**[Country Name]**

**2020 Programme Support Rationale**

**[Strategic period (duration of PSR)]**

|  |
| --- |
| **The Programme Support Rationale (PSR) presents the rationale and objectives for the programming of Gavi support for the upcoming period. It includes the Health System Strengthening (HSS) component and - together with the online vaccine application(s) mentioned below - replaces the previous application forms used to request new support.** * The PSR is developed approximately once every five years based on and in alignment with the Country’s health sector strategic plan(s,) the immunisation strategic plan(s) and budgets.
* It incorporates the Joint Appraisal in the year of its review.
* **Stock levels and requests for vaccine renewals or product switches need to be reported on the Gavi Country Portal between late March and 15 May.**
* All required reporting has to be submitted on the country portal, as per the reporting guidelines.
* The PSR builds on robust analysis of country data and evidence of progress made (or persistent challenges) on the coverage and equity situation, in the landscape of country health systems. The HSS component is expected to anchor the full portfolio of requested support to the country health sector context, providing the rationale for the proposed objectives and related activities.
* In parallel to the PSR, the Gavi budgeting and planning template and Gavi grant performance framework (GPF) are completed to complement the objectives presented in the PSR. This should be reflected in the country’s own operational budget and workplan.
* The Coordination Forum (ICC, HSCC or equivalent body) is required to endorse the PSR prior to final submission to Gavi.
* Signatures of both the Minister of Health and Minister of Finance or their delegated authority are required to endorse the final PSR before submission to Gavi.
* The PSR will be reviewed by members of the independent review committee (IRC) who will make a recommendation to Gavi on the full portfolio of support for the duration of the PSR, including any current support that needs to be renewed.
* Following the independent review there will be a period for countries to respond to any ‘issues to be addressed’ ahead of final Gavi approval and disbursement.
* **It is recommended that this process be initiated 15-18 months prior to expected grant disbursement.**
* **Vaccine support is a key component of the full portfolio. Specific vaccine applications are developed via Gavi’s online country portal and submitted for review and approval 15 to 18 months before the planned vaccine launch or campaign.**
* On an annual basis the budget will be reviewed and updated to take into account implementation progress and any new information from the joint appraisal.

C:\Users\imurray\Desktop\noun_4426.pngVisit Gavi’s website (<http://www.gavi.org/support/process/apply/>) for available programmatic and process guidance to support the development of the PSR and vaccine applications. For a **list of mandatory documents** to be submitted together with this PSR, please refer to Annex 1 of the Application guidelines. |

Part A: Overview of portfolio of support

 **All grey boxes to be pre-filled by the Gavi Secretariat**

 **All white boxes to be filled by Country**

# 1. Vaccines: Gavi support requested and projected country co-financing for current and new Gavi-funded vaccines

## Current Gavi-funded vaccines: co-financing estimates

|  |  |
| --- | --- |
| **Programme and type of support** | **Estimated projections[[1]](#footnote-2)** |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **[Type of support 1]** (ex. Pentavalent routine) | Country co-financing (US$) | $ | $ | $ | $ | $ |
| Gavi support (US$)   | $ | $ | $ | $ | $ |
| **[Type of support 2]** (ex: Rotavirus routine) | Country co-financing (US$) | $ | $ | $ | $ | $ |
| Gavi support (US$)   | $ | $ | $ | $ | $ |
| 1. Total Country co-financing for current vaccines (US$)
 | **$** | **$** | **$** | **$** | **$** |
| 1. Total Gavi support for current vaccines (US$)
 | **$** | **$** | **$** | **$** | **$** |
| 1. **Total cost of current vaccines (a+b) (US$)**
 | **$**  | **$** | **$** | **$** | **$** |

If applicable, list additional vaccine support that might have been approved, but not yet introduced.

## New vaccine support to be requested: presentation and implementation dates

## Country to complete all columns for each new vaccine introduction and campaign planned over the duration of the PSR and for which the country seeks support.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Programme and type of support** | **Preferred presentation[[2]](#footnote-3)** | **Target submission date of request** | **Desired date for vaccines to arrive** | **Planned launch date** | **Support requested until[[3]](#footnote-4)** |
| **[Type of support 1]**  (eg Measles second dose routine) | See detailed product profiles | Month year | Month year | Month year | Year |
| **[Type of support 2]** (eg HPV with MAC) | See detailed product profiles | Month year | Month year | Month year | Year |

