Application Form for Gavi NVS support

Submitted by

The Government of Pakistan

for

Typhoid conjugate vaccine routine, with catch-up campaign

Gavi terms and conditions

1.2.1 Gavi terms and conditions

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by Gavi 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 Gavi. All funding decisions for the application are made at the discretion of Gavi and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to Gavi all funding amounts that Gavi determines not to have been 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 Gavi, within sixty (60) days after the Country receives Gavi's request for a reimbursement and be paid to the account or accounts as directed by Gavi.

SUSPENSION/ TERMINATION

Gavi 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 programme(s) described in the Country's application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

NO LIABILITY

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines and related supplies after title to such supplies has passed to the Country.
Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

INSURANCE
Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

ANTI-CORRUPTION
The Country confirms that funds provided by Gavi 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.

ANTI-TERRORISM AND MONEY LAUNDERING
The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country's knowledge or belief, is prohibited by the United Nations Security Council.

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi 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 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 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 Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

COMPLIANCE WITH GAVI POLICIES
The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

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 Gavi 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 Gavi 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 languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by Gavi. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: Gavi 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.

Gavi will not be liable to the country for any claim or loss relating to the programme(s) described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programme(s) described in its application.

Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: http://www.gavi.org/support/process/apply/

Review and update country information

Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Preparatory transition

Date of Partnership Framework Agreement with Gavi

19 May 2015

Country tier in Gavi's Partnership Engagement Framework

1

Date of Programme Capacity Assessment

No Response

2.1.2 Country health and immunisation data

Please provide the following information on the country's health and immunisation budget and expenditure.
What was the total Government expenditure (US$) in 2016?

No Response

What was the total health expenditure (US$) in 2016?

No Response

What was the total Immunisation expenditure (US$) in 2016?

1,102,672

Please indicate your immunisation budget (US$) for 2016.

1,859,409

Please indicate your immunisation budget (US$) for 2017 (and 2018 if available).

6,297,846 for the year 2017 and 6,232,946 for the year 2018

2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:

The government planning cycle starts on the

1 July

The current National Health Sector Plan (NHSP) is

From	2015
To	2025

Your current Comprehensive Multi-Year Plan (cMYP) period is

2014-2018

Is the cMYP we have in our record still current?

Yes☐	No☒

If you selected “No”, please specify the new cMYP period, and upload the new cMYP in country documents section.

From	2019
To	2021

If any of the above information is not correct, please provide additional/corrected information or other comments here:

From 2018, an extension of the present cMYP for two years and to align it with PC 1, next cMYP will be developed in 2021

2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

If the vaccine fulfills WHO pre-qualification and DRAP registration criteria, then local custom clearances and pre-delivery inspection would be smoothly handled by Federal EPI, as

already being managed routinely for other vaccines.
Pakistan will proceed with procurement of its co-financing share of Typhoid Conjugated vaccine for the routine through UNICEF for which pre- advise, air-way bills, commercial invoices, packing lists, lot release certificate and certificate of analysis are required 2-3 weeks before the arrival of shipment at Islamabad International Airport

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

Drug Regulatory Authority of Pakistan (DRAP) is entitled to register any drug/ vaccine manufacturing company under drug Act of Pakistan; 1976.
The DRAP is in process of WHO certification
The contact details of contact person are given below:
•Dr Sheikh Akhtar Hussain
Chief Executive Officer, Drug Regulatory Authority of Pakistan
Telecom foundation (T-F) complex building,
7-Mauve Area,
G-9/4, Islamabad.
0092-51-9107308
contact@dra.gov.pk
dr.shakhter@yahoo.com

National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)					
Gavi support (US$)	7,305,500	6,620,744	6,611,938	6,599,153	6,582,869

PCV Routine

	2018	2019	2020	2021	2022
Country Co-	19,541,247	20,646,260	23,711,619	27,215,635	34,436,711

financing (US$)					
Gavi support (US$)	49,841,000	44,548,486	41,396,412	37,766,502	30,385,079

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	6,155,647	6,750,933	7,749,561	8,894,763	11,254,795
Gavi support (US$)	22,803,000	16,554,251	15,513,561	14,323,377	11,906,054

