  |
|  | CH Officer, MOHCW | Ms. Sazzy MAKUMBE |  |
|  | Maternal and Newborn Health Advisor; USAID | Dr. Jo KEATINGE |  |
|  | Child Health/Immunization Advisor, MCHIP | Ms. Adelaide SHEARLEY |  |

Major functions and responsibilities of the NITAG

|  |
| --- |
| **Providing technical expertise to the immunisation program, monitoring and evaluation of program performance, advising the Ministry on emerging diseases that may be vaccine preventable and updating the ICC on progress and current events.** |

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

|  |  |
| --- | --- |
| **1.** | **Orientation of all members on program terms of reference and Ministry's expectations.** |
| **2.** | **Mobilisation of resources to meet operations.** |
| **3.** | **High level advocacy and communication for the program.** |

# **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
* 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 | 12,595,418 |  | 2010 | Zimbabwe Statistics Agency (ZIMSTAT) |
| Infant mortality rate (per 1000) | 60 |  | 2010 | National Child Survival Strategy for Zimbabwe |
| Surviving Infants**[1]** | 367,031 |  | 2010 | Ministry of Health and Child Welfare Health Information |
| GNI per capita (US$) | 379 |  | 2009 | National Health Stategy |
| Total Health Expenditure (THE) as a percentage of GDP | 7.00 | % | 2009 | National Health Strategy |
| General government expenditure on health (GGHE) as % of General government expenditure | 8.90 | % | 2007 | WHO NHA Data Base |

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

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

|  |
| --- |
| **The country has a National Health Strategic Plan from where all different programmes derive their annual plans.The current National Health Strategic plan runs from 2008 to 2013.** |

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

|  |
| --- |
| **Yes, in terms of National Health sector goals but not the timing. The EPI cMYP runs period 2012 to 2016 whereas the NHSP runs period 2008 - 2013.** |

Please indicate the national planning budgeting cycle for health

|  |
| --- |
| **National budgeting is done annually. The financial year of government runs from January to December. Budgets for the next finacial year are prepared beginning in the 4th quarter and approved in December. The planning cycle starts from lower levels of the health delivery system to the national level. The plans and budgets are consolidated at central level and then submitted to the Ministry of Finance for allocation of funds.** |

Please indicate the national planning cycle for immunisation

|  |
| --- |
| **The national planning cycle for immunisation is done annually and it is mainly a consolidation of plans from the lower level of the immunisation delivery system starting from rural health centres, districts, provinces and then to central level. The planning involves participation of all stakeholders and partners at all levels. These plans are derived from the EPI 5 Year cMYP which is also updated anually.   The immunisation planning cycle is done integrated with the whole Ministry of Health and Child Welfare budget running from January to December..** |

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

|  |
| --- |
| **Routine immunisation data is disaggregated by sex in Zimbabwe. According to the 2010 EPI coverage survey, there is no statistical difference between males and females in the uptake of immunisation services.** |

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

|  |
| --- |
| **The country will maintain the status quo where vaccinations will be given to every child irrespective of sex.** |

# **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 | Yes | Or at first contact before 1 year |  |
| Penta | 3, 4 and 5 months | Yes |  |  |
| Measles | 9 months | Yes |  |  |
| Polio | 3, 4, 5 and 18 months and 5 years | Yes |  |  |
| TT | Women 15-49 years | Yes |  |  |
| DTP | 18 months | Yes |  |  |
| Other | 5 years | Yes | DT vaccine |  |
| Vit A Infants | 6-11 months | Yes |  |  |
| Vit A Mothers | Postnatal within 4 weeks post delivery | Yes |  |  |
| **Vitamin A** | 6 monthly from 12 to 59 months | Yes |  |

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

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

| **Trends of immunisation coverage (percentage)** | | | | | | **Vaccine preventable disease burden** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vaccine** | | **Reported** | | **Survey** | | **Disease** | **Number of reported cases** | |
|  | | 2009 | 2010 |  | 2010 |  | **2009** | **2010** |
| **BCG** | | 90 | 103 |  | 95 | **Tuberculosis** |  |  |
| **DTP** | **DTP1** | 87 | 101 |  | 97 | **Diphtheria** | 0 | 0 |
| **DTP3** | 73 | 83 |  | 91 | **Pertussis** | 0 | 0 |
| **Polio 3** | | 69 | 84 |  | 90 | **Polio** | 0 | 0 |
| **Measles (first dose)** | | 76 | 84 |  | 90 | **Measles** | 875 | 9,696 |
| **TT2+ (Pregnant women)** | | 41 | 43 |  | 43 | **NN Tetanus** | 4 | 3 |
| **Hib3** | | 73 | 83 |  |  | **Hib[2]** |  | 1 |
| **Yellow Fever** | |  |  |  |  | **Yellow fever** | 0 | 0 |
| **HepB3** | | 73 | 83 |  |  | **HepBsero-prevalence[1]** |  |  |
| **Vitamin A supplement**  **Mothers (< 6 weeks post-delivery)** | |  |  |  |  |  | | |
| **Vitamin A supplement**  **Infants (>6 months)** | |  |  |  | 87 |

**[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

|  |
| --- |
| **Report on Zimbabwe 2010 Routine Immunisation Coverage Survey. The age groups covered were children 12 - 23 months and mothers of children <1 year.** |

# **Baseline and Annual Targets**

(refer to cMYP pages)