## New vaccine support to be requested: summary of targets, co-financing and Gavi support

## For types of vaccine support and guidelines, please refer to <http://www.gavi.org/support/process/apply/vaccine/>)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Programme and type of support** | **Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **[Type of support 1]** (eg Measles second dose routine) | Population in the target age cohort (#) | # | # | # | # | # |
| Target population to be vaccinated (first or only dose) (#) | # | # | # | # | # |
| Target population for last dose (#) | # | # | # | # | # |
| Estimated wastage rates[[4]](#footnote-5) | % | % | % | % | % |
| Country co-financing (US$) | $ | $ | $ | $ | $ |
| Gavi support (US$)   | $ | $ | $ | $ | $ |
| **[Type of support 2**] (eg Meningitis A routine) | Population in the target age cohort (#) | # | # | # | # | # |
| Target population to be vaccinated (first or only dose) (#) | # | # | # | # | # |
| Target population for last dose (#) | # | # | # | # | # |
| Estimated wastage rates | % | % | % | % | % |
| Country co-financing (US$) | $ | $ | $ | $ | $ |
| Gavi support (US$)   | $ | $ | $ | $ | $ |
| 1. Total Country co-financing for new vaccines requested (US$)
 | $ | $ | $ | $ | $ |
| 1. Total Gavi support for new vaccines requested (US$)
 | $ | $ | $ | $ | $ |
| 1. **Total cost of new vaccines requested (a+b) (US$)**
 | **$** | **$** | **$** | **$** | **$** |

## 1.5 Request for vaccine presentation switches[[5]](#footnote-6) for current support (if applicable)[[6]](#footnote-7): Please note that this requires further documentation containing cold chain capacity, stock levels of the current product, and a costed activity plan (to be submitted via the Country Portal, here: <http://www.gavi.org/support/process/country-portal/> in the Supporting Documents section).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current presentation** | **Desired new presentation** | **Desired switch month and year** | **Rationale for the switch in presentation including any anticipated impact on coverage and equity** | **Do you request a product switch grant in the vaccine renewal request on the country portal?**  |
| ... | … | … | … | YES or NO |
| ... | … | … | … | YES or NO |

# Financial support requested

## Currently active Gavi financial support (only grants already approved but not yet closed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of support**  | **Amount committed** | **Amount approved** | **Amount disbursed** | **Year(s) of support** |
|  |  |  |  |  |
|  |  |  |  |  |

## New financial support requested: Country to complete table below. For all types of vaccine support and guidelines, please refer to: <http://www.gavi.org/support/process/apply/>

|  |  |
| --- | --- |
| **Target start and end date for financial support:**  |  Month & year Prefilled by Gavi Sec (PO) |
| Please note the **country’s total HSS ceiling** for the coming 5 years: (US$ ceiling amount) | Indicative estimates |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Total** |
| **Health Systems Strengthening support (HSS)** |
| *Objective 1… (from Section 9)* |  |  |  |  |  |  |
| *Objective 2 … (from Section 9)* |  |  |  |  |  |  |
| **Total HSS (US$)** |  |  |  |  |  |  |
| **Cold Chain Equipment Optimisation Platform (CCEOP)** |
| CCEOP Gavi joint investment |  |  |  |  |  |  |
| **CCEOP country joint investment** |
| * National funds
 |  |  |  |  |  |  |
| * Gavi HSS (with this amount clearly budgeted for within the HSS ceiling to avoid double counting)
 |  |  |  |  |  |  |
| * Other partners
 |  |  |  |  |  |  |
| **Total CCEOP (US$)** |  |  |  |  |  |  |
| **New vaccine support (vaccine introduction grants, or operational support for campaigns, or switch grants)** (as per type of support requested in table 1.2) |
| *e.g. Measles second dose routine VIG* | Live births |  # | # | # | # | # | # |
| Gavi Support (US$) | $ | $ | $ | $ | $ | $ |
| *e.g .Measles follow-up campaign operational support* | Population in the target age cohort |  # | # | # | # | # | # |
| Gavi Support (US$) | $ | $ | $ | $ | $ | $ |
| **Total Gavi support: VIGs, OPS, switches (estimate)** |  |  |  |  |  |  |
| **Total HSIS support requested (US$)** |  |  |  |  |  |  |

## Data verification option for calculating HSS/Performance Based Funding (PBF) payments Country to indicate one data verification mechanism among the proposed ones (please mark with an “X” in the relevant box. Please note that the selected option will be utilized for the whole duration of the HSS grant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Use of country admin data**  | **…** | **Use of WHO/UNICEF estimates**  |  **…** |  **Use of surveys** | **…** |

## Country health and immunisation data and national health planning and budgeting cycle Country to complete table below

|  |  |  |
| --- | --- | --- |
| **Country health and immunisation data** - All figures in US$ | **2019** | **2020** |
| **Total government expenditures (past year)** | $ | Not applicable |
| **Total government health expenditures (past year)** | **$** | Not applicable |
| **Immunisation budget (past & current year)** | **$** | **$** |

* 1. **National health planning and budgeting cycle, and national planning cycle for immunisation**

|  |  |  |
| --- | --- | --- |
| **National cycles** | **From** | **To** |
| **Years of National Health Plan** |  |  |
| **Years of immunisation strategy (e.g. cMYP)** |  |  |
| **Start and end dates of fiscal period** |  |  |

# Part B: Situation analysis

|  |
| --- |
| **Image result for objective iconPart B contains the situation analysis, on the coverage and equity of immunisation in the country and the key health system and programmatic drivers[[7]](#footnote-8)**  **(section 3), as well as the performance of past Gavi support (section 4).** * ***This section is the basis for the identification of objectives, to be defined in Section C, for future programming including Gavi support.***
* ***It replaces the Joint Appraisal for this year.***