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	8,993,325	8,577,977	9,851,553	11,307,379	14,307,546
Gavi support (US$)	8,305,000	18,863,978	17,553,902	16,045,084	12,977,424

Summary of active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US$)	34,690,219	35,975,170	41,312,733	47,417,777	59,999,052
Total Gavi support (US$)	88,254,500	86,587,459	81,075,813	74,734,116	61,851,426
Total value (US$) (Gavi + Country co-financing)	122,944,719	122,562,629	122,388,546	122,151,893	121,850,478

Coverage and Equity

2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- Health work force: availability and distribution;
- Supply chain readiness;
- Gender-related barriers: any specific issues related to access by women to the health system;
- Data quality and availability;
- Demand generation / demand for immunisation services, immunisation schedules, etc;
- Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

Inequality patterns in Pakistan are consistent with worldwide equity patterns related to rural/urban/urban slums, wealth and parental education disparities. Urban infants are more likely to be immunized than rural infants or those living in urban slums. There is clear correlation between household wealth and education of women, where increasing wealth and education tends to associate with higher coverage rates.

Wealth plays a vital role in accessing immunization services. In Pakistan's, ~68% of children in the richest wealth quintile are fully immunized compared to 24.7% in poorest quintile. Similarly, vaccination coverage is higher among children from educated families (66.2%) than non-educated (31.1%).Protection against tetanus is higher among women with higher

education (83.3%) than those with only pre-school or no education (40.9%). (MICS 2014 Sindh)

In Pakistan,DPT-1 coverage is 89%, DPT-3 coverage is 88 % and Measles -1 83% according to PSLM 2014-15. However, there are significant gaps in the percentage of fully immunized children between rural (56%) and urban (70%). The data shows urban/rural differences in Sindh (62/33%), Balochistan (48/20%) KP (74/54%) and Punjab (75/65%). Punjab has the highest immunization rate (70%) among provinces followed by KPK (58%) and Sindh (45%). Balochistan which is the most deprived area in the country has the lowest coverage only 27% of under one children fully immunized.

There is no significant disparity in immunization coverage in children based on gender. Distance and absence of health seeking behaviour can be the reason for low use of health care in remote and marginalized areas. Program management, communication, lack or improper distribution of human resource and logistics are the major issues affecting the performance from the service provider side (2014/15 PSLM).

The Federal EPI in coordination with the development partners taking various initiatives to improve immunization coverage in the low performing and marginalized districts. To address the inequities and coverage the RED REC approach was further strengthened in 56 districts, with additional resources in 2017.

An EPI and Polio Eradication Imitative (PEI) synergy strategy was developed to improve routine immunization delivery in core polio reservoir areas using the polio structure. EPI/PEI task force teams have been established at federal, provincial and district level. The provincial and district polio program coordinators are involved in the routine EPI program planning, supervision, and monitoring. Polio staff are being trained on routine EPI program implementation. The polio community-based volunteers (CBVs) will support the program by identifying defaulters, advocating RI and encouraging the community to vaccinate the eligible children. They will also share micro-census findings for proper outreach planning and work closely with the vaccinators to improve immunization coverage.

The EPI program in coordination with development partners developed an urban slum strategy to improve immunization coverage in nine major cities of Pakistan (Rawalpindi, Lahore, Multan, Faisalabad, Gujranwala, Karachi, Hyderabad, Peshawar, and Quetta) through line listing of core demographic characteristics, service provision, bottleneck and policy gap analysis. Selected urban slums will be targeted with tailored immunization services, involving the partnership with the private sector and civil society organization. As a first step profiling and mapping of urban slums in the nine main cities of Pakistan has been initiated and the results will be used to review policy and develop a strategy for enhanced integrated immunization service delivery in these marginalized communities.

Challenges:
The following sections summarizes the challenges faced by the Pakistan EPI Program

Human Resources

•Until recently there were only 10,159 vaccinators available in the country, we have recently added 4000 additional vaccinators. With a birth cohort of approximately 7M children the ratio of vaccinators to children is 1 vaccinator for every 494 children. There are plans to add more vaccinators in 2021While there are 94,996 LHWs available they are not effectively trained in

routine EPI vaccination.
•The high ratio of children to vaccinators is further complicated by their geographical spread, training issues and weak accountability mechanisms.
•PEI activities are yet another challenge for RI as the NIDs and SNIDs consume a lot of time. Hence they are unable to provide RI services during these days. The separation of PEI and EPI staff with their own set of duties can improve RI coverage in the country.

