APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by

The Government of Mozambique

for

HPV routine, with multi-age cohort in the year of introduction

Gavi
The Vaccine Alliance

Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 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.

1.3 Gavi Guidelines and other helpful downloads

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/

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

6 December 2013

Country tier in Gavi's Partnership Engagement Framework

2

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?

$2,909,510,278

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

$224,933,675

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

5,947,689

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

No Response

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

7,489,380 (in 2017)

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

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From	2014
To	2019

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

2015-2019

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.

Note 1

From	2020
To	2024

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

New cMYP 2020 - 2024 will be developed in first quarter of 2019.

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.

The vaccine must be registered with the National Pharmacy Directorate.

Customs authorities require all import licence requests for vaccines be accompanied with a proforma invoice which specifies the following information:
• Supplier name, contact details and point of contact
• Recipient: MISAU/CMAM
• Product description
• Country of product origin
• Place of shipment
• Quantity
• Approximate weight/volume
• Unit cost
• Total cost of shipment (FOB)
• Freight value
• Insurance value
• Total CIF value and point of disembarkation

With the proforma invoice, MISAU (CMAM), the official importer, can initiate the import process. CMAM submits a Pharmaceutical Product Inspection Form (BIEF) to the National Pharmacy Directorate which authorises all medications imported into Mozambique. Once the BIEF is approved, a Pre-Authorisation Form is completed – these forms, together with the proforma invoice are then submitted to the national Intertek Testing Service.

Following successful review of the documentation, Intertek issues an identification number (MOZ Nr) to facilitate tracking the whole import process. Once the MOZ Nr has been issued, CMAM shares the MOZ file details with the donor/supplier, specifying the need for pre-embarkation inspection.
The supplier must contact the local Intertek office (if Intertek has not already contacted them) to agree an inspection date, with the MOZ Nr proving the import process has initiated by Mozambique. For the inspection, the supplier must provide the Intertek inspector with the following documents:
1. A copy of the proforma invoice initiating the process

2. A copy of the original commercial invoice (NB: post-inspection, the supplier should provide Intertek with a final invoice aligned with the inspection result)
3. A copy of the packing list and quality/analysis certificate
4. Analysis and origin certificates

If inspection is successful, the Intertek office in the country supplying the vaccines provides a Certificate Report of Findings and sends this to the Intertek office in Mozambique in order to secure a single certified document (Documento Único Certificado).

Inspection failures may result if (a) delivery of the original invoice is late – it should be delivered prior to completion of inspection, and (b) when the information in the proforma does not match the merchandise – this leads to a Non-Negotiable Report of Finding and fine of US$560 plus 10% on the CIF value, paid by the importer.

Once the shipment is loaded (air freight), the supplier should fax a copy (+258 1 490168 / 490897) and courier the originals of the Bill of Lading / Airway Bill, commercial invoice and packing list to CMAM so customs clearance and delivery to the MISAU National Vaccine Store can be arranged.

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.

The MISAU National Pharmacy Directorate (DNF) performs the role of National Medicines Regulatory Authority. As such, it is responsible in ensuring all pharmaceuticals and an increasing number of medical equipment items (e.g. wheelchairs, hospital beds and surgical instruments) available to the public meet required standards for safety, effectiveness and quality.

Performance of this role includes assessing, licencing and registration of companies wishing to import pharmaceuticals – exclusive rights are given to a company to import specific pharmaceuticals.

Once registered companies begin importing, pharmaceuticals are randomly tested. There is some capacity to test in-country, otherwise samples are sent to international WHO-certified laboratories for testing (Portugal , Zimbabwe, Tanzania and Ghana). As a significant number of imported medicines originate from India, MISAU has contracted a company to perform pre-embarkation inspections.

In the case of an adverse event, the pharmacovigilance department assesses the event and if extreme testing is ordered and the inspectorate identifies the company which imported the pharmaceutical.

MISAU is in the process of strengthening national regulatory and control capacity with a view to achieving WHO certification. WHO has performed two assessments to support this effort. The DNF uses WHO guidelines and Mozambique is coordinating with other countries in the region

and continent in the implementation of these guidelines.