This section explains over and under achievement of goals and targets, programmatic strengths and implementation challenges, the background for further planning. The review should focus on the evolution/trends observed and lessons learnt over the past two to three years and particularly on changes since the last Joint Appraisal took place. Information in this section will substantially draw from the analysis recommended in the Joint Appraisal analysis Guidance (<http://www.gavi.org/support/process/apply/report-renew/>) as well as from other analyses and reviews of the country’s health sector as opportune. It is expected to provide key information and make exact reference to other documents and reports provided as annexes (e.g. national strategic documents and review reports) or through the Gavi country portal (e.g. the updated grant performance framework, financial reports, data quality assessment etc.)  |

# Situation analysis of health systems for sustainable immunisation coverage & equity

|  |
| --- |
| **Provide national and sub-national data on the coverage and equity related to immunisation and key health system and programmatic drivers of the levels and trends described.** In tables 3.1 and 3.2, identify trends in coverage and equity, across geographical areas, economic status, populations and communities, including urban slums, remote rural settings and conflict settings (consider population groups under-served by health systems, such as slum dwellers, nomads, ethnic or religious minorities, refugees, internally displaced populations or other mobile and migrant groups). Relevant information includes: overview of districts/communities which have the lowest coverage rates, the highest number of under-vaccinated children, disease burden: number and incidence of vaccine preventable diseases (VPD) cases as reported in surveillance systems in regions/ districts, etc.**Among sources available, consider** administrative data, immunisation coverage surveys, DHS/MICS, equity analyses, Knowledge-Attitude-Practice surveys, disease patterns (e.g. for measles), health sector / systems reviews or routine reports. *Please also refer to the guidance on gender related barriers to immunisation* (<https://www.gavi.org/support/process/apply/additional-guidance/#gender>)Please clearly reference the source(s) of the data used in this section.* ***This section is key to determine the targeted / prioritized fields of activities, geographies and/or population groups for Gavi HSS investment***
 |

## At the national level: (Include data source & year for each)

|  |  |
| --- | --- |
| **Coverage:**DTP3, MCV2, etc.  | *Please ensure data is in line with what you reported in the GPF* |
| **Coverage:**Absolute numbers of un- or under-immunised children |  |
| **Equity:** * Wealth (e.g. high/low quintiles)
* Education (e.g. un/educated)
* Gender
* Urban-rural
* Cultural, other systematically marginalised groups or communities e.g. from ethnic religious minorities, children of female caretakers with low socioeconomic status, etc.
 | *E.g. DTP3 coverage has shown steady increase for mothers educated at least until primary school* *E.g. DTP3 coverage of male children is 94% and female children is 92%**E.g. DTP3 coverage of urban areas stagnated at 87%, while rural areas increased from 88% in 2010 to 92% in 2018* |

## At the sub-national level identify the target areas and groups of low coverage and equity: (Include data source & year for each)

* ***Identified target groups to be used in subsequent sections for tailored interventions***

|  |  |
| --- | --- |
| **Coverage by geographies / population group:**DTP3, MCV2, etc. | *E.g. 3 of 45 districts have DTP3 coverage less than 80%**District 1: DTP3 coverage ~45%**District 2: DTP3 coverage ~70%**District 3: DTP3 coverage ~70%* |
| **Coverage by geographies / population group:**Absolute numbers of un- or under-immunised children | *E.g.**District 1: 5M under-immunised children* *District 2: 1.2M under-immunised children**District 3: 2M under-immunised children* |
| **Equity by geographies / population group:** * Wealth (e.g. high/low quintiles)
* Education (e.g. un/educated)
* Gender
* Urban-rural
* Cultural, other systematically marginalised groups or communities e.g. from ethnic / religious minorities, children with low socioeconomic status, etc.
 | *E.g.**Population group 1: Migrant population 5,000 in the region of xxx with low levels of DTP3 coverage (limited data available)**Population group 2: Urban area of xxx with the lowest DTP3 coverage of 60%**Population group 3: Ethnic minority hardly reached by public health service, with limited data on population and coverage.*  |

|  |
| --- |
| To further elaborate on sections 3.1. and 3.2 above, **countries are strongly encouraged to include heat maps or similar to show immunisation coverage trends over time**, and to reference the source of data. Examples of such analysis are available in the Joint Appraisal Analysis Guidance (<http://www.gavi.org/support/process/apply/report-renew/>) |
|  |

## Key drivers of sustainable immunisation coverage and equity at service-delivery level

|  |
| --- |
| Please highlight the key **drivers – strengths and challenges – of immunisation coverage and equity at service delivery levels**: what is needed to immunise children, what is there and working, what needs improvement. Please list the issues below, prioritising and ranking – to the extent possible – the 3-5 biggest issues affecting immunisation.  |
| *Up to 500 words**At the facility / immunisation touch point, consider: - the children accessing the service, - the health staff, - the vaccines and – the equipment to keep them, - the card / register to record vaccination, - means to ensure quality, - provision of other services … all needed elements, what is there and working, what needs improvement.* *Then list the key issues:* *1. …**2. …**3. …* |