Demand generation:

•Demand generation has always been a problematic area in Pakistan. Lack of awareness in the community, heavy reliance on Out Reach vaccinations, competing priorities of PEI, illiteracy levels and poverty in the society all lead to a weak demand generation.
•There is also weak implementation of the existing communication strategy. Considerable effort is needed to convince parents to access fixed sites rather than temporary outreach sites to vaccinate their children.
•The door to door polio vaccination model has raised community expectations to expect immunization service delivery at their door steps.

Private sector engagement:
•Engagement of private Sector in provision of RI services to communities is a colossal challenge. There are weak linkages between the private and public health sector, which is a missed opportunity to vaccinate children who only access private clinics.

Cold Chain:
•Sufficient capacity exists and there is no need for additional cold chain capacity. Maintenance of cold chain equipment continues to be a challenge as do rolling black-outs especially in the summer season.

Gender-related barriers:
•The country is rolling out a Coverage Evaluation Survey and PDHS to assess the existing coverage and identify problems based on gender in immunization uptake services and the results are expected to arrive by the end of 2018. Based on previous surveys no gender-related barriers have been identified.
•Fully immunized females (12-23 months) in Pakistan as per PSLM 2014-15 is 82% and it is the same in males of the same age cohort. This supports that there are no gender related barriers at national level with respect to immunization.
•Federal EPI is also in the process of developing a National EPI dashboard for programme indicators that would capture sex disaggregated data at the provincial level by linking it through the Provincial Management Information Systems.
Data Quality and availability:
•Currently EPI Programme is receiving immunization coverage data through Vaccine Logistics Management Information System (vLMIS) which is fully implemented in all districts of Pakistan. This has reduced data aggregation errors that were present with the paper based system. However data entry errors can only be addressed through regular data quality audits. Regular Data Quality Audits have been carried through-out Pakistan and has become a regular feature.
Introduction of eVACC (android based app) in Punjab and KP has considerably improved the geographical coverage in terms of presence of vaccinators in their respective catchment areas. This strategy has yet to be introduced in other provinces.
In KP province the EPI MIS provides district and province specific feedback on immunization data quality on a monthly basis by analysing reported data. Again, this has not been

implemented in other provinces.

Leadership, management and coordination:
EPI Program in Pakistan faces many issues like lack of accountability, accuracy of denominator, number and distribution of Vaccinators, lack of female vaccinators, weak supervision, monitoring and evaluation mechanisms. However, the GoP has recruited some staff to fill the HR gaps at national and provincial levels.
Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
EPI Program is being run on project mode using development budget.

Country documents

2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section “Upload new application documents”) you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents

!	**Country strategic multi-year plan** Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	**No file uploaded** cMYP 2014-18 already shared with Gavi
!	**Country strategic multi-year plan / cMYP costing tool**	**No file uploaded** cMYP 2014-18 costing tool already shared with Gvai
!	**Effective Vaccine Management (EVM) assessment**	**No file uploaded** Already shared
!	**Effective Vaccine Management (EVM): most**	**No file uploaded**

	Document	Status
	recent improvement plan progress report	Already shared
	Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators	**No file uploaded** Already shared
	Data quality and survey documents: Immunisation data quality improvement plan	**No file uploaded** Already shared
	Data quality and survey documents: Report from most recent desk review of immunisation data quality	**No file uploaded** See below document and message
	Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation	**No file uploaded** Already shared
	Human Resources pay scale If support to the payment of salaries, salary top ups, incentives and other allowances is requested	**No file uploaded** Already shared

Coordination and advisory groups documents

	Document	Status
!	**National Coordination Forum Terms of Reference** ICC, HSCC or equivalent	**No file uploaded** Already shared
!	**National Coordination Forum meeting minutes of the past 12 months**	**No file uploaded** Relevant documents shared on email due to portal issues

Other documents

Other documents (optional)	No file uploaded
Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.	The system has an error message. It was submitted on email.