**Table 1:** baseline figures

| **Number** | **Base Year** | **Baseline and Targets** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2010** | **2012** | **2013** | **2014** | **2015** | **2016** |  |
| **Total births** | 390,458 | 399,095 | 403,485 | 407,924 | 412,411 | 416,947 |  |
| **Total infants' deaths** | 23,427 | 23,946 | 24,209 | 24,475 | 24,745 | 25,017 |  |
| **Total surviving infants** | 367,031 | 375,149 | 379,276 | 383,449 | 387,666 | 391,930 |  |
| **Total pregnant women** | 503,817 | 514,962 | 520,626 | 526,353 | 532,143 | 537,997 |  |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 403,430 | 399,095 | 403,485 | 407,924 | 412,411 | 416,947 |  |
| **BCG coverage (%)[1]** | 103% | 100% | 100% | 100% | 100% | 100% |  |
| **Number of infants vaccinated (to be vaccinated) with OPV3** | 310,073 | 330,131 | 341,348 | 352,773 | 360,529 | 371,384 |  |
| **OPV3 coverage (%)[2]** | 84% | 88% | 90% | 92% | 93% | 95% |  |
| **Number of infants vaccinated (or to be vaccinated) with DTP1[3]** | 371,043 | 374,408 | 378,152 | 381,934 | 385,743 | 388,486 |  |
| **Number of infants vaccinated (to be vaccinated) with DTP3[3]** | 303,441 | 330,131 | 341,348 | 352,773 | 360,529 | 371,384 |  |
| **DTP3 coverage (%)[2]** | 83% | 88% | 90% | 92% | 93% | 95% |  |
| **Wastage[1] rate in base-year and planned thereafter for DTP (%)** | 5% | 5% | 5% | 5% | 5% | 5% |  |
| **Wastage[1] factor in base-year and planned thereafter for DTP** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |  |
| **Target population vaccinated with 1st dose of Pneumococcal** |  | 374,408 | 378,152 | 381,934 | 385,743 | 388,486 |  |
| **Target population vaccinated with 3rd dose of Pneumococcal** |  | 330,131 | 341,348 | 352,773 | 360,529 | 371,384 |  |
| **Pneumococcal coverage (%)[2]** | 0% | 88% | 90% | 92% | 93% | 95% |  |
| **Target population vaccinated with 1st dose of Rotavirus** |  |  | 378,152 | 381,934 | 385,743 | 388,486 |  |
| **Target population vaccinated with last dose of Rotavirus** |  |  | 341,348 | 352,773 | 360,529 | 371,384 |  |
| **Rotavirus coverage (%)[2]** | 0% | 0% | 90% | 92% | 93% | 95% |  |
| **Infants vaccinated (to be vaccinated) with 1st dose of Measles** | 308,477 | 322,628 | 333,763 | 345,104 | 360,529 | 372,334 |  |
| **Measles coverage (%)[2]** | 84% | 86% | 88% | 90% | 93% | 95% |  |
| **Pregnant women vaccinated with TT+** | 216,641 | 231,733 | 239,488 | 247,386 | 255,429 | 263,619 |  |
| **TT+ coverage (%)[4]** | 43% | 45% | 46% | 47% | 48% | 49% |  |
| **Vit A supplement to mothers within 6 weeks from delivery** |  | 399,095 | 403,485 | 407,924 | 412,411 | 416,947 |  |
| **Vit A supplement to infants after 6 months** | 1,128,202 | 1,254,163 | 1,341,217 | 1,354,629 | 1,368,175 | 1,381,857 |  |
| **Annual DTP Drop-out rate[ ( DTP1 - DTP3 ) / DTP1 ] x 100[5]** | 18% | 12% | 10% | 8% | 7% | 4% |  |

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

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

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

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

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

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

(or refer to cMYP pages)

|  | **Estimated costs per annum in US$ (in thousand US$)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost category** | **Base Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** | |
| 2010 | 2012 | 2013 | 2014 | 2015 | 2016 |  |  |  | |
| **Routine Recurrent Cost** | | | | | | | | | | |
| **Vaccines (routine vaccines only)** | **4,322,068** | **7,920,459** | **15,187,544** | **14,905,378** | **15,512,911** | **16,354,035** |  |  |  | |
| **Traditional vaccines** | 1,271,068 | 1,029,765 | 1,078,529 | 1,128,988 | 1,180,319 | 1,235,327 |  |  |  | |
| **New and underused vaccines** | 3,051,000 | 6,890,694 | 14,109,015 | 13,776,390 | 14,332,592 | 15,118,708 |  |  |  | |
| **Injection supplies** | 191,062 | 440,815 | 439,317 | 449,522 | 461,806 | 469,760 |  |  |  | |
| **Personnel** | **5,152,296** | **5,308,219** | **5,419,065** | **5,527,446** | **5,637,995** | **5,750,755** |  |  |  | |
| **Salaries of full-time NIP health workers (immunisation specific)** | 612,756 | 633,702 | 646,376 | 659,303 | 672,489 | 685,939 |  |  |  | |
| **Per-diems for outreach vaccinators / mobile teams** | 4,539,540 | 4,674,517 | 4,772,689 | 4,868,143 | 4,965,506 | 5,064,816 |  |  |  | |
| **Transportation** | 719,090 | 1,203,412 | 1,516,182 | 1,798,769 | 1,713,057 | 1,805,137 |  |  |  | |
| **Maintenance and overheads** | 1,035,060 | 1,147,913 | 1,170,811 | 1,194,164 | 1,217,987 | 1,242,286 |  |  |  | |
| **Training** | 120,026 | 162,831 | 167,914 | 173,156 | 178,562 | 184,137 |  |  |  | |
| **Social mobilisation and IEC** | 195,000 | 203,539 | 209,893 | 216,446 | 223,203 | 230,172 |  |  |  | |
| **Disease surveillance** | 403,189 | 407,077 | 419,786 | 432,892 | 446,407 | 460,343 |  |  |  | |
| **Program management** | 344,850 | 366,370 | 377,808 | 389,602 | 401,766 | 414,310 |  |  |  | |
| **Other** | 60,000 | 298,000 | 303,960 | 310,039 | 316,240 | 322,565 |  |  |  | |
| ***Subtotal Recurrent Costs*** | ***12,542,641*** | ***17,458,635*** | ***25,212,280*** | ***25,397,414*** | ***26,109,934*** | ***27,233,500*** |  |  |  | |
|  | | | | | | | | | | |
| **Routine Capital Costs** | | | | | | | | | | |
| **Vehicle** | 200,000 | 1,983,900 | 1,696,892 | 1,390,182 | 216,486 | 220,816 |  |  |  | |
| **Cold chain equipment** | 30,000 | 2,145,436 | 1,745,312 | 2,179,200 |  |  |  |  |  | |
| **Other capital equipment** |  | 224,910 |  |  |  |  |  |  |  | |
| ***Subtotal Capital Costs*** | ***230,000*** | ***4,354,246*** | ***3,442,204*** | ***3,569,382*** | ***216,486*** | ***220,816*** |  |  |  | |
|  | | | | | | | | | | |
| **Campaigns** | | | | | | | | | | |
| **Polio** |  | 2,132,181 |  |  | 2,338,230 |  |  |  | |  |
| **Measles** | 7,234,909 | 2,124,000 |  |  | 2,329,298 |  |  |  | |  |
| **Yellow Fever** |  |  |  |  |  |  |  |  | |  |
| **MNT campaigns** |  |  |  |  |  |  |  |  | |  |
| **Other campaigns** | 29,312 | 1,222,954 | 1,264,194 | 1,299,806 | 1,340,030 | 1,381,502 |  |  | |  |
| ***Subtotal Campaign Costs*** | ***7,264,221*** | ***5,479,135*** | ***1,264,194*** | ***1,299,806*** | ***6,007,558*** | ***1,381,502*** |  |  | |  |
| **GRAND TOTAL** | **20,036,862** | **27,292,016** | **29,918,678** | **30,266,602** | **32,333,978** | **28,835,818** |  |  | |  |