## Key drivers of sustainable immunisation coverage and equity at the programme management level

|  |
| --- |
| Please highlight the key **health system and programmatic drivers of the levels of immunisation coverage and equity**. Consider both national and sub-national levels. Reflect how the immunisation programme is progressing toward maturity within the country’s health systems: what are the drivers, current strengths, challenges, developments or shortfalls. How the immunisation programme is able to protect the country population against vaccine preventable diseases. Please list the key issues, prioritising and ranking – to the extent possible – the 3-5 biggest issues and how they are currently addressed (including other external support). Provide evidence and lessons learned from previous activities. * **Health Work Force**: availability, skill set and distribution of health work force at national and sub-national levels. Human resource management and development.
* **Vaccine management system and supply chain**: integration, procurement planning and forecasting, key insights from latest EVMs and implementation of the EVM improvement plan, and progress on the five supply chain strategy fundamentals.[[8]](#footnote-9) This subsection might be informed by available dashboards and tools, for example the Immunisation Supply Chain Management Dashboard that links EVM, Maturity Scorecard and DISC (Dashboards for immunisation Supply Chain) indicators.
* **Leadership, management and coordination**: please describe strengths and challenges related to management of the immunisation programme. This include structure, staffing, capacities and performance of the EPI teams / health teams managing immunisation at national and sub-national levels; use of data for analysis, management and supervision of immunisation services; coordination of planning, forecasting and budgeting, coordination related to regulatory aspects; coordination within the primary health care / basic services; and broader health sector governance issues. Use the outcomes of the Programme Capacity Assessment and/or other assessments.

This also includes effective functioning of the relevant Coordination Forum (including links with the health sector / MoH coordination mechanisms and alignment to Gavi guidance[[9]](#footnote-10) * **Data / Information system:** Strengths and challenges related to the immunisation data (routine data collection and reporting system, integration within the health information system, regular surveys, targeted surveys, quality of data, use of data. Links with the surveillance system). At national and at sub-national levels.
* **Gender-related barriers** faced by caregivers : Please comment on what barriers caregivers currently face in bringing children to get vaccinated and interventions planned or implemented (through Gavi or other funds) to facilitate access to immunisation services by women for their children. (For example: flexibility of immunisation services to accommodate women’s working schedules, health education for women on the importance of vaccination and social mobilisation targeting fathers, increasing the number of female health workers etc.).
* **Other critical aspects**: any other aspect identified, for example based on the cMYP, EPI review, C&E assessment, PIE, EVM or other country plans, or key findings from available independent evaluations reports[[10]](#footnote-11).
 |
| *1. …**2. …**3. …* |

## Immunisation financing

|  |
| --- |
| * Availability of national health financing framework and medium-term and annual immunisation operational plans and budgets, whether they are integrated into the wider national health plan/budget, and their relationship and consistency with microplanning processes
* Allocation of sufficient resources in national health budgets for the immunisation programme/services, including for Gavi and non-Gavi vaccines, (integrated) operational and service delivery costs. Discuss the extent to which the national health strategy incorporates these costs and any steps being taken to increase domestic resources for immunisation. If any co-financing defaults occurred in the last three years, describe any mitigation measures that have been implemented to avoid future defaults.
* Timely disbursement and execution of resources:the extent to which funds for immunisation-related activities (including vaccines and non-vaccine costs) are made available and executed in a timely fashion at all levels (e.g., national, province, district).
* Adequate reporting on immunisation financing and timely availability of reliable financing information to improve decision making.
 |
| *Not exceeding 250 words*   |

## Polio transition planning (if applicable)

|  |
| --- |
| If transitioning out of immunisation programme support from other major sources, such as the Global Polio Eradication Initiative, briefly describe the transition plan. If none exists, describe plans to develop one and other preparatory actions.  |
| *Not exceeding 100 words*  |

# Past performance of Gavi support, implementation challenges and lessons

Briefly comment on the performance of the vaccine support and health systems and immunisation strengthening support (HSS, Ops, VIGs, CCEOP, transition grants) received from Gavi.

## Programmatic performance of Gavi grants, in terms of:

|  |
| --- |
| Achievements against agreed targetsOverall implementation progress, lessons learned and best practicesProgress and achievements specifically obtained with Gavi’s HSS and CCEOP supportUsage and results achieved with performance based funding (PBF)If applicable, implementation progress of transition plan, implementation bottlenecks and corrective actions |
| *Not exceeding 500 words*  |

## Financial management performance, in terms of:

|  |
| --- |
| Financial absorption and utilisation ratesCompliance with financial reporting and progress in addressing audit requirements Major issues arising from review engagements (e.g. Gavi cash programme audits, Gavi programme capacity assessments, annual external/internal audits, etc.) and the implementation status of any recommendationsFinancial management systems, including any modifications from previous arrangements |
| *Not exceeding 500 words*  |