Typhoid conjugate vaccine routine, with catch-up campaign

Vaccine and programmatic data

3.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.
Typhoid conjugate vaccine routine

Preferred presentation	TCV, 5 doses/vial, liq
Is the presentation licensed or registered?	Yes ☐ No ☒
2nd preferred presentation	
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	15 May 2019
Planned launch date	15 July 2019
Support requested until	2021

Typhoid conjugate vaccine catch-up campaign

Preferred presentation	TCV, 5 doses/vial, liq
Is the presentation licensed or registered?	Yes ☐ No ☒

2nd preferred presentation	
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	2 April 2019
Planned launch date	29 April 2019
Support requested until	2021

3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

No Response

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund.Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes☐ No☒

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

Target Information

3.2.1 Targets for routine vaccination

Please describe the target age cohort for the routine immunisation:

All children 9-months of age.

	2019	2020	2021
Population in the target age cohort (#)	1,645,975	5,628,288	7,732,141
Target population to be vaccinated (first dose) (#)	740,689	4,177,210	6,515,953
Estimated wastage rates for preferred presentation (%)	15	15	15

3.2.2 Targets for campaign vaccination

Please describe the target age cohort for the campaign: e.g. 9 months to < 15 years.Gavi will only provide support up to 15 years of age.

The target population is all children living in urban areas age 9 months to <15 years.

	2019	2020	2021
Population in the target age cohort (#)	11,231,819	19,115,732	5,522,022
Target population to be vaccinated (first dose) (#)	11,231,819	19,115,732	5,522,022
Estimated wastage rates for preferred presentation (%)	10	10	10

Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US$) - Typhoid conjugate vaccine routine

	2019	2020	2021
5 doses/vial,liq	1.5	1.5	1.5

Commodities Price (US$) - Typhoid conjugate vaccine routine

	2019	2020	2021
AD syringes	0.04	0.04	0.04
Reconstitution syringes	0.04	0.04	0.04
Safety boxes	0.47	0.47	0.47
Freight cost as a % of device value	0.04	0.04	0.04

Price per dose (US$) - Typhoid conjugate vaccine catch-up campaign

	2019	2020	2021
5 doses/vial,liq	1.5	1.5	1.5

Commodities Price (US$) - Typhoid conjugate vaccine catch-up campaign (applies only to preferred presentation)

	2019	2020	2021
AD syringes	0.04	0.04	0.04
Reconstitution syringes	0.04	0.04	0.04
Safety boxes	0.47	0.47	0.47
Freight cost as a % of device value	0.04	0.04	0.04

3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support

	2019	2020	2021
Country co-financing share per dose (%)	25.51	29.33	33.73
Minimum Country co-financing per dose (US$)	0.38	0.44	0.51
Country co-financing per dose (enter an amount equal or above minimum)(US$)	0.38	0.44	0.51

3.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

Typhoid conjugate vaccine routine

	2019	2020	2021
Vaccine doses financed by Gavi (#)	823,600	4,248,700	5,609,100
Vaccine doses co-financed by Country (#)	269,000	1,694,200	2,769,700
AD syringes financed by Gavi (#)	795,400	4,082,400	5,306,300
Total value to be financed (US$)	1,687,000	9,173,000	12,927,500
AD syringes co-financed by Country (#)	259,800	1,627,800	2,620,200
Safety boxes financed by Gavi (#)	8,775	44,925	58,375
Safety boxes co-financed by	2,875	17,925	28,825

Country (#)			
Freight charges financed by Gavi ($)	3,274	16,803	21,840
Freight charges co-financed by Country ($)	1,070	6,700	10,785

	2019	2020	2021
Total value to be co-financed (US$) Country	415,500	2,615,000	4,273,500
Total value to be financed (US$) Gavi	1,271,500	6,558,000	8,654,000

Typhoid conjugate vaccine catch-up campaign

	2019	2020	2021
Vaccine doses financed by Gavi (#)	12,467,400	21,218,500	6,129,500
AD syringes financed by Gavi (#)	12,355,100	21,027,400	6,074,300
Safety boxes financed by Gavi (#)	135,925	231,325	66,825
Freight charges financed by Gavi ($)	50,853	86,548	25,002

	2019	2020	2021
Total value to be financed (US$) Gavi	19,260,500	32,780,000	9,469,500

Total value to be financed (US$)	19,260,500	32,780,000	9,469,500

3.3.4 Co-financing payment

Please indicate the process for ensuring that the co-financing payments are made in a timely manner.