Point of contact name: Merana Mussá
Point of contact telephone number: +258 82 481 2990
Point of contact e-mail address: mussa.merana@gmail.com

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2018	2019	2020	2021	2022
Country Co-financing (US$)					
Gavi support (US$)	2,923,500	2,607,815	2,527,311	2,578,505	2,630,560

Measles 2D Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	1,319,120	1,097,197	1,115,042	1,137,662	1,160,610
Gavi support (US$)	1,496,661	1,244,868	1,265,115	1,290,780	1,316,817

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	660,673	724,839	786,739	792,241	808,222
Gavi support (US$)	10,364,000	11,835,000	11,283,451	11,362,359	11,591,556

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	627,180	819,257	785,244	805,150	821,391

Gavi support (US$)	1,842,500	2,125,500	1,990,021	2,040,468	2,081,627

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	458,400	465,600	474,938	484,572	494,347
Gavi support (US$)	4,303,500	4,371,000	4,458,411	4,548,852	4,640,610

Summary of active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US$)	3,065,373	3,106,893	3,161,963	3,219,625	3,284,570
Total Gavi support (US$)	20,930,161	22,184,183	21,524,309	21,820,964	22,261,170
Total value (US$) (Gavi + Country co-financing)	23,995,534	25,291,076	24,686,272	25,040,589	25,545,740

2.3 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).

Please refer to Joint Appraisal reports from 2017 (section 3.1) and 2018 (section 3.1) - attached with this application as Doc Nr 017_NVS_Moz_HPV_JA 2017 and Doc Nr 018_NVS_Moz_HPV_JA 2018 respectively

2.4 Country documents

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	Doc Nr 01NVSMozHPVcMYP 20152019_04-09-18_17.05.46.pdf
✓	**Country strategic multi-year plan / cMYP costing tool**	Doc Nr 02NVSMozHPVcMYP costing tool V3.1 Jan14_04-09-18_17.07.11.xlsm
✓	**Effective Vaccine Management (EVM) assessment**	Doc Nr 03NVSMozHPVEVM assessment report Jun15_04-09-18_17.07.54.pdf
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	Doc Nr 04NVSMozHPVEVM progress report Apr18_04-09-18_17.09.15.doc
	Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators	**No file uploaded**
	Data quality and survey documents: Immunisation data quality improvement plan	**No file uploaded**
	Data quality and survey documents: Report from most recent desk review of immunisation data quality	**No file uploaded**
	Data quality and survey documents: Report from most	**No file uploaded**

recent in-depth data quality evaluation including immunisation

Human Resources pay scale

If support to the payment of salaries, salary top ups, incentives and other allowances is requested

No file uploaded

Coordination and advisory groups documents

National Coordination Forum Terms of Reference

ICC, HSCC or equivalent

Doc Nr 05NVSMozHPVICC Terms of Reference_04-09-18_17.11.19.pdf

National Coordination Forum meeting minutes of the past 12 months

Doc Nr 07NVSMozHPVICC Minutes Apr18_04-09-18_17.12.42.pdf

Doc Nr 06NVSMozHPVICC Minutes Sep17_04-09-18_17.12.20.pdf

Other documents

Other documents (optional)

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.

Doc Nr 08NVSMozHPV_HPV vaccination strategyFINAL DRAFTv2.0EN_10-09-18_16.13.01.pdf

Doc Nr 10NVSMozHPVBardajiAcceptability of HPV vaccination_04-09-18_17.13.33.pdf

Doc Nr 09NVSMozHPVKAP on immunisation perceptions 2013_04-09-18_17.13.03.pdf

3 HPV routine, with multi-age cohort in the year of introduction

3.1 Vaccine and programmatic data

Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.

Note 3

HPV routine

Preferred presentation	HPV4, 1 dose/vial, liq
Is the presentation licensed or registered?	Yes ☐ No ☒
2nd preferred presentation	HPV2, 2 doses/vial, liq
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	1 September 2020
Planned launch date	11 April 2021
Support requested until	2024

HPV multi-age cohort vaccination (MAC)

Preferred presentation	HPV4, 1 dose/vial, liq
Is the presentation licensed or registered?	Yes ☐ No ☒
2nd preferred presentation	HPV2, 2 doses/vial, liq
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	15 December 2020

Planned launch date	11 April 2021
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.