Part C: Planning for future Gavi support[[11]](#footnote-12)

|  |
| --- |
| **Image result for objective iconSection C** details the new vaccine support and health system strengthening support requested for the upcoming 3-5 years, including strategic considerations and prioritized activities. Operational details are presented in the **Gavi budgeting and planning template** and performance measurement is presented in an updated **grant performance framework**.**If you plan to request new vaccine support** (routine introductions and/or campaigns**) in the upcoming 3-5 years,** please fill in section 7 below. **If you plan vaccine routine introductions and/or campaigns in the next 18 months,** in addition, please fill in the relevant vaccine specific request, on the Country Portal, here: <http://www.gavi.org/support/process/country-portal/> |

# Planning for future support: strategic approach, coordination and alignment

## Strategic approach of Gavi investments requested for the next 3-5 years

|  |
| --- |
| **From the situation analysis in Part B, describe the** **rationale** **for Gavi investments requested for** HSS, CCEOP and (new) vaccine supports and expected achievements.**Describe synergies across Gavi support, including planned introductions or campaigns.** If relevant, comment on capacity and appropriate systems to introduce multiple vaccines. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.Explain how the requested support will be used to **improve the coverage and equity of routine immunisation.** |
| *Approx. 500 words*  |

## Alignment

|  |
| --- |
| How does Gavi support align with the country’s national health and immunisation strategies including multi-year plans (e.g. Health Sector Plan, cMYP)?Explicitly address how Gavi support will complement, both financially and programmatically, the achievement of objectives set out in the most recent strategic multi-year plan (e.g. cMYP).Given the immunisation strategies proposed in this PSR, explain and show how these will contribute to the implementation of the national health strategy and priorities, including the country’s approach to primary health care and universal health care, or if there are gaps, describe what needs to be done to address these. Describe the extent to which Gavi’s support proposed in this PSR (in areas such as data, supply chain, etc.) will be implemented through national routine systems and processes or explain the steps that are being taken to achieve integration. |
| *Not exceeding 250 words*  |

## Coordination

|  |
| --- |
| What steps were taken to ensure complementarity, coherence and technical soundness of Gavi’s support across government and stakeholders? What role was played by the national coordination forum (ICC, HSCC or equivalent) and the national immunisation technical advisory group (NITAG) in the development of the PSR?  |
| *Not exceeding 250 words*  |

## Harmonisation and synergies with other Global Health Initiatives

|  |
| --- |
| How is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and Global Financing Facility (GFF)?  |
| *Not exceeding 250 words*  |

## Financial Sustainability

|  |
| --- |
| Discuss the financing-related implications of the new vaccine support requested, particularly how the government intends to fund the additional co-financing obligations.  |
| *Not exceeding 250 words* |

#  Programmatic description of Gavi supported HSS investments

## Objectives and priority activities for Gavi financial support

|  |
| --- |
| Image result for objective iconGiven the target geographic and population groups identified and key national and sub-national bottlenecks determined in **Section B**, this section asks you to strategically consider these findings, and develop the **3-5 key objectives and specific activities within these to be supported by Gavi and the rationale for choosing these**. The link between data and evidence and proposed interventions must be clear. **The activities listed here are to be costed in Gavi’s budgeting and planning template.**C:\Users\imurray\Desktop\noun_4426.pngThe activities proposed must contribute to sustainable improvements in coverage and equity. For **Programming Guidance** for targeting interventions in each of Gavi’s strategic focus areas (i) leadership, management and coordination, (ii) supply chain, (iii) data (iv) demand promotion, and (v) immunisation financing, please see the Gavi website here:<http://www.gavi.org/support/process/apply/hss/>*To apply for CCEOP support, include CCEOP as one of the activities under a supply chain objective. For countries in the accelerated transition stage, dedicate one objective to those activities specific to appropriate transition planning.*  |

|  |  |
| --- | --- |
| ***Objective 1:*** | **…**… |
| **Timeframe:** | … |
| **Priority geographies/population groups or constraint(s) to coverage and/or equity** to be addressed by the objective:* ***List to match those identified in Section B***
 | … |
| **Describe the tailored interventions to address this constraint** andprovide evidence of efficacy of the intervention. Describe the critical national capacities that will be established or strengthened as a result of this investment.  |
| … |
| **List approximately five (5) specific activities to be undertaken to achieve this objective**:* ***Reflect these activities in the budget & planning template***
 |
| … |
| **Update the GPF to propose indicators to monitor progress toward this objective:** These provide a means to assess achievement of intermediate results and activity implementation.* ***Reflect these in the Grant Performance Framework***
 |
| **Technical Assistance:** List the anticipated TA needs and timelines required to support this objective and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?) |
| … |
| **Financing:** Justify any requests for Gavi to support major recurrent costs (e.g. human resources) regardless of transition stage.* ***Countries in the preparatory and accelerated transition phase are restricted from using Gavi funds for recurrent costs*** *(please refer to the Guidance on supporting countries' HR capacity, available here:* <http://www.gavi.org/support/process/apply/additional-guidance/>).
 |
| … |
| **How much HSS budget is allocated to this objective:*** ***Reflect the details in the budget and planning template***
 | **Years 1-2** | *E.g. US$ XX* |
| **Years 3-5** | *E.g. US$ XX* |
| **Please also provide details on the key cost drivers, inputs and assumptions required for the main activities of this objective, here:** |
|  |