Currently, GoP is financing Pentavalent, Rota and Pneumococcal Vaccines under co-financing mechanism. The same mechanism will be applied for TCV procurement, under revised PC-1. The TCV will be introduced in Routine EPI Program upon the availability of vaccine safety data and establishment of Typhoid Surveillance System all over the country for generation of credible Disease Burden Data

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:	September

The payment for the first year of co-financed support will be made in the month of:

Month	September
Year	2018

Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

Typhoid conjugate vaccine routine
Live births (year of introduction)

7,511,416

Gavi contribution per live birth (US$)

0.7

Total in (US$)

5,257,991.2

Funding needed in country by	28 February 2019

3.4.2 Campaign Operational Costs Support grant(s)

Typhoid conjugate vaccine catch-up campaign
Population in the target age cohort (#)

11,231,819

Gavi contribution per person in the target age cohort (US$)

0.55

Total in (US$)

6,177,500.45

Funding needed in country by	31 December 2018

3.4.3 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant and the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign and the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.
Total amount - Gov. Funding / Country Co-financing (US$)

0

Total amount - Other donors (US$)

0

Total amount - Gavi support (US$)

25018556

Amount per target person - Gov. Funding / Country Co-financing (US$)

0

Amount per target person - Other donors (US$)

0

Amount per target person - Gavi support (US$)

0.576

3.4.4 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

The operational expenditure will be born by Gavi VIG for routine and operational cost for campaign through WHO and UNICEF. Funds will be utilize mainly through following procedures,
1. Activities to be completed by the provinces and areas: funds will be transferred through WHO to the provinces and areas by Direct Financial Cooperation (DFC) e.g. provincial and cascade training, monitoring, service delivery etc.
2. Activities to be completed at Federal Level: will be done by Federal EPI with direct assistance of WHO/ UNICEF. e.g. coordination meetings, monitoring visits, printing and distribution of updated recording and reporting tools, National ToT , procurement of cold chain equipment and logistics etc
3. UNICEF will conduct activities in Province and areas directly in coordination with Federal and Provincial EPI . e.g. Launching of new vaccine, mass media campaigns etc

3.4.5 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

- UNICEF Tripartite Agreement: 5%
- UNICEF Bilateral Agreement: 8%
- WHO Bilateral Agreement: 7%.

The operational cost for the measles follow-up campaign to be received in the country through the development partners (WHO and UNICEF) based on the planned activities detailed in the budget section attached.

3.4.6 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the "One TA plan") with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

No Response

Strategic considerations

3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Vaccine Introduction Plan or Campaign Plan of Action, please cite the sections only.

Please see the Typhoid disease burden and vaccine description sections of the POA.

3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

The current cMYP 2014-2018 does not cover Typhoid Conjugated Vaccine. The government will be extending the current cMYP to cover the 2019-2020 time-period (which will be submitted by June 19th, 2018). This re-submission will align the cMYP with the National health plan timelines and align with the PC 1. A new cMYP will be drafted to cover the 2021-2025 in 2020.

3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request. If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.
In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

The NITAG met on April 18thand recommended the introduction of TCV into the routine immunization as well as campaigns in all urban area of the country. The application development has been a comprehensive and inclusive process involving participation of all the relevant stakeholders. Ministry of National Health Services, Regulations and Coordination (Mo NHSR&C) played a lead role in this regard, with Federal EPI being designated as the focal institution to collaborate and coordinate with the provincial/area counterparts and other stakeholders in developing the application. A technical committee for development of the application was created by the Federal EPI comprising of relevant technical officers in Fed EPI, WHO and UNICEF and a focal person nominated. A series of meetings were convened by Federal EPI which were attended by WHO and UNICEF for discussion on various sections of TCV application. Their inputs were added into the application. The NICC meeting was held on May 3rd and the application approved by committee. The application signed by the Minister Health MoNHSR&C, approval is yet to be sought from Ministry of Finance.