In Mozambique, WHO prequalified vaccines must be registered by companies licenced to import medicines by the MOH National Directorate of Pharmacy. The WHO Collaborative Registration procedure is used, allowing expedited review of vaccines. The registration procedure takes approximately 90 days.

Cervarix HPV bivalent vaccine is currently registered in the country. Once Gavi support to introduce HPV vaccine has been agreed, the National Directorate of Public Health will lead a request to the the National Directorate of Pharmacy to initiate registration of the country's first choice quadrivalent HPV vaccine.

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.

3.2 Target Information

3.2.1 Sources

For HPV, Gavi supports the vaccination of girls aged 9-14 years (as For the text on data source - Countries are encouraged to work with their national statistical office, the Ministry of Education and refer to additional sources of data (e.g. UNPOPULATION (WHO), UNPD, UNESCO data estimates) for assistance in estimating the size of the national target population. In case of significant differences between estimates, countries should take the estimated average of a national and a UN data source (e.g. UNPD) to avoid underestimation as well as overestimation.

Source 1 : e.g. Ministry of Education

National Institute of Statistics

Source 2 : e.g. UNESCO

Ministry of Education annual school enrolment database

Source 3 : e.g. UN Population estimates (WHO)

UN Population estimates (WHO)
Population estimates for this application used the following data sources: National Statistics Institute 2007 Census projections, National Statistics Institute 2017 preliminary census data and UNPOP data estimates. These were triangulated and, although population totals were not significantly different, the country has opted for the source providing the highest number of the target group based on lessons learned from the demonstration projects and more recent experience of 2007 Census data underestimating the actual population. The intention is to review calculations as soon as final 2017 Census data are published.

3.2.2 Phasing

If the country is not doing a phased introduction, then kindly fill out the multi age cohort targets in the Targets for multi-age cohort vaccination table, only for the year of introduction.

Will the country do a phased introduction?

Yes☐ No☒

3.2.3 Targets Information

For HPV, Gavi supports the vaccination of girls aged 9-14 years (as recommended by WHO), based on the following cohorts:Routine cohort - countries are required to identify a single year cohort of girls to be immunised on a routine basis. (e.g. 9 years old)Additional multi-age cohort – in the first year of routine introduction (or initial year of each phase, if the country chooses a

phased introduction), countries also have the option to immunise additional girls within the recommended age groups (e.g. 10-14 years), that are older than the routine cohort.Note: Countries may choose proxy age of girls based on a school grade (e.g. grade 5 corresponds to approximately 10 year olds). However, grades usually have a range of different aged girls so it is important to keep in mind that girls under 9 years should not be vaccinated, and doses for girls older than 14 years are not provided by Gavi.The base year information should be completed for the year in which the application is being completed.

3.2.4 Targets for routine vaccination

Please describe the target age cohort for the HPV routine immunisation:	9

	2021	2022	2023	2024
Population in the target age cohort (#)	450,963	462,494	472,561	486,022
Target population to be vaccinated (first dose) (#)	400,856	422,277	436,992	454,999
Target population to be vaccinated (last dose) (#)	360,771	388,495	406,403	427,699
Estimated wastage rates for preferred presentation (%)	5	5	5	5

3.2.5 Targets for multi-age cohort vaccination

Please describe the target age cohort for the additional multi-age cohort in the year of introduction. Keep coverage estimates high if you choose to continue vaccinating in the subsequent year.