|  |  |
| --- | --- |
| ***Objective 2:*** | **……** |
| **Timeframe:** | … |
| **Priority geographies/population groups or constraint(s) to coverage and/or equity** to be addressed by the objective:* ***List to match those identified in Section B***
 | … |
| **Describe the tailored interventions to address this constraint** andprovide evidence of efficacy of the intervention. Describe the critical national capacities that will be established or strengthened as a result of this investment.  |
| … |
| **List approximately five (5) specific activities to be undertaken to achieve this objective**:* ***Reflect these activities in the budget & planning template***
 |
| … |
| **Update the GPF to propose indicators to monitor progress toward this objective:** These provide a means to assess achievement of intermediate results and activity implementation.* ***Reflect these in the Grant Performance Framework***
 |
| **Technical Assistance:** List the anticipated TA needs and timelines required to support this objective and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?) |
| … |
| **Financing:** Justify any requests for Gavi to support major recurrent costs (e.g. human resources) regardless of transition stage.* ***Countries in the preparatory and accelerated transition phase are restricted from using Gavi funds for recurrent costs*** *(please refer to the please refer to the Guidance on supporting countries' HR capacity, available here:* <http://www.gavi.org/support/process/apply/additional-guidance/>).
 |
| … |
| **How much HSS budget is allocated to this objective:*** ***Reflect the details in the budget and planning template***
 | **Years 1-2** | *E.g. US$ XX* |
| **Years 3-5** | *E.g. US$ XX* |
| **Please also provide details on the key cost drivers, inputs and assumptions required for the main activities of this objective, here:** |
|  |

|  |  |
| --- | --- |
| ***Objective 3:*** | **……** |
| **Timeframe:** | … |
| **Priority geographies/population groups or constraint(s) to coverage and/or equity** to be addressed by the objective:* ***List to match those identified in Section B***
 | … |
| **Describe the tailored interventions to address this constraint** andprovide evidence of efficacy of the intervention. Describe the critical national capacities that will be established or strengthened as a result of this investment.  |
| … |
| **List approximately five (5) specific activities to be undertaken to achieve this objective**:* ***Reflect these activities in the budget & planning template***
 |
| … |
| **Update the GPF to propose indicators to monitor progress toward this objective:** These provide a means to assess achievement of intermediate results and activity implementation.* ***Reflect these in the Grant Performance Framework***
 |
| **Technical Assistance:** List the anticipated TA needs and timelines required to support this objective and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?) |
| … |
| **Financing:** Justify any requests for Gavi to support major recurrent costs (e.g. human resources) regardless of transition stage.* ***Countries in the preparatory and accelerated transition phase are restricted from using Gavi funds for recurrent costs*** *(please refer to the please refer to the Guidance on supporting countries' HR capacity, available here:* <http://www.gavi.org/support/process/apply/additional-guidance/>).
 |
| … |
| **How much HSS budget is allocated to this objective:*** ***Reflect the details in the budget and planning template***
 | **Years 1-2** | *E.g. US$ XX* |
| **Years 3-5** | *E.g. US$ XX* |
| **Please also provide details on the key cost drivers, inputs and assumptions required for the main activities of this objective, here:** |
|  |

Please add additional objective boxes as necessary.