3.5.4 Financial sustainability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

GoP intends to procure TCV, under co-financing mechanism, after the cost is included in PC-1 which will require revision in consultation with Planning and Finance Divisions. the current PC-1 does not cover the TCV cost. after revision, the country will be able to pay for the co-financing share of TCV for RI. During last three years there has been no default by the country wih respect to payment of its co-financing share for Pentavalent, PCV-10 and Rota vaccines.

3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and

include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

Disease and AMR Surveillance:
There is no surveillance system in place for typhoid disease. The disease burden data available is limited to a few studies in the country, summarized in the rationale. Incidence rates exist for Karachi and Islamabad, and there is evidence increased AMR and XDR typhoid cases in a few areas that may spread to other parts of Pakistan. Pakistan is in the process of implementing the Global Antimicrobial Surveillance System (GLASS), to strengthen diagnostic laboratory capabilities and improve surveillance, which will hopefully increase the country's capacity to identify AMR typhoid cases. The Integrated Disease Surveillance Response system is being integrated into existing HISs to establish one platform for timely and appropriately responds to communicable disease outbreaks. Consolidated guidelines have been developed for this purpose and health care professional/staff, and community groups are being trained to run the system effectively. Despite the current efforts to establish surveillance systems there is still more that needs to be done in order to assess vaccine impact, surveillance throughout the country must be strengthened to detect typhoid. Pakistan needs further support from the international donor community to establish an appropriate system.
Availability of clean water and sanitation services:
In Karachi and other places within Pakistan there is a serious problem with the lack of clean drinking water. According to preliminary analysis by AKU, S. typhi was found in water used for everyday household tasks in Hyderabad. The availability of clean water is on ongoing issue and should be addressed as soon as possible. We do not know the impact on vaccine efficacy if children continued to be exposed to high levels of S. Typhi, after vaccination. While efforts are being made in each province to address the lack of clean water and sanitation services, the percentage of GDP allocated to these services needs to be increased. Vaccination is only one intervention in a toolkit to reduce enteric infections such as typhoid, and it is only through WASH interventions and infrastructure improvement that sustainable prevention of enteric pathogens is achievable.
Coverage rates
Routine measles vaccine coverage has not reached target coverage rates, according to the latest WHO/UNICEF Estimates the national coverage for MCV1 and MCV 2 is 76% and 45% respectively. In the presence of such low coverage and continued measles outbreaks, achieving high coverage of TCV will be a challenge for Provincial EPI Programs. While there has been steady improvement in measles coverage, there is a continued need for demand generation and education on the importance of non-polio vaccines. Efforts are being made to use CBVs and LHWs to promote EPI vaccination as well as identify zero-dose and children eligible for vaccination.
HR issues
There are HR issues but the provincial programs are working to reduce the gap. Some recruitments have already been made by the provinces of Punjab, KP, Sindh and federating areas like GB and AJK. However, FATA is yet to complete the recruitment process. It is pertinent to mention that FATA EPI Program has informed that there's a ban imposed by Election Commission of Pakistan on fresh recruitments.
Polio NIDs and SNIDs
Timing of polio NIDs and SNIDs is still to be determined for 2019-2021. Once these dates are known, the campaign timing will be adjusted or we will explore ways to leverage the polio NIDs and SNIDs days to increase TCV campaign participation and demand generation.
Immunization Data Quality
Data quality is still a challenge, with considerable strides being made in recent years.

Assessments or Data quality audits are conducted on an annual basis in each province. In addition the following actions were implemented:
The following actions were taken for data quality improvement:
1. Field monitoring for data validation
2. Periodic review of administrative data, analysis and feedback
3. Development of online electronic reporting system for immunization performance and vaccinator tracking e.g. implemented in all districts of Punjab for outreach services through e-Vac application.
4. Vaccine and logistics stock management data is now digitalized using vLMIS platform which was implemented at the federal, provincial and district level throughout the country
5. Separate data quality improvement plan for every province will be developed based on the findings of DQAs
6. Polio micro-census data will be used for setting target for RI (EPI-PEI synergy)
Size of the campaign:
This is the broadest age cohort campaign that Pakistan has conducted to date. Previous SIAs have targeted children 9m-5 years of age and 9m-10 years of age. Conducting the TCV campaign will be carefully planned out, and be staggered so that provinces can learn from prior roll-outs in other provinces.
Revision of PC 1: current PC 1is up to Financial year 2020. It is covering the co financing share of the Penta, PCV 10 and Rota vaccines but the cost of TCV is yet to be included. the existing PC1 will be revised, in consultation with Planning and Finance division for the inclusion of TCV vaccine

3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing the proposed activities and budget will contribute to overcoming key barriers.