From	10
To	14

	2021
Population in target age cohort (#)	2,081,089

Target population to be vaccinated (first dose) (#)	1,849,856
Target population to be vaccinated (last dose) (#)	1,664,871
Estimated wastage rates for preferred presentation (%)	5

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US$) - HPV routine

	2021	2022	2023	2024
1 dose/vial,liq	4.5	4.05	4.05	1

Commodities Price (US$) - HPV routine (applies only to preferred presentation)

	2021	2022	2023	2024
AD syringes	0.04	0.04	0.04	0.04
Reconstitution syringes	0.04	0.04	0.04	0.04
Safety boxes	0.47	0.47	0.47	0.47
Freight cost as a % of device value	0.05	0.05	0.05	0.05

Price per dose (US$) - HPV multi-age cohort in the year of introduction

	2021	2022	2023	2024
1 dose/vial,liq	4.5	4.05	4.05	1

Commodities Price (US$) - HPV multi-age cohort in the year of introduction (applies only to preferred presentation)

	2021	2022	2023	2024
AD syringes	0.04	0.04	0.04	0.04
Reconstitution syringes	0.04	0.04	0.04	0.04
Safety boxes	0.47	0.47	0.47	0.47
Freight cost as a % of device value	0.05	0.05	0.05	0.05

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

Note 4

	2021	2022	2023	2024
Country co-financing share per dose (%)	4.44	4.94	4.94	20
Minimum Country co-financing per dose (US$)	0.2	0.2	0.2	
Country co-financing per dose (enter an amount equal or above minimum)(US$)	0.2	0.2	0.2	0.2

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

HPV routine

	2021	2022	2023	2024
Vaccine doses financed by Gavi (#)	955,600	822,000	850,400	751,500
Vaccine doses co-financed by Country (#)	44,100	42,300	43,800	185,700
AD syringes financed by Gavi (#)	1,057,800	906,100	937,200	982,400
AD syringes co-financed by Country (#)				
Reconstitution syringes financed by Gavi (#)				
Reconstitution syringes co-financed by Country (#)				

Safety boxes financed by Gavi (#)	11,650	9,975	10,325	10,825
Safety boxes co-financed by Country (#)				
Freight charges financed by Gavi ($)	45,567	35,597	36,830	10,478
Freight charges co-financed by Country ($)	2,099	1,832	1,895	2,590

	2021	2022	2023	2024
Total value to be co-financed (US$) Country	200,000	173,000	179,000	187,500
Total value to be financed (US$) Gavi	4,390,500	3,402,500	3,520,500	804,000
Total value to be financed (US$)	4,590,500	3,575,500	3,699,500	991,500

HPV multi-age cohort vaccination (MAC)

	2021
Vaccine doses financed by Gavi (#)	3,690,500
AD syringes financed by Gavi (#)	3,866,200
Reconstitution syringes financed by Gavi (#)	
Safety boxes financed by Gavi (#)	42,550
Freight charges financed by Gavi ($)	175,809

	2021

Total value to be financed (US$) Gavi	16,942,500
Total value to be financed (US$)	16,942,500

3.3.4 Co-financing payment

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

The State Budget allocates a specific line to EPI which is dedicated to co-financing of vaccines. Provision for HPV will be included in the national annual planning and budgeting process from 2020.

If your country is in the accelerated transition phase for Gavi support, please answer the following question:

Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.

N/A

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:	December

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

Month	December
Year	2019

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

HPV routine

Number of girls in the target population

437,265

Gavi contribution per targeted girl (US$)

No Response

Total in (US$)

1,049,436

Funding needed in country by: 31 December 2019

3.4.2 Campaign operational costs support grant(s)

HPV multi-age cohort vaccination (MAC)

Population in the target age cohort (#)

Note 5

2,081,089

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

No Response

Total in (US$)

100,000

Funding needed in country by: 4 January 2020

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$)

17,394

Total amount - Other donors (US$)

65,000

Total amount - Gavi support (US$)

2,435,020

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

0.007

Amount per target person - Other donors (US$)

0.026

Amount per target person - Gavi support (US$)

0.962

3.4.4 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

1. Training of health workers at all levels (supervisors and vaccination teams district) – VIG Routine Cohort
2. Implementation of intensive outreach and its supervision – MAC Op Costs
3. Distribution of vaccine & related supplies from the central vaccine store to provinces, districts and health facilities – MAC Op Costs
4. Social mobilisation activities, including training of social mobilisers – MAC Op Costs
5. Document production (guidelines and reporting tools) – MAC Op Costs
6. Post HPV Introduction Evaluation – MAC Op Costs
7. Technical assistance – MAC Op Costs
8. Management and coordination, all levels – VIG Routine Cohort
9. Printing of vaccination cards & procurement of indelible finger markers– MAC Op Costs