|  |
| --- |
| ***Template for Supply Chain (Applicable even if country is not applying for CCEOP):***  |
| **Objective:** |  |
| **Timeframe:**  | … |
| **Priority geographies/population groups or constraint(s) to coverage and/or equity** to be addressed by the objective:* ***List to match those identified in Section B***
 | … |
| **Describe the tailored intervention to address the particular supply chain constraints** and provide evidence of efficacy of the intervention: |
| **…** |
| **List priority activities for each of the five supply chain fundamentals:** *Describe the activities related to supply chain fundamentals – for those planned in years1-2 and those planned in the outer years (3-5).* * ***These activities should be linked to the latest EVM Improvement Plan and be reflected in the operational workplan & budget***
 |
| 1. **Continuous Improvement**
 |
| * ***First two years (Years 1-2)***
 |
| * ***Outer years (Years 3-5)***
 |
| 1. **Management/Leadership**
 |
| * ***First two years (Years 1-2)***
 |
| * ***Outer years (Years 3-5)***
 |
| 1. **Data for Management**
 |
| * ***First two years (Years 1-2)***
 |
| * ***Outer years (Years 3-5)***
 |
| 1. **Cold Chain Equipment** **(including maintenance)**
* How will the country ensure that aspects of maintaining the cold chain are addressed (e.g. preventive and corrective maintenance, monitoring functionality, technicians, financing for maintenance, spare part procurement etc.)?
* What is the frequency of preventative and corrective maintenance that the country commits to (supported by partners)?
* How will the country monitor the completion of preventive and corrective maintenance?
* Indicate the sources of funding for planned maintenance activities
* How will the country dispose of obsolete and irreparable equipment replaced by new equipment?
 |
| * ***First two years (Years 1-2)***
 |
| * ***Outer years (Years 3-5)***
 |
| 1. **System design (all countries should answer)** *If the country is applying for CCEOP, also indicate how system design considerations impacted the choice of CCE for which the CCEOP support is requested.*
 |
| * ***First two years (Years 1-2)***
 |
| * ***Outer years (Years 3-5)***
 |
| **Describe how the sustainability of these activities will be ensured in the future:** |
| … |
| **List indicators to monitor progress toward objective:*** ***Reflect these in the Grant Performance Framework*** If requesting CCEOP support, include mandatory indicators (please refer to the programming guidance, here: <http://www.gavi.org/support/process/apply/hss/>)
 |
|  |
| **Detail TA needs required to support this activity and** clarify how much is not covered by PEF/TCA. |
| … |
| **How much HSS and CCEOP budget is allocated to this objective** * ***Insert here same figures as in table 2.4. and also reflect these in the budget and planning template***
 | **Years 1-2** | *E.g. US$ XX* |
| **Years 3-5** | *E.g. US$ XX* |
| **Please also provide details on the key cost drivers, inputs and assumptions required for the main activities of this objective, here:** |
|  |

# Description of requested support for new vaccines

|  |
| --- |
| **Image result for objective iconMore specific planning needs for new vaccine support**, listed in table 1.2, are described here. Greater details on activities needed to prepare for the vaccine introduction and/or campaign (addressing the programmatic challenges and bottlenecks outlined above) should be reflected in the country’s annual EPI work plan. **Exclude here vaccines that were already approved by Gavi, even if not yet introduced.** |

Delete boxes below that are not relevant

|  |  |
| --- | --- |
| **HPV routine**  | **Anticipated introduction date:** E.g. Dec 2020 |
| Describe the **broad strategy for introduction** (including target population, potential multi-age cohort vaccination in year 1, potential regional roll-out etc.). |
| … |
| Describe the **steps to finalise the introduction** strategy and to engage key stakeholders |
| … |
| Describe how the **future HSS investments** will strengthen the quality of the HPV introduction (e.g., through focus on critical demand generation, civil society engagement, adolescent health platforms for integrated service delivery, etc.) |
| … |
| **Technical Assistance:**  List the anticipated TA needs and timelines required to support this activity and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?)  |
| … |

|  |  |
| --- | --- |
| Men A (*routine, mini catch-up and preventive campaigns)*  | Anticipated introduction date: E.g. Nov 2021 |
| **Describe the** **broad strategy for introduction** (including target population for each type of support below) |
| *e.g. Routine [[12]](#footnote-13):**e.g. Mini-catch up campaign for unimmunised cohorts[[13]](#footnote-14):**e.g. Mass preventive campaigns*  |
| **Technical Assistance:** List the anticipated TA needs and timelines required to support this activity and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?) |
| … |

|  |  |
| --- | --- |
| Measles / Measles Rubella***(routine and campaign/s)*** | To encourage a complete and longer term planning approach to measles and rubella for programmatic and financial sustainability, a **country’s cMYP or equivalent multi-year plan attached to this PSR must include a comprehensive situation analysis and a 5 year plan on measles and rubella.** If the current cMYP or equivalent multi-year plan does not contain all the required information, a cMYP addendum needs to be developed and submitted with the PSR as an attachment. To develop your comprehensive situation analysis and 5 year plan for measles and rubella, please use the **Gavi template** available here: <http://www.gavi.org/library/gavi-documents/guidelines-and-forms/m-r-situation-analysis-and-5-year-plan-for-cmyp/> Provide a **technical justification** for each type of support requested for Measles / Measles Rubella in the next 5 years and indicate for when each introduction or campaign is planned |
| *e.g. Follow-up campaign:**e.g.* *Routine:* |
| List the **Technical Assistance** needed to support the introductions and/or campaign(s) outlined in your 5-year plan. Describe how you plan to secure it and by when. |
| *…* |
|  | Describe how the health systems strengthening support requested in this Programme Support Rationale will contribute to **MCV1 and MCV2** **routine immunisation** strengthening and to **measles, rubella and congenital rubella syndrome surveillance** strengthening. |
| **Typhoid** *(Conjugate Vaccine Routine with catch-up)* | **Anticipated introduction date:** E.g. Nov 2020 |
| Describe any **data supporting the rationale for introducing TCV** into the national immunisation schedule (epidemiological / modelling data) |
|  |
| **Technical Assistance:** List the anticipated TA needs and timelines required to support this activity and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?) |
|  |
| **Yellow fever** *(routine and campaign/s)* | **Anticipated introduction date:** E.g. Oct 2021 |
| Describe the **broad strategy for introduction** (including target population for each type of support below) |
| *e.g. Routine**e.g. Preventive mass campaign* |
| **Technical Assistance:** List the anticipated TA needs and timelines required to support this activity and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?) |
|   |
| ***Japanese Encephalitis*** *(routine and catch-up campaign/s)* | **Anticipated introduction date:** E.g. Sep 2022 |
| Please provide information on the following indicators of the quality of JE surveillance for at least two years prior to application (if available). If you do not have national or sentinel JE and/or Acute Encephalitis Syndrome (AES) data available, the country should plan to establish systems or conduct studies to collect this data and stipulate these activities in the JE introduction plan.