The requested support from Gavi would enable Pakistan to reinforce its existing strategy to reach the underserved communities. Through this support monitoring and supervisory capacities of the programme will be enhanced at all levels which would later on strengthen the programme management. The training imparted to the health workers for the campaign will strengthen their capacity thus support in enhancing programme performance. Micro-plans developed during the preparation of the campaigns will identify deprived and marginalized populations that will be used by the EPI programme to reach these underserved communities in future planning. Similarly, even distribution of vaccination teams across the union councils would bridge gaps in service delivery by equally targeting the marginalized population. Through effectively planned ACSM activities, the campaign will be supporting RI in demand generation at grass root level. Involving local community influencers, religious leaders and school teachers will also enhance knowledge of the community regarding immunization. Dissemination of information on importance of vaccines will improve the community trust. Post campaign assessment survey planned at the end of the campaign would also highlight equity related barriers.

3.5.7 Synergies

Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.

There will be polio NIDs and SNIDs planned in 2019-2021. The FEPI program in conjunction with the PEI program will discuss if planned NIDs and SNIDs can be leveraged for TCV campaign activities. These discussions will occur once micro-planning activities for TCV campaigns are started and the schedule for NIDs and SNIDs is known.
Pakistan is planning to conduct measles-rubella campaigns in 2020, targeting children aged 9 months to 15 years, throughout the country. Depending on the exact timing of the MR campaigns and the TCV campaigns, the information and micro-planning activities for first campaign can be leveraged for the subsequent campaign. Currently only Punjab will likely hold these two campaigns in the same year (2020), and they have indicated that these two campaigns would occur 6 months apart from each other. Previous experience with multi-antigen campaigns indicates that it will be difficult to achieve high coverage for both antigens. There is also a concern that due to the higher rates of AEFI with MR or any measles containing vaccine there could be a negative association with TCV if it is given at the same time as the campaign. Finally, the route of administration for TCV and MR are different, with TCV being an intramuscular injection and MR is subcutaneous, there is a high risk that in a campaign setting that the vaccines could be administered incorrectly.

3.5.8 Chosen Immunisation Strategy

Please provide an explanation of the chosen immunisation strategy (routine only versus routine and catch-up) and the target age of vaccination; if this information is provided in the NVIP / POA, please cite sections only.

•Incidence data from Karachi and Islamabad supports the implementation of catch-up campaign, followed by routine immunization. Pakistan is a high burden country with areas of incidence greater than 130/100,000 population. Incidence rates from Karachi are greater than 400/100,000 population.
•The environmental conditions that are thought to be the cause of the XDR typhoid outbreak (sewage line breaks and contamination of household water, including drinking water) are common in all urban areas throughout Pakistan. Approximately 10% of the population has access to clean drinking water in Sindh according to the EPI manager for Sindh. This lack of access to clean water coupled with limited sanitation services exposes more and more young children to typhoid.

3.5.9 Risk-Based or Phasing and Explanation

Will a risk based or phased introduction approach be adopted?

Yes☒ No☐

If a risk-based or phased approach will be adopted, please provide an explanation for this approach, if this information is provided in the NVIP / POA, please cite sections only.

