



GAVI/12/047/sk/rh

Minister of Health  
Ministry of Health and Sanitation  
Youyi Building  
Brookfields  
Freetown  
Sierra Leone

13 April 2012

Dear Minister,

***Sierra Leone's Proposal to the GAVI Alliance***

In a letter of 29 February 2012, we informed you that the Independent Review Committee (IRC) recommended "**Approval**" of your proposal for rotavirus vaccine introduction. We are pleased to inform you that the GAVI Executive Committee (EC), at its meeting on 12 April 2012, considered and **endorsed the IRC recommendation** of your 2012-2015 proposal for the introduction of rotavirus vaccine. For your reference, the IRC summary report is attached in Appendix A.

As specified and agreed in the submitted application form, Sierra Leone will co-finance the procurement of rotavirus vaccine. The level of co-financing is determined by GAVI's co-financing policy, where Sierra Leone is classified in the low-income group based on the 2010 GNI per capita data released by the World Bank. Therefore, Sierra Leone's co-financing requirement is US\$ 0.20 per dose until 2015. Please note that the requirement to co-finance this vaccine will begin only once the supply of the vaccine commences.

We are keen to support you to make the earliest possible introduction of rotavirus vaccines. However, due to an unprecedented demand for rotavirus vaccines and the lead time required by manufacturers to increase vaccine production, it is possible that the global vaccine supply will not meet all country requirements approved by GAVI in the short term.

As a consequence, the actual amount of doses and the vaccine introduction timeframe may differ from that requested in your proposal. The final total dollar amount of Sierra Leone's co-financing requirement and the allocated number of doses will be communicated to you in a separate letter in due course.

GAVI is committed to providing regular updates to countries and we expect to send you new information on the status of supply in the third quarter of 2012.

Please do not hesitate to contact my colleague Par Eriksson at [periksson@gavialliance.org](mailto:periksson@gavialliance.org) if you have any questions or concerns.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Helen Evans".

Helen Evans  
Deputy Chief Executive Officer

GAVI Alliance

2 Chemin des Mines  
1202 Geneva  
Switzerland

Tel. +41 22 909 6500  
Fax +41 22 909 6555

[www.gavialliance.org](http://www.gavialliance.org)

Attachments: Appendix A: IRC country report, February 2012

cc: The Minister of Finance  
The Director of Medical Services  
Director Planning Unit, MoH  
The EPI Manager  
WHO Country Representative  
UNICEF Country Representative  
Regional Working Group  
WHO HQ  
UNICEF Programme Division  
UNICEF Supply Division  
The World Bank  
The GAVI Finance Unit

## Independent Review Committee, Geneva, February 6-10 2012

### *Review or response to conditions*

#### **Condition 1:**

Sierra Leone is requested to provide an ICC-endorsed communication that adequate and functional cold chain has been put in place at all levels prior to shipment of new vaccines.

#### **Response:**

The country has submitted its 5-year national cold chain plan dated October 2011 which describes the current cold chain status at each operational level and identifies gaps and needs over the period 2012 to 2016. As an immediate requirement, and to provide an adequate cold chain for the introduction of Rota vaccine in 2012, the plan identifies a number of new equipment items required for delivery and installation in the first quarter of 2012. Minutes of an ICC meeting held on 01 November 2011 are also submitted which confirm that the committee has endorsed the national cold chain plan, together with the 2012 procurement package, and a UNICEF supply requisition is provided indicating that the bulk of this package has already been ordered with delivery requested before the end of 2011.

To ensure that freeze-sensitive vaccines are maintained at safe temperatures, Fridge Tags have been introduced for monitoring at all levels of the cold chain, along with the use of cold water packs (instead of ice packs) to ensure storage between +2°C to +8°C during transport between different levels. These and other vaccine management tools were to be incorporated in the 'Immunization in Practice' training for health staff, planned for the last quarter of 2011.

The cold chain plan also refers to refresher training and preventive maintenance training for cold chain technicians at district and PHU levels, and the provision of spare parts to ensure that a functional cold chain can be sustained on a routine basis.

Thus, although an adequate and functional cold chain was not actually in place at the time supporting documents were submitted to IRC, (ie, by 15 November 2011) the information provided strongly suggests that it either has now, or shortly will be in place. Based on this evidence, it appears likely that condition 1 has been met.

**Condition 1 is met.**

#### **Condition 2:**

Sierra Leone is requested to provide revised targets for rotavirus vaccine coverage so that they are more gradual and realistic, and revise budget, number of doses required, injection equipment, and co-financing payments accordingly.

#### **Response:**

The original target coverage rate for rotavirus was 95% for the first year, and was based on the premise that vaccines given at the same time to the same child cohort should achieve the same coverage. However, the country notes that PCV vaccine, introduced in January 2011, did not achieve the same initial momentum as pentavalent vaccine, introduced in 2007. It was also noted that WHO/UNICEF estimate for penta-3 coverage in the country for 2010 was only 90%, making the original target of 95% for rotavirus in its first year seem very unrealistic. Therefore, based on these observations, and following IRC comments on the original figure, the target coverage for rotavirus has now been revised downwards to 80% for the first year, with smaller reductions in subsequent years.

In another revision to the original plan, the country has decided to change from Rotateq (with 3 doses) to Rotarix (with 2 doses) for introducing rotavirus. This was based on operational experience in other countries, where it is found that not only is the cold chain

storage requirement smaller, but higher coverage is often achieved with a 2-dose schedule than with a 3-dose schedule.

As a result of the change in coverage estimates and the revised vaccine presentation, vaccine dose requirements, budgets, and co-financing payments have been updated accordingly.

These changes appear to have addressed all the IRC's concerns under condition 2, which has thus been met.

**Condition 2 is met.**

**Recommendations: Approval**