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

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

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

|  | | **Estimated costs per annum in US$ (in thousand US$)** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost category** | **Funding source** | **Base Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| **2010** | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| **Routine Recurrent Cost** | | | | | | | | | | |
| Traditional Vaccines | UNICEF | 1,271,068 | 1,029,765 | 1,078,529 | 1,128,988 | 1,180,319 | 1,235,327 |  |  |  |  |
| New & Underused Vaccines | GAVI | 3,051,000 | 6,630,064 | 13,404,809 | 13,102,569 | 13,645,808 | 14,407,642 |  |  |  |  |
| ew & Underused Vaccines | Government Co-financing | 0 | 260,630 | 704,206 | 673,821 | 686,784 | 711,066 |  |  |  |  |
| Injection Supplies | UNICEF | 191,062 | 440,815 | 439,317 | 449,522 | 461,806 | 469,760 |  |  |  |  |
| Personnel Salaries | Government of Zimbabwe | 612,756 | 633,702 | 646,376 | 659,303 | 672,489 | 685,939 |  |  |  |  |
| Personnel Per diems | WHO | 442,300 | 229,376 | 332,772 | 300,000 | 400,000 | 400,000 |  |  |  |  |
| Personnel Per diems | UNICEF | 1,439,936 | 1,115,141 | 2,089,917 | 2,653,950 | 1,819,506 | 1,423,816 |  |  |  |  |
| Personnel Per diems | HKI | 423,900 | 30,000 | 100,000 | 130,000 | 0 | 150,000 |  |  |  |  |
| Personnel Per diems | Government of Zimbabwe | 2,233,404 | 3,200,000 | 2,854,000 | 2,502,000 | 2,746,000 | 3,091,000 |  |  |  |  |
| Personnel Per diems | Other | 0 | 100,000 | 100,000 | 100,000 | 0 | 0 |  |  |  |  |
| Transportation | Government of Zimbabwe | 300,118 | 1,081,818 | 1,288,814 | 1,573,110 | 1,517,211 | 1,805,137 |  |  |  |  |
| Transportation | UNICEF | 418,972 | 100,000 | 177,368 | 175,659 | 195,846 | 0 |  |  |  |  |
| Transportation | WHO | 0 | 21,594 | 50,000 | 50,000 | 0 | 0 |  |  |  |  |
| Maintenance and Overheads | Government of Zimbabwe | 72,000 | 290,886 | 370,811 | 240,498 | 305,009 | 1,242,286 |  |  |  |  |
| Maintenance and Overheads | UNICEF | 963,060 | 857,027 | 800,000 | 953,666 | 912,977 | 0 |  |  |  |  |
| Short Term Training | Government | 0 | 62,831 | 0 | 0 | 178,562 | 184,137 |  |  |  |  |
| Short Term Training | UNICEF | 50,026 | 40,000 | 0 | 173,156 | 0 | 0 |  |  |  |  |
| Short Term Training | WHO | 45,000 | 0 | 112,914 | 0 | 0 | 0 |  |  |  |  |
| Short Term Training | GAVI |  | 60,000 | 55,000 | 0 | 0 | 0 |  |  |  |  |
| Short Term Training | Other | 25,000 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
| IEC/Social Mobilisation | GAVI |  | 20,000 | 26,000 | 0 | 0 | 0 |  |  |  |  |
| IEC/Social Mobilisation | Government | 0 | 82,000 | 77,772 | 0 | 122,735 | 0 |  |  |  |  |
| IEC/Social Mobilisation | UNICEF | 115,000 | 86,869 | 106,121 | 110,408 | 743,301 | 230,172 |  |  |  |  |
| EC/Social Mobilisation | WHO | 0 | 0 | 0 | 0 | 114,869 | 0 |  |  |  |  |
| EC/Social Mobilisation | HKI | 45,000 | 14,670 | 0 | 106,038 | 0 | 0 |  |  |  |  |
| Disease Surveillance | Government | 0 | 100,000 | 0 | 0 | 100,000 | 0 |  |  |  |  |
|  | UNICEF | 0 | 0 | 0 | 0 | 0 | 0 |  |  |  |  |
|  | WHO | 403,189 | 302,077 | 409,786 | 432,892 | 346,407 | 460,343 |  |  |  |  |
|  | GAVI | 0 | 5,000 | 10,000 | 0 | 0 | 0 |  |  |  |  |
| Program Management | Government | 0 | 351,370 | 368,808 | 389,602 | 401,766 | 414,310 |  |  |  |  |
|  | UNICEF | 74,850 |  |  |  | 0 |  |  |  |  |  |
|  | WHO | 250,000 |  |  |  | 0 |  |  |  |  |  |
|  | GAVI |  | 15,000 | 9,000 |  | 0 |  |  |  |  |  |
|  | HKI | 20,000 |  |  |  | 0 |  |  |  |  |  |
| Other Routine Reccurent Costs | Government | 8,600 | 298,000 | 303,960 | 310,039 | 316,240 | 322,565 |  |  |  |  |
|  | UNICEF | 15,000 |  |  |  |  |  |  |  |  |  |
|  | WHO | 22,000 |  |  |  |  |  |  |  |  |  |
|  | HKI | 14,400 |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | |  |
| **Routine Capital Costs** | | | | | | | | | | |  |
| Vehicles | Government | 0 | 0 | 0 | 0 | 48,709 |  |  |  |  |  |
|  | UNICEF | 50,000 | 1,983,900 | 1,603,256 | 1,294,673 | 167,777 | 220,816 |  |  |  |  |
|  | WHO | 150,000 | 0 | 93,936 | 95,509 | 0 |  |  |  |  |  |
| Cold Chain Equipment | Government | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
|  | UNICEF | 30,000 | 2,145,436 | 1,745,312 | 2,179,200 | 0 |  |  |  |  |  |
| Other Capital Equipment | Government | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
|  | UNICEF | 0 | 224,910 | 0 | 0 | 0 |  |  |  |  |  |
|  | WHO | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |  |
| **Campaigns** | | | | | | | | | | |  |
| Polio | Government | 0 | 50,000 | 0 | 0 | 0 |  |  |  |  |  |
|  | UNICEF | 0 | 1,226,057 | 0 | 0 | 1,612,164 |  |  |  |  |  |
|  | WHO | 0 | 806,124 | 0 | 0 | 726,066 |  |  |  |  |  |
|  | Other | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| Measles | Government | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
|  | UNICEF | 4,861,105 | 1,329,028 | 0 | 0 | 1,585,742 |  |  |  |  |  |
|  | WHO | 2,373,804 | 794,972 | 0 | 0 | 743,556 |  |  |  |  |  |
|  | Other | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
| Vitamin A | Government | 0 | 0 | 0 | 887,000 | 0 |  |  |  |  |  |
|  | UNICEF | 29,312 | 1,030,496 | 1,031,106 | 412,806 | 1,340,030 | 1,381,502 |  |  |  |  |
|  | WHO | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |
|  | HKI | 0 | 192,458 | 233,088 | 0 | 0 |  |  |  |  |  |
| **GRAND TOTAL** | | **20,001,862** | **27,242,016** | **30,622,978** | **31,084,409** | **33,091,679** | **28,835,818** |  |  |  |  |

# **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.

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| --- |
| **According to the WHO logistics tool,the current cold chain capacity is adequate and can contain both current and the proposed new vaccines. More capacity has been created by the switching over from the single to 10 dose vial Pentavalent vaccine presentation. However, replacement of obsolete and redundant old cold chain equipment is a continuous process and as such the country has recently conducted another cold chain assessment in November – December 2010. This will culminate in the development of a new five year cold chain equipment replacement plan. Resources for the replacement of cold chain equipment will be mobilized by the government through the EPI Interagency Coordinating Committee (ICC).** |

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)