Key Cost Drivers:
• Planning and preparation – 39%: micro plan / training of health workers & pre-campaign supervision
• Social mobilisation – 21%: social mobilisation activities, including training of social mobilisers
• Human resources and incentives – 24%: implementation of HPV vaccination & supervision
• Remaining activities have percentages ranging from 0.1% to 8%

3.4.5 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 country's fiscal year is from January to December and funds should be registered with the Ministry of Economy and Finance (MEF) by the previous September to fit in with this planning cycle. The government uses e-SISTAFE, an online financial and administrative system for disbursement and execution of expenditure. Timely registration means MOH can access funds through e-SISTAFE for initiation of activities in January of each year.
Overall management of Gavi cash support programmes in the country is the responsibility of MOH. One of the functions of the ICC in Mozambique is to oversee the Gavi cash support programmes.
The government will comply with Gavi requirements on the use and management of funds e.g.
• funds will be used solely to fund programme activities
• funds will be managed in line with the TAP Policy and Financial Management Requirements
• funds will not be used to satisfy co-financing obligations
• the government will inform Gavi immediately should it become aware of any potential or actual misuse of funds.
Procurement of HPV vaccines
UNICEF will be procuring and delivering vaccines and related supplies on behalf of Gavi – and will receive direct disbursement of required funding for this purpose. Co-financing payment will be provided directly to UNICEF as agreed in a Procurement Services Memorandum of Understanding to be developed.

3.4.6 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%.**

Funds should be transferred to MOH. Gavi already has on record the banking form of the account for Gavi grants in Bank of Mozambique. If this application is approved, before disbursement of funds written confirmation will be provide regarding the validity of this account and its signatories. Should there be any changes at this time, the country will submit a new banking form with the updated information.

3.4.7 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.

Note 6

Mozambique has developed an HPV vaccination strategy (2020 to 2024) specifically to support introduction (see attachment Doc NR XX_NVS_Moz_HPV_name of doc).

The second objective of this strategy covers creating and sustaining demand – involving formative research to inform development and implementation of a comprehensive HPV communication plan. EPI is aware of the support required to engage stakeholders early to ensure acceptance and support to achieve the desired mix of messages and communication channels and there will be a need for additional communication TCA to support implementation of this objective – stakeholder engagement and management, communication plan development and its component parts.

The third objective of the strategy covers monitoring and evaluation, with specific strategies related to strengthening data management to ensure quality. Wherever possible, HPV surveillance and monitoring processes will be integrated into existing systems building upon current strengthening efforts – this includes incorporation into DHIS2 and use of district level coefficients for accurate estimation of target groups. A data management plan will be developed

and implemented, and will include data flow, actions to address data gaps and improve data quality as well as identify any requirements for surveys. This plan will then be integrated into the EPI data improvement plan currently being finalised.

TCA may be required to provide technical support to the planning, implementation and analysis of the PIE scheduled for April 2022.

The fourth objective covers leadership, management and coordination. The first year of the strategy (2020) is dedicated to planning for introduction. During this period, in addition to developing and implementing the HPV communication plan, EPI is requesting additional project management TCA to develop and embed project management processes and tools for HPV introduction. This support should be time bound, include capability building and handover, as well as result in a mix of skills and tools that will facilitate future vaccine introductions.

3.5 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.

At 42-60/100,000 women per year, cervical cancer incidence rates in Mozambique are among the highest in the world and it is by far the most frequent cancer in women of all ages, with the highest mortality rate.

A study on STI and cervical neoplasia (pre-cancerous changes) took place in 2000 in southern Mozambique. The study recruited 262 women between 14 and 61 years of age from an antenatal clinic, family planning clinic and from the community. Detected in 40% of women, HPV DNA was highest in the youngest age group (14-20); 53% of the women had multiple HPV infections, with HPV-35 (high-risk) being the most commonly found. Abnormal cervical cytology was found in 19% and cervical neoplasia was diagnosed in 12%. STI and HIV prevalence among study participants was 79% and 12% respectively. The number of lifetime sexual partners, marital status, and infection with syphilis were significantly associated with the presence of HPV infection.