-Pakistan has chosen a risk-based approach to conducting campaigns in each province. According to the data currently available incidence rates in urban areas are over 100/100,000 population. According to modelling analyses areas where incidence is higher than 130/100,000 the most cost-effective approach is to introduce typhoid vaccine via campaign n 9m to 15yr olds followed by routine vaccination. There is no data to suggest that urban areas within Pakistan are significantly different from one another in disease incidence. Typhoid incidence is highly dependent on surrounding environment risk factors with populations living in urban high density locations more at risk for disease than those living in rural areas.
-Provinces for phased introduction have been prioritized using existing data on outbreaks, typhoid incidence, AMR information, and environmental conditions that favour S. Typhi exposure.
-Phased introduction also ensures that routine immunization can start within 1-3 months of the completion of the campaigns in urban areas within each province.
-While there are no readily available data on disease burden in rural areas within Pakistan. There are still cases of typhoid that occur in rural areas as well, likely due to a lack of clean water and no sanitation services. There is also considerable urban and rural migration, with labourers returning to rural areas to visit families in villages, which may introduce typhoid into rural environment.
-Vaccine supply in 2019-2020 may be limited and therefore a phased introduction is preferred to ensure no supply shortages for routine immunization and conducting the campaigns.

Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required
1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

Optional
1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.

2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to countryportal@gavi.org.

Upload new application documents

3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

Application documents

	Document	Status
!	**New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline** If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.	**No file uploaded** The system has an error message. It was submitted on email.
!	**Gavi budgeting and planning template**	**No file uploaded** The system has an error message. It was submitted on email.
	Most recent assessment of burden of relevant disease If not already included in detail in the Introduction Plan or Plan of Action.	**No file uploaded** The system has an error message.
	Campaign target population (if applicable)	**No file uploaded** Not applicable

Endorsement by coordination and advisory groups

!	**National coordination forum meeting minutes, with endorsement of application, and including signatures**	**No file uploaded** The system has an error message. It was submitted on email.
!	**NITAG meeting minutes** with specific recommendations on the NVS introduction or campaign	**No file uploaded** The system has an error message. It was submitted on email.

Other documents

	Other documents (optional)	**No file uploaded** The system has an error message. It was submitted on email.

Review and submit application

Submission Details

Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

Active Vaccine Programmes

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)					
Gavi support (US$)	7,305,500	6,620,744	6,611,938	6,599,153	6,582,869

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	19,541,247	20,646,260	23,711,619	27,215,635	34,436,711

Gavi support (US$)	49,841,000	44,548,486	41,396,412	37,766,502	30,385,079

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	6,155,647	6,750,933	7,749,561	8,894,763	11,254,795
Gavi support (US$)	22,803,000	16,554,251	15,513,561	14,323,377	11,906,054

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	8,993,325	8,577,977	9,851,553	11,307,379	14,307,546
Gavi support (US$)	8,305,000	18,863,978	17,553,902	16,045,084	12,977,424

Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US$)	34,690,219	35,975,170	41,312,733	47,417,777	59,999,052
Total Gavi support (US$)	88,254,500	86,587,459	81,075,813	74,734,116	61,851,426
Total value (US$) (Gavi + Country co-financing)	122,944,719	122,562,629	122,388,546	122,151,893	121,850,478

New Vaccine Programme Support Requested

Typhoid conjugate vaccine routine, with catch-up campaign

	2018	2019	2020	2021
Country Co-financing (US$)	4,015,000	415,500	2,615,000	4,273,500
Gavi support (US$)	56,795,000	20,532,000	39,338,000	18,123,500

	2018	2019	2020	2021
Total country co-financing (US$)	4,015,000	415,500	2,615,000	4,273,500
Total Gavi support (US$)	56,795,000	20,532,000	39,338,000	18,123,500
Total value (US$) (Gavi + Country co-financing)	60,810,000	20,947,500	41,953,000	22,397,000

Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US$)

	2018	2019	2020	2021	2022
Total country co-financing (US$)	38,705,219	36,390,670	43,927,733	51,691,277	59,999,052
Total Gavi support (US$)	145,049,500	107,119,459	120,413,813	92,857,616	61,851,426
Total value (US$) (Gavi + Country co-financing)	183,754,719	143,510,129	164,341,546	144,548,893	121,850,478

Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Dr. Sye Saqlain Ahmed Gilani	National Program Manager EPI	0092 51 9255101	zain_asg2@hotmail.com	

Please let us know if you have any comments about this application

No Response

Government signature form

The Government of Pakistan would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

Typhoid conjugate vaccine routine, with catch-up campaign

The Government of Pakistan commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.[1]

[1] In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

Minister of Health (or delegated authority)	**Minister of Finance (or delegated authority)**
Name	Name
Date	Date
Signature	Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

Minister of Education (or delegated authority)

Name

Date

Signature