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| --- |
| **In the lifetime of this cMYP, Zimbabwe will introduce pneumococcal and rotavirus vaccines. The Child Survival Strategy (2009 – 2015) reports that pneumonia and diarrhea are the third and fourth leading causes of morbidity and mortality in under fives contributing to 9% of childhood diseases. Zimbabwe introduced Hib as pentavalent vaccine in 2008 in an effort to reduce the incidence of pneumonia and this will be further lowered with the introduction of pneumococcal vaccine in 2012, and the introduction of rotavirus vaccine in 2013 will lower the incidence of diarrhoeal diseases in under fives. It is important to note that the country has adequate cold chain capacity at all levels (according to the WHO EPI Logistics forecasting tool) but we are replacing cold chain equipment that has reached ten years.  The comprehensive Multi Year Plan (cMYP) presents the strategic goals, objectives as well as the cost and financing implications of the major initiatives required to improve the health of Zimbabweans through a strong and sustainable immunization programme. In line with Global Immunization Vision and Strategy (GIVS), this comprehensive multiyear plan 2012 - 2016 will focus on key actions to achieve the five goals of: 1. Protecting more people and saving lives by widespread use of safe vaccines 2. Accelerating the reduction of morbidity and mortality from vaccine preventable diseases 3. Introducing new vaccines 4. Strengthening EPI surveillance, health information and data management 5. Integrating EPI with other interventions.  The ZEPI program requires between US$31,030,742 to US$36,677,592 from 2012 - 2016, to meet the cost of running the immunization programme. This cost has risen substantially from the previous years due to cost of introducing new vaccines. The major financial gaps will require concerted support efforts by partners like UNICEF who largely rely on donor support and WHO, who normally provides technical support. Although the Government has shown a strong commitment to health, its efforts have been hampered by the prevailing unfavorable socio-economic environment. The Government’s demonstrated commitment to the health service, even during this most difficult period, has encouraged partners to support the ZEPI program. In addition there is a close interaction with UN Inter-country teams that form the backbone of the Inter Agency Coordination Committee on EPI. The Ministry of Health and Child Welfare has developed a proposal for the Health Transition Fund which has been submitted to donors for fundraising. The fund will be administered through UNICEF and will run from 2011 – 2015.   The Background section in the cMYP reflects a high infant mortality rate(60/100 live births) and high under five mortality (82/100 live births) as substantiated by some studies done such as the 2009 Multiple Indicator Monitoring Survey (MIMS). The situation analysis provides clear evidence that pneumonia and diarrhoea are the third and 4th leading causes of mortality in the under fives in Zimbabwe contributing to 9%of childhood diseases according to the 2009-2015 Child Survival Strategy Report.  The high infant and under five mortality rates and the high burden of pneumonia and diarrhoeal diseases, helped policy makers to take a stance to introduce new vaccines starting with pneumococcal vaccine in 2012 and rotavirus vaccine in 2013. The rota virus sentinel site surveillance data for the past 7 years also revealed that between 38% and 60% of all admitted diarrhoeal cases under the age of 5 years were positive for rota virus.** |

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

|  |  | **Formula** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| **A** | **Annual positive volume requirement, including new vaccine (litres or m3)**  **Litres** | **Sum-product of total vaccine doses multiplied by unit packed volume of the vaccine** | 32,530 | 92,937 | 95,956 | 98,096 | 101,186 |  |  |  |
| **B** | **Existing net positive cold chain capacity (litres or m3)**  **Litres** | **#** | 31,000 | 31,000 | 31,000 | 31,000 | 31,000 |  |  |  |
| **C** | **Estimated minimum number of shipments per year required for the actual cold chain capacity** | **A / B** | **2** | **3** | **4** | **4** | **4** |  |  |  |
| **D** | **Number of consignments /**  **shipments per year** | **Based on national vaccine shipment plan** | 1 | 3 | 3 | 3 | 3 |  |  |  |
| **E** | **Gap (if any)** | **((A / D) - B)** | 1,530 | -21 | 985 | 1,699 | 2,729 |  |  |  |
| **F** | **Estimated additional cost of cold chain** | **US$** |  |  |  |  |  |  |  |  |

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

|  |
| --- |
| **The Governement of Zimbabwe will continue with the yearly allocation of a budget line item towards the EPI programme and it will continuously review the allocated budget on a yearly basis with a view to increasing the EPI allocation. The Ministry of Health and Child Welfare has developed the Health Transition Fund (HTF) which is a pooled donor basket to be administered by UNICEF and will be available to fund the bulk of the immunization program requirements. The government of Zimbabwe and its partners will mobilise additional resources to meet the financial gap in the cMYP.  Continuos coordination and collaboration with EPI partners through the ICC is critical to mobilize resources for the programme. The ICC membership will be broadened in order to increase the potential for resource mobilization. Co-financing of the new vaccines will be done by the government from onset.** |

# **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** |
| --- | --- | --- | --- |
| Pnuemonia | Interagency Group for Child Mortality Estimation (IGME) | 2009 | High infant mortality rate. |  |
| Pnuemonia | Causes of under five mortality in Zimbabwe | 2008 | Pnuemonia rated third cause of under five mortality |  |
| Pnuemonia and Diarrhea | Multiple Indicator Monitoring Survey Zimbabwe (MIMS) | 2009 | High infant mortality rate of 60 per 1000 live births. |  |
| Diarrhea | Progress of Rotavirus Sentinel Surveillance to Support Rotavirus Vaccine Introduction in Zimbabwe | Jan 2007-Dec 2009 | High rotavirus disease burden of about 38% of the samples (1187 stool samples). |  |
| Diarrhea | Rotavirus Disease Burden Assessment | Jan 2009-Dec 2010 | High rotavirus disease burden of 60% of all admitted diarrhea cases below the age of five. |  |

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** |
| --- | --- |
| Government commitment is crucial to the success of new vaccine introduction.  Provision of adequate funding is critical to new vaccine introduction.  Preparation of a detailed introduction plan and good implementation facilitates smooth implementation of new vaccines  High level advocacy and communication at all levels play a pivotal role in mobilizing resources and communities  Adequate investment in cold chain facilitates smooth introduction of relevant life saving vaccines | The Government should secure adequate funding for all pre-introduction activities  Then national level should facilitate development of clear introduction and implementation plans at sub-national levels and monitor their implementation    A budget for advocacy and communication should be set aside  The replacement plan developed after the recent Cold Chain Assessment facilitated the allocation of new equipment to all health facilities needing replacement. |  |

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

|  |
| --- |
| **Pneumoccoccal (PCV13) 1 dose vial liquid  Rotateq 1-dose squeeze tube 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 | 2016 |  |  |  |
| **Minimum co-financing** | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |
| **Your co-financing (please change if higher)** | 0.20 | 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 | 2016 |  |  |  |
| **Vaccine wastage rate in %** | 5% | 5% | 5% | 5% | 5% |  |  |  |
| **Equivalent wastage factor** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |

