



GAVI/12/047/sk/rh

The Minister of Health and Child Welfare
Ministry of Health and Child Welfare
P.O. Box CY 1122
Causeway
Harare
Zimbabwe

13 April 2012

Dear Minister,

Zimbabwe'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 2013-2015 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, Zimbabwe will co-finance the procurement of rotavirus vaccine. The level of co-financing is determined by GAVI's co-financing policy, where Zimbabwe is classified in the low-income group based on the 2010 GNI per capita data released by the World Bank. Therefore, Zimbabwe'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 Zimbabwe'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 Jorn Heldrup at jheldrup@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

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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:

The country is requested to provide an ICC-endorsed communication that adequate and functional cold chain has been put in place at all levels adequate to meet the requirements of the rotavirus vaccine introduction in addition to PCV vaccine prior to shipment of rotavirus vaccine.

Comments:

1. The IRC notes that the peripheral level cold chain system is obsolete and has concern as to whether the replacements have taken place.
2. The IRC has also noted that the first Rotavirus vaccine preference is the 3-dose presentation, which requires considerably more storage space than the 2-dose presentation.

Response to comment 1:

The country seems to have misunderstood the IRC's main concern on this issue, which was not the disposal of the obsolete and redundant equipment, but whether it had been replaced by new equipment. The latter seems to have been satisfactorily answered, but the response includes a somewhat confusing table whose meaning is unclear.

Response to comment 2:

This concern has been addressed, as the country has now changed its request from the 3-dose presentation to the 2-dose presentation of Rotavirus vaccine.

Response to condition:

- It is acknowledged that the country does currently not have adequate cold chain capacity to accommodate the rotavirus vaccine, with the major gap at national and sub-national levels.
- It is stated that the country did not know the gap at the time of submission due to cold chain results not yet being available. The constraint was in the lack of training needed for using a PATH data analysis tool. This happened in July 2011 and the data are now being analysed. The final report is not yet available.
- Cold chain expansion is needed in terms of:
 - One additional walk-in cold room in the National Vaccine Store. There is no space for this in the current building, so it has to be expanded.
 - All provincial vaccine stores each require a 30 m³ walk-in cold room. All the provincial buildings have space for this.
 - All 404 district vaccine stores require two chest refrigerators.
- A budget table is included for the new equipment, amounting to US\$ 3.2 million. UNICEF has already purchased some of the needed equipment, so the remaining needs now amount to US\$ 1.7 million. The National cold room for US\$ 500,000 is not included in the table.
- It is said that "all the remaining equipment including walk-in rooms has secured funding and will be procured first quarter of 2012". But it is not stated where the funds are coming from. However, during the IRC meeting UNICEF Zimbabwe sent a letter ensuring that they will cover the costs via a JICA grant.
- Email communication between the GAVI secretariat and the Zimbabwe EPI manager during the IRC meeting confirmed that the Ministry of Finance has released funds to the Ministry of Public Works for construction of the Central Vaccine Store.

Condition is met.

Recommendation: Approval