|  |  |  |
| --- | --- | --- |
| **Surveillance indicator** | **Year** | **Year** |
| Reporting at national level  |  |  |
|  |  |
| Laboratory confirmation rate (%) |  |  |

* Reporting rate at national level (number of reported AES cases per 100,000 population)
* Laboratory confirmation rate (% of tested AES cases that were JE igM-positive)
 |
| Describe the **broad strategy for introduction** (including target population for each type of support below) |
| *e.g. Catch-up campaign:**e.g.* *Routine:* |
| **Technical Assistance:** List the anticipated TA needs and timelines required to support this activity and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?) |
|  |
| **Rotavirus** *(routine)* | **Anticipated introduction date:** E.g. Aug 2021 |
| Describe the **broad strategy for introduction** (including target population) |
|  |
| **Technical Assistance:** List the anticipated TA needs and timelines required to support this activity and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?) |
|  |
| **Pneumo-coccal** *(routine)* | **Anticipated introduction date:**  |
| **Describe the** **broad strategy for introduction** (including target population) |
|  |
| **Technical Assistance:** List the anticipated TA needs and timelines required to support this activity and plans for securing it (e.g., Gavi HSS, PEF/TCA, other sources?) |
|  |

Part D: Signatures – Endorsement of the Programme Support Rationale

**Government signature form**

The Government of (country) 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 the portfolio as outlined in this Programme Support Rationale (PSR):

The Government of (country) commits itself to the continued development of 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 Government of (country) will fulfill the co-financing commitments set out in this PSR as expressed in doses or the equivalent dollar amount in Part A above.

*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.*

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

1. These estimates provide visibility to the total funding needs that a country should plan to complement the Gavi financing. These estimates are projections and may differ from actual commitments, which are calculated year-by-year and reflected in Gavi decision letters. The source of these estimates are the latest input received from country, with adjustments performed by the Gavi Secretariat (eg price updates, supply constraints, etc.) [↑](#footnote-ref-2)
2. For vaccine presentations, please refer to the detailed product profiles available here: <https://www.gavi.org/about/market-shaping/detailed-product-profiles/> [↑](#footnote-ref-3)
3. For routine vaccine introduction, support is usually requested until the end of the country’s valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so. For campaigns the “support requested until” field will normally be the same or one calendar year from the launch date, but can be extended for a phased campaign. [↑](#footnote-ref-4)
4. For indicative wastage rates for preferred presentations (%), please refer to the detailed product profiles available here: <https://www.gavi.org/about/market-shaping/detailed-product-profiles/> [↑](#footnote-ref-5)
5. Gavi aims to meet country’s preferences on vaccine presentation to the extent possible. When there is not enough supply of a desired product to meet country demand, Gavi will consider the rationale for the switch in order to prioritise supply between countries. [↑](#footnote-ref-6)
6. For a detailed description of the vaccine product profiles, please see here: <https://www.gavi.org/about/market-shaping/detailed-product-profiles/> [↑](#footnote-ref-7)
7. Programmatic drivers: = related to EPI programme management (e.g. staffing on the EPI office)

Health system drivers = related to broader health system issues (e.g. HR strategy deficient or unfunded …) [↑](#footnote-ref-8)
8. More information can be found here: http://www.gavi.org/support/hss/immunisation-supply-chain/ [↑](#footnote-ref-9)
9. Gavi guidance on Coordination : http://www.gavi.org/support/process/apply/additional-guidance/ under the heading ‘Leadership, management and coordination [↑](#footnote-ref-10)
10. If applicable, such as Full Country Evaluations (relevant for Bangladesh, Mozambique, Uganda and Zambia) and Technical Assistance evaluations (conducted for Gavi Partners’ Engagement Framework tier 1 and tier 2 priority countries). [↑](#footnote-ref-11)
11. The duration of Gavi funding should be discussed in consultation with the Gavi Secretariatto align to the extent possible to a country’s strategic period. For Measles Rubella the high-level plan with coherent and integrated measles and rubella disease control activities is expected to cover the next5 years, regardless of the duration of the national strategy. [↑](#footnote-ref-12)
12. For routine immunisation please indicate if there is an opportunity to introduce alongside other vaccines given at the same platform i.e. MCV1, MCV2 and yellow fever [↑](#footnote-ref-13)
13. For certain countries, a routine introduction for MenA signals that a mini catch-up campaign is needed (see guidelines and WHO position papers). [↑](#footnote-ref-14)