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

|  | **Data from** |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| **Number of children to be vaccinated with the first dose** | Table 1 | # | 374,408 | 378,152 | 381,934 | 385,743 | 388,486 |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 330,131 | 341,348 | 352,773 | 360,529 | 371,384 |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 88.00% | 90.00% | 92.00% | 93.00% | 94.76% |  |  |  |
| **Estimated vaccine wastage factor** | Table 6.(n).3**[3]** | # | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |
| **Country co-financing per dose[2]** | Table 6.(n).2**[3]** | $ | 0.20 | 0.20 | 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** | **2016** |  |  |  |
| **Number of vaccine doses** | # | 78,800 | 63,800 | 64,500 | 65,100 | 65,500 |  |  |  |
| **Number of AD syringes** | # | 84,100 | 67,500 | 68,200 | 68,800 | 69,300 |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 950 | 750 | 775 | 775 | 775 |  |  |  |
| **Total value to be co-financed by country** | $ | **295,000** | **239,000** | **241,500** | **244,000** | **245,500** |  |  |  |

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

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| **Number of vaccine doses** | # | 1,395,600 | 1,130,400 | 1,141,700 | 1,153,100 | 1,160,500 |  |  |  |
| **Number of AD syringes** | # | 1,490,100 | 1,195,100 | 1,207,100 | 1,219,100 | 1,226,900 |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 16,550 | 13,275 | 13,400 | 13,550 | 13,625 |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **5,227,500** | **4,233,500** | **4,275,500** | **4,318,500** | **4,346,000** |  |  |  |

# **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 | 399,095 | 0.30 | 120,000 |

**[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** | 162,831 | 60,000 |
| **Social Mobilization, IEC and Advocacy** | 203,539 | 60,000 |
| **Cold Chain Equipment & Maintenance** |  |  |
| **Vehicles and Transportation** |  |  |
| **Programme Management** | 366,370 |  |
| **Surveillance and Monitoring** | 407,077 |  |
| **Human Resources** |  |  |
| **Waste Management** |  |  |
| **Technical assistance** |  |  |
|  |  |  |  |
| **Totals** | 1,139,817 | 120,000 |

# **6.4.1. Requested vaccine ( Rotavirus 3-dose schedule )**

As reported in the cMYP, the country plans to introduce Rotavirus 3-dose schedule vaccine.

# **6.4.2. Co-financing information**

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

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

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

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2013 | 2014 | 2015 | 2016 |  |  |  |  |
| **Minimum co-financing** | 0.13 | 0.13 | 0.13 | 0.13 |  |  |  |  |
| **Your co-financing (please change if higher)** | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |  |

# **6.4.3. Wastage factor**

Please indicate wastage rate:

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

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

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

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2013 | 2014 | 2015 | 2016 |  |  |  |  |
| **Vaccine wastage rate in %** | 5% | 5% | 5% | 5% |  |  |  |  |
| **Equivalent wastage factor** | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |  |

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

|  | **Data from** |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** | **2015** | **2016** |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | Table 1 | # | 378,152 | 381,934 | 385,743 | 388,486 |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 341,348 | 352,773 | 360,529 | 371,384 |  |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 90.00% | 92.00% | 93.00% | 94.76% |  |  |  |  |
| **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

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

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** | **2015** | **2016** |  |  |  |  |
| **Number of vaccine doses** | # | 85,000 | 85,900 | 96,400 | 97,000 |  |  |  |  |
| **Number of AD syringes** | # |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 950 | 975 | 1,075 | 1,100 |  |  |  |  |
| **Total value to be co-financed by country** | $ | **298,000** | **241,500** | **244,000** | **245,500** |  |  |  |  |

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

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** | **2015** | **2016** |  |  |  |  |
| **Number of vaccine doses** | # | 1,404,100 | 1,120,200 | 1,121,800 | 1,128,900 |  |  |  |  |
| **Number of AD syringes** | # |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 15,600 | 12,450 | 12,475 | 12,550 |  |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **4,925,000** | **3,146,000** | **2,835,500** | **2,854,000** |  |  |  |  |

# **6.4.7. 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 Rotavirus 3-dose schedule**

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

| **Year of New Vaccine Introduction** | **Births (from Table 1)** | **Share per Birth in US$** | **Total in US$** |
| --- | --- | --- | --- |
| 2013 | 403,485 | 0.30 | 121,500 |

**[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 Rotavirus 3-dose schedule (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** | 167,914 | 55,000 |
| **Social Mobilization, IEC and Advocacy** | 209,893 | 66,500 |
| **Cold Chain Equipment & Maintenance** |  |  |
| **Vehicles and Transportation** |  |  |
| **Programme Management** | 377,808 |  |
| **Surveillance and Monitoring** | 419,786 |  |
| **Human Resources** |  |  |
| **Waste Management** |  |  |
| **Technical assistance** |  |  |
|  |  |  |  |
| **Totals** | 1,175,401 | 121,500 |

# **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)

|  |
| --- |
| All vaccines will be procured through UNICEF. |

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.

|  |
| --- |
| Market authorisation, post marketing surveillance, |

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

|  |
| --- |
| The country intends to introduce pneumococcal vaccine in 2012 and rotavirus in 2013. The vaccines will be introduced nationwide covering all children <1 year. Details are contained the introduction plan for each vaccine. |

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

|  |
| --- |
| Funds for vaccine and injection safety materials procurement will be transfered directly to UNICEF supply division, while those to support vaccine introduction will be put in the Ministry of Health and Child Welfare account provided (Standard Chartered Bank). |

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

|  |
| --- |
| Funds will be disbursed to UNICEF, the procurement agency. The responsibility of this function will rest with the EPI Manager and the Director of Finance in the Ministry of Health and Child Welfare. |

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

|  |
| --- |
| All immunisation data collection tools will be revised to accommodate new vaccines before introduction to facilitate collection of coverage data.  Coverage will be monitored through the routine health information reporting system where vaccination data is generated at service delivery level and sent up the ladder to central level. Deadline for submission of this data to the various levels will follow the existing timelines.   Coverage surveys, data quality self assessments and data quality audits will be conducted periodically to verify the accuracy of the administrative data. |

# **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?October - 2009

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.

|  |
| --- |
| Below are the key recommendations to improve vaccine management in the country and the implementation status:   1. EPI Head Office should mobilize resources to train health workers on vaccine management but initially targeting sub-national facilities personnel. Training for EPI supervisors has been conducted and is ongoing integrated with other trainings. Sub-national vaccine storekeepers trainings are scheduled for the 3rd quarter of 2011.  2. EPI Managers at Sub-national level should ensure that periodic equipment preventive maintenance plans are put in place and followed at all facilities under their jurisdiction. Two cold chain technicians per province including cities have been trained on refrigerator repairs and regular cold chain maintenance. Plans are in place to train two technicians per district and funding has been secured. 3. EPI Managers at all levels should have an interest in stock management of vaccines, diluents and injection safety materials by regularly checking stock levels and thereby minimizing stock discrepancies. Supervisory checklist has been updated to include issues of vaccine management. 4. In view of intermittent power cuts being experienced in the country, all sub-national vaccine stores should be equipped with standby generators. UNICEF has started procuring stand-by generators for provincial and district vaccine stores. 5. Support supervision covering areas of vaccine management among other issues should be strengthened at all levels. Areas being strengthened include documentation of findings and feebback. 6. The Central Vaccine Store should be equipped with a functional continuous temperature monitoring device. The device has been procured and awaits installation. |