Other studies in Mozambique have detected HPV in all invasive cervical cancer cases in the country, with HPV-16 and 18 the most common (78%) and HPV-35 confirmed in 10% of the cases. A case control study of both HIV-negative and HIV-positive women found HPV-16 and 18 were also the most common types detected in cancer biopsies.

Overall, these findings indicate the prevalence of HPV infection and of abnormal cervical cytology among asymptomatic women in Mozambique is high. Potential risk factors for progression to cervical cancer are also high i.e. HPV infection acquired at a young age, high prevalence of multiple HPV infections, very high frequency of STIs and national HIV prevalence (13% among people aged between 15 and 49 in 2015).

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.

There is strong commitment from the Government of Mozambique (GoM) to introducing and co-financing HPV vaccine. HPV vaccine introduction is a priority action in the GoM five-year plan (2015-2019) within the second strategic objective to reduce maternal morbidity and mortality due to non-communicable and preventable diseases.

EPI will be updating its cMYP in the first quarter of 2019 for the period 2020 to 2024. National scale-up of HPV was originally foreseen for 2016 and has therefore been included in the current cMYP 2015-2019. The current cMYP includes development and production of the necessary tools, vaccination cards and field guidelines, as well as advocacy and IEC materials to support introduction. It also included training of relevant stakeholders, implementation of communication and ensuring cold chain capacity for HPV vaccine. Financing included integration of HPV immunisation into routine vaccination strategies.

The Health Sector Strategic Plan 2014–2019 (PESS) is the guiding policy document for the Ministry of Health (MISAU). It presents the government's overall health priorities, implementation approaches, and resource commitments. Introduction of HPV vaccine responds to the PESS strategic objective of maximizing reductions in the prevalence of and mortality due to vaccine preventable diseases.

This HPV strategy also supports achievement of MISAU's National Cancer Control Plan (NCCP) objectives by aiming for high HPV immunisation coverage, inclusion of HPV in the EPI routine immunisation schedule and adopting a multisectoral multidisciplinary approach which includes educational activities aimed both at health professionals and the general population. Activities to promote the benefits of HPV immunisation are included in MISAU's School, Adolescent and Youth Health Strategy community education package.

The Ministry of Education's (MINEDH) Strategic Plan 2010-2016 (2019) commits to integrating cross-cutting issues, including HIV/AIDS and school health. Integration is approached through inclusion of issues in teacher training, text books and teaching materials and affirmative action / promoting participation e.g. through the 'Habilidades da Vida' which provides basic life skills education to primary school children, and the Geração Biz programme, which promotes sexual and reproductive health (SRH) for 10 to 24-year olds.

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 recommended introduction of HPV vaccine to MISAU in its meeting in October 2017. This decision was based on results of the demonstration projects and behavioural studies indicating high levels of understanding of cervical cancer in communities, high acceptability of the vaccine among girls (80%) and the ability to incorporate it into existing programmes whilst ensuring appropriate communication and social mobilisation.

The ICC provided strategic guidance to the development of the national HPV Vaccination Strategy 2020-2024 and to this application to Gavi for an introduction grant.

As documented in the 2017 Joint Appraisal, Mozambique's ICC terms of reference (ToR) and membership were reviewed in June 2017 in an effort to improve its functionality. Under the new ToR, the Minister of Health chaired the committee. However, the chair has now reverted to the Director of the National Directorate of Public Health due to continued poor attendance of meetings by senior representatives of partner agencies. The ICC is not in a position to review of programme implementation and there is insufficient focus on performance management. EPI strategic issues are currently escalated to the Minister's regular coordination meetings.

In 2018/2019, Gavi TCA has been contracted to improve the focus of the ICC, including on performance management aspects.

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?

The government will include provision for HPV in the national annual planning and budgeting process from 