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

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

# **Additional Comments and Recommendations**

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

|  |
| --- |
| 2010 has seen significant improvement in immunisation coverage in Zimbabwe over 2009.  The country is gradually recovering from the period of hyperinflation followed by the switch to the US Dollar as the country’s base currency. The recovery has strengthened support for healthcare services, including at clinic level. The partners in the ICC have continued their support for the EPI program. There is still work to be done to improve coverage in certain individual provinces, as highlighted in the report, but the ICC is pleased with the overall progress made and pledges its support to continue the improvement.  At its last meeting the ICC reviewed and approved the proposals for the introduction of Rotavirus and Pneumococcal Vaccines. The ICC supports these proposals both in their own right and on the basis of the improving levels of routine coverage for existing vaccines. This will also contribute towards reduction of morbidity and mortality of the under fives and thereby contributing to MDG4.   The ICC will continue to monitor both the effectiveness of the overall immunisation process, as well as the application of the new vaccines, once these are approved.  A Donald MacDonald Chairman ICC |

# **Annexes**

# **Annex 1**

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

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

| **Required supply item** |  | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 78,800 | 63,800 | 64,500 | 65,100 | 65,500 |  |  |  |
| **Number of AD syringes** | *#* | 84,100 | 67,500 | 68,200 | 68,800 | 69,300 |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 950 | 750 | 775 | 775 | 775 |  |  |  |
| **Total value to be co-financed by the country** | *$* | 295,000 | 239,000 | 241,500 | 244,000 | 245,500 |  |  |  |

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

| **Required supply item** |  | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 1,395,600 | 1,130,400 | 1,141,700 | 1,153,100 | 1,160,500 |  |  |  |
| **Number of AD syringes** | *#* | 1,490,100 | 1,195,100 | 1,207,100 | 1,219,100 | 1,226,900 |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 16,550 | 13,275 | 13,400 | 13,550 | 13,625 |  |  |  |
| **Total value to be co-financed by the country** | ***$*** | **5,227,500** | **4,233,500** | **4,275,500** | **4,318,500** | **4,346,000** |  |  |  |

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

|  | **Data from** |  | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # | 375,149 | 379,276 | 383,449 | 387,666 | 391,930 |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # | 330,131 | 341,348 | 352,773 | 360,529 | 371,384 |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # | 88.00% | 90.00% | 92.00% | 93.00% | 94.76% |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # | 374,408 | 378,152 | 381,934 | 385,743 | 388,486 |  |  |  |
| **Number of doses per child** |  | # | 3 | 3 | 3 | 3 | 3 |  |  |  |
| **Estimated vaccine wastage factor** | *Table 6.(n).3***[2]** | # | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |
| **Number of doses per vial** |  | # | 1 | 1 | 1 | 1 | 1 |  |  |  |
| **AD syringes required** |  | # | Yes | Yes | Yes | Yes | Yes |  |  |  |
| **Reconstitution syringes required** |  | # | No | No | No | No | No |  |  |  |
| **Safety boxes required** |  | # | Yes | Yes | Yes | Yes | Yes |  |  |  |
| **Vaccine price per dose** |  | $ | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 |  |  |  |
| **Country co-financing per dose** | *Table 6.(n).2***[2]** | $ | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |
| **AD syringe price per unit** |  | $ | 0.053 | 0.053 | 0.053 | 0.053 | 0.053 |  |  |  |
| **Reconstitution syringe price per unit** |  | $ |  |  |  |  |  |  |  |  |
| **Safety box price per unit** |  | $ | 0.640 | 0.640 | 0.640 | 0.640 | 0.640 |  |  |  |
| **Freight cost as % of vaccines value** |  | % | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 |  |  |  |
| **Freight cost as % of devices value** |  | % | 10.00 | 10.00 | 10.00 | 10.00 | 10.00 |  |  |  |

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

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

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

|  |  | **Formula** | **2012** | | | **2013** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 5.34% |  |  | 5.34% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 374,408 | 19,992 | 354,416 | 378,152 | 20,196 | 357,956 |
| C | **Number of doses per child** | Vaccine parameter | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 1,123,224 | 59,976 | 1,063,248 | 1,134,456 | 60,587 | 1,073,869 |
| 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 | 1,179,386 | 62,975 | 1,116,411 | 1,191,179 | 63,617 | 1,127,562 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 294,847 | 15,744 | 279,103 | 2,949 | 158 | 2,791 |
| I | **Total vaccine doses needed** | F + G | 1,474,233 | 78,719 | 1,395,514 | 1,194,128 | 63,774 | 1,130,354 |
| 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 | 1,574,059 | 84,049 | 1,490,010 | 1,262,520 | 67,427 | 1,195,093 |
| 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 | 17,473 | 933 | 16,540 | 14,014 | 749 | 13,265 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 5,159,816 | 275,515 | 4,884,301 | 4,179,448 | 223,208 | 3,956,240 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 83,426 | 4,455 | 78,971 | 66,914 | 3,574 | 63,340 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 11,183 | 598 | 10,585 | 8,969 | 479 | 8,490 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 257,991 | 13,776 | 244,215 | 208,973 | 11,161 | 197,812 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 9,461 | 506 | 8,955 | 7,589 | 406 | 7,183 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 5,521,877 | 294,847 | 5,227,030 | 4,471,893 | 238,826 | 4,233,067 |
| U | **Total country co-financing** | I \* country co-financing per dose | 294,847 |  |  | 238,826 |  |  |
| 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) | 381,934 | 20,398 | 361,536 | 385,743 | 20,602 | 365,141 |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 1,145,802 | 61,193 | 1,084,609 | 1,157,229 | 61,804 | 1,095,425 |
| 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 | 1,203,093 | 64,253 | 1,138,840 | 1,215,091 | 64,894 | 1,150,197 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 2,979 | 160 | 2,819 | 3,000 | 161 | 2,839 |
| I | **Total vaccine doses needed** | F + G | 1,206,072 | 64,412 | 1,141,660 | 1,218,091 | 65,054 | 1,153,037 |
| 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 | 1,275,147 | 68,101 | 1,207,046 | 1,287,855 | 68,780 | 1,219,075 |
| 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 | 14,155 | 756 | 13,399 | 14,296 | 764 | 13,532 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 4,221,252 | 225,441 | 3,995,811 | 4,263,319 | 227,688 | 4,035,631 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 67,583 | 3,610 | 63,973 | 68,257 | 3,646 | 64,611 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 9,060 | 484 | 8,576 | 9,150 | 489 | 8,661 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 211,063 | 11,273 | 199,790 | 213,166 | 11,385 | 201,781 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 7,665 | 410 | 7,255 | 7,741 | 414 | 7,327 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 4,516,623 | 241,215 | 4,275,408 | 4,561,633 | 243,619 | 4,318,014 |
| U | **Total country co-financing** | I \* country co-financing per dose | 241,215 |  |  | 243,619 |  |  |
| 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 3)

|  |  | **Formula** | **2016** | | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 5.34% |  |  |  |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 388,486 | 20,748 | 367,738 |  |  |  |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 1,165,458 | 62,243 | 1,103,215 |  |  |  |
| E | **Estimated vaccine wastage factor** | Table 6.(n).3. in NVS section**[2]** | 1.05 | 1.05 | 1.05 |  |  |  |
| F | **Number of doses needed including wastage** | D \* E | 1,223,731 | 65,355 | 1,158,376 |  |  |  |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 2,160 | 116 | 2,044 |  |  |  |
| I | **Total vaccine doses needed** | F + G | 1,225,891 | 65,471 | 1,160,420 |  |  |  |
| 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 | 1,296,056 | 69,218 | 1,226,838 |  |  |  |
| 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 | 14,387 | 769 | 13,618 |  |  |  |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 4,290,619 | 229,146 | 4,061,473 |  |  |  |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 68,691 | 3,669 | 65,022 |  |  |  |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 9,208 | 492 | 8,716 |  |  |  |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 214,531 | 11,458 | 203,073 |  |  |  |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 7,790 | 417 | 7,373 |  |  |  |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 4,590,839 | 245,179 | 4,345,660 |  |  |  |
| U | **Total country co-financing** | I \* country co-financing per dose | 245,179 |  |  |  |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 5.34% |  |  |  |  |  |

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

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

# **Annex 1.2 – Rotavirus 3-dose schedule**

**Table 1.2 A** - Rounded up portion of supply that is procured by the country and estimate of related cost in US$

| **Required supply item** |  | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* |  | 85,000 | 85,900 | 96,400 | 97,000 |  |  |  |
| **Number of AD syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* |  | 950 | 975 | 1,075 | 1,100 |  |  |  |
| **Total value to be co-financed by the country** | *$* |  | 298,000 | 241,500 | 244,000 | 245,500 |  |  |  |

**Table 1.2 B** - Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.

| **Required supply item** |  | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* |  | 1,404,100 | 1,120,200 | 1,121,800 | 1,128,900 |  |  |  |
| **Number of AD syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* |  | 15,600 | 12,450 | 12,475 | 12,550 |  |  |  |
| **Total value to be co-financed by the country** | ***$*** |  | **4,925,000** | **3,146,000** | **2,835,500** | **2,854,000** |  |  |  |

**Table 1.2 C** - Summary table for Rotavirus 3-dose schedule

|  | **Data from** |  | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # |  | 379,276 | 383,449 | 387,666 | 391,930 |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # |  | 341,348 | 352,773 | 360,529 | 371,384 |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # |  | 90.00% | 92.00% | 93.00% | 94.76% |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # |  | 378,152 | 381,934 | 385,743 | 388,486 |  |  |  |
| **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** |  | # |  | No | No | No | No |  |  |  |
| **Reconstitution syringes required** |  | # |  | No | No | No | No |  |  |  |
| **Safety boxes required** |  | # |  | Yes | Yes | Yes | Yes |  |  |  |
| **Vaccine price per dose** |  | $ |  | 3.333 | 2.667 | 2.400 | 2.400 |  |  |  |
| **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 1.2 D** - Estimated number of doses for Rotavirus 3-dose schedule associated injection safety material and related co-financing budget (page 1)

|  |  | **Formula** | **2013** | | | **2014** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 5.70% |  |  | 7.12% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 378,152 | 21,563 | 356,589 | 381,934 | 27,202 | 354,732 |
| C | **Number of doses per child** | Vaccine parameter | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 1,134,456 | 64,689 | 1,069,767 | 1,145,802 | 81,606 | 1,064,196 |
| 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 | 1,191,179 | 67,923 | 1,123,256 | 1,203,093 | 85,686 | 1,117,407 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 297,795 | 16,981 | 280,814 | 2,979 | 213 | 2,766 |
| I | **Total vaccine doses needed** | F + G | 1,488,974 | 84,904 | 1,404,070 | 1,206,072 | 85,898 | 1,120,174 |
| 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 |  |  |  |  |  |  |
| L | **Reconstitution syringes (+ 10% wastage) needed** | I / J \* 1.11 |  |  |  |  |  |  |
| M | **Total of safety boxes (+ 10% of extra need) needed** | I / 100 x 1.11 | 16,528 | 943 | 15,585 | 13,388 | 954 | 12,434 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 4,962,751 | 282,983 | 4,679,768 | 3,216,595 | 229,090 | 2,987,505 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit |  |  |  |  |  |  |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 10,578 | 604 | 9,974 | 8,569 | 611 | 7,958 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 248,138 | 14,150 | 233,988 | 160,830 | 11,455 | 149,375 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 1,058 | 61 | 997 | 857 | 62 | 795 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 5,222,525 | 297,795 | 4,924,730 | 3,386,851 | 241,215 | 3,145,636 |
| U | **Total country co-financing** | I \* country co-financing per dose | 297,795 |  |  | 241,215 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 5.70% |  |  | 7.12% |  |  |

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

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

# **Table 1.2 D -** Estimated number of doses for Rotavirus 3-dose schedule associated injection safety material and related co-financing budget (page 2)

|  |  | **Formula** | **2015** | | | **2016** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 7.91% |  |  | 7.91% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 385,743 | 30,520 | 355,223 | 388,486 | 30,737 | 357,749 |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 1,157,229 | 91,560 | 1,065,669 | 1,165,458 | 92,211 | 1,073,247 |
| 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 | 1,215,091 | 96,138 | 1,118,953 | 1,223,731 | 96,822 | 1,126,909 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 3,000 | 238 | 2,762 | 2,160 | 171 | 1,989 |
| I | **Total vaccine doses needed** | F + G | 1,218,091 | 96,376 | 1,121,715 | 1,225,891 | 96,993 | 1,128,898 |
| 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 |  |  |  |  |  |  |
| L | **Reconstitution syringes (+ 10% wastage) needed** | I / J \* 1.11 |  |  |  |  |  |  |
| M | **Total of safety boxes (+ 10% of extra need) needed** | I / 100 x 1.11 | 13,521 | 1,070 | 12,451 | 13,608 | 1,077 | 12,531 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 2,923,419 | 231,301 | 2,692,118 | 2,942,139 | 232,782 | 2,709,357 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit |  |  |  |  |  |  |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 8,654 | 685 | 7,969 | 8,710 | 690 | 8,020 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 146,171 | 11,566 | 134,605 | 147,107 | 11,640 | 135,467 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 866 | 69 | 797 | 871 | 69 | 802 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 3,079,110 | 243,619 | 2,835,491 | 3,098,827 | 245,180 | 2,853,647 |
| U | **Total country co-financing** | I \* country co-financing per dose | 243,619 |  |  | 245,179 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 7.91% |  |  | 7.91% |  |  |

**[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** | **2016** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pneumococcal(PCV13), 1 doses/vial, Liquid** | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 |  |  |
| **Rotavirus 3-dose schedule** |  | 0.13 | 0.13 | 0.13 | 0.13 |  |  |

**Table D -** Wastage rates and factors

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

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

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

WHO International shipping guidelines: maximum packed volumes of vaccines

**Table E -** Vaccine maximum packed volumes

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

# **Attachments**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **Section** | **Document Number** | **Mandatory[1]** |
| **MoH Signature (or delegated authority) of Proposal** |  | **1** | **Yes** |
| **MoF Signature (or delegated authority) of Proposal** |  | **2** | **Yes** |
| **Signatures of ICC or HSCC or equivalent in Proposal** |  | **3** | **Yes** |
| **Minutes of ICC/HSCC meeting endorsing Proposal** |  | **4** | **Yes** |
| **comprehensive Multi Year Plan - cMYP** |  | **5** | **Yes** |
| **cMYP Costing tool for financial analysis** |  | **6** | **Yes** |
| **Minutes of last three ICC/HSCC meetings** |  | **14** | **Yes** |
| **Improvement plan based on EVM** |  | **19** | **Yes** |
| **WHO/UNICEF Joint Reporting Form (JRF)** |  | **9** |  |
| **ICC/HSCC workplan for forthcoming 12 months** |  | **16** |  |
| **National policy on injection safety** |  | **17** |  |
| **Action plans for improving injection safety** |  |  |  |
| **Plan for NVS introduction (if not part of cMYP)** |  | **7, 8** |  |
| **Banking details** |  | **15** |  |

**[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.

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| --- | --- | --- | --- | --- | --- |
| **ID** | **File type** | **File name** | | **New file** | **Actions** |
| **Description** | **Date and Time** | **Size** |
| 1 | **File Type:**  MoH Signature (or delegated authority) of Proposal \*  **File Desc:**  Ministers Signatures | **File name:**  [Ministers Signatures.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b0%5d.FileData)  **Date/Time:**  20.05.2011 04:13:14  **Size:**  536 KB | |  |  |
| 2 | **File Type:**  MoF Signature (or delegated authority) of Proposal \*  **File Desc:**  Ministers Signatures | **File name:**  [Ministers Signatures.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b1%5d.FileData)  **Date/Time:**  20.05.2011 04:19:35  **Size:**  536 KB | |  |  |
| 3 | **File Type:**  Signatures of ICC or HSCC or equivalent in Proposal \*  **File Desc:**  ICC Members Signatures | **File name:**  [ICC Members Signatures.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b2%5d.FileData)  **Date/Time:**  20.05.2011 04:21:46  **Size:**  536 KB | |  |  |
| 4 | **File Type:**  Minutes of ICC/HSCC meeting endorsing Proposal \*  **File Desc:**  Minutes Endorsing Proposal | **File name:**  [Minutes Endorsing Proposal.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b3%5d.FileData)  **Date/Time:**  20.05.2011 04:25:38  **Size:**  879 KB | |  |  |
| 5 | **File Type:**  comprehensive Multi Year Plan - cMYP \*  **File Desc:**  Zimbabwe EPI cMYP 2012 - 2016 | **File name:**  [Zimbabwe EPI cMYP 2012 - 2016.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b4%5d.FileData)  **Date/Time:**  20.05.2011 04:31:22  **Size:**  1 MB | |  |  |
| 6 | **File Type:**  cMYP Costing tool for financial analysis \*  **File Desc:**  cMYP Costing Tool 2012 - 2016 | **File name:**  [Copy of Zimbabwe cMYP\_Costing\_Tool\_Vs 2.5\_En Day6.xls](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b5%5d.FileData)  **Date/Time:**  20.05.2011 04:54:02  **Size:**  3 MB | |  |  |
| 7 | **File Type:**  Plan for NVS introduction (if not part of cMYP)  **File Desc:**  Introduction Plan for Pneumococcal Vaccine | **File name:**  [Zim - Introduction Plan for Pneumococcal May 2011.zip](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b6%5d.FileData)  **Date/Time:**  20.05.2011 04:55:23  **Size:**  1 MB | |  |  |
| 8 | **File Type:**  Plan for NVS introduction (if not part of cMYP)  **File Desc:**  Introduction Plan for Rotavirus Vaccine | **File name:**  [Zim - Introduction Plan For Rotavirus vaccine May 2011.zip](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b7%5d.FileData)  **Date/Time:**  20.05.2011 04:56:45  **Size:**  1 MB | |  |  |
| 9 | **File Type:**  WHO/UNICEF Joint Reporting Form (JRF)  **File Desc:**  WHO/UNICEF Joint Reporting Form 2010 | **File name:**  [Copy of JRF 2010 April 2011 Final to IST.xls](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b8%5d.FileData)  **Date/Time:**  20.05.2011 05:04:39  **Size:**  473 KB | |  |  |
| 10 | **File Type:**  other  **File Desc:**  Zimbabwe Routine EPI Coverage Survey Report 2010 | **File name:**  [Zim Routine EPI Coverage Survey Report 2010.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b9%5d.FileData)  **Date/Time:**  20.05.2011 05:08:02  **Size:**  1 MB | |  |  |
| 11 | **File Type:**  other  **File Desc:**  Executive Summary of the EPI Routine Coverage Survey | **File name:**  [Executive Summary- ROUTINE REPORT.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b10%5d.FileData)  **Date/Time:**  20.05.2011 05:09:58  **Size:**  440 KB | |  |  |
| 12 | **File Type:**  other  **File Desc:**  EPI Comprehensive Review 2009 | **File name:**  [ZIM EPI Comprehensive Review Rrt 03.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b11%5d.FileData)  **Date/Time:**  20.05.2011 06:21:24  **Size:**  1 MB | |  |  |
| 13 | **File Type:**  other  **File Desc:**  Zimbabwe Vaccine Management Assessment 2009 | **File name:**  [ZIM 2009 VMA Report.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b12%5d.FileData)  **Date/Time:**  20.05.2011 06:22:51  **Size:**  237 KB | |  |  |
| 14 | **File Type:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:**  Minutes of Last 3 meetings | **File name:**  [Minutes of last three Meetings.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b13%5d.FileData)  **Date/Time:**  20.05.2011 06:27:17  **Size:**  2 MB | |  |  |
| 15 | **File Type:**  Banking details  **File Desc:**  Banking Details | **File name:**  [Bank Form.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b14%5d.FileData)  **Date/Time:**  20.05.2011 06:28:34  **Size:**  397 KB | |  |  |
| 16 | **File Type:**  ICC/HSCC workplan for forthcoming 12 months  **File Desc:**  ICC Plan of Action | **File name:**  [ICC Plan of Action For 2011.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b15%5d.FileData)  **Date/Time:**  20.05.2011 06:56:44  **Size:**  64 KB | |  |  |
| 17 | **File Type:**  National policy on injection safety  **File Desc:**  EPI Policy | **File name:**  [EPI Policy Document .pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b16%5d.FileData)  **Date/Time:**  20.05.2011 07:03:04  **Size:**  136 KB | |  |  |
| 18 | **File Type:**  other  **File Desc:**  Post Introduction Evaluation of Pentavalent Report 2010 | **File name:**  [Zim PIE Report 2010\_ Final Draft 25 Feb 2011.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b17%5d.FileData)  **Date/Time:**  20.05.2011 08:27:04  **Size:**  599 KB | |  |  |
| 19 | **File Type:**  Improvement plan based on EVM \*  **File Desc:**  Improvement plan based on EVM | **File name:**  [Vaccine Management Assessment Iprovement Plan Final.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=19039981&propertyName=FormAttachments%5b18%5d.FileData)  **Date/Time:**  31.05.2011 07:37:43  **Size:**  40 KB | |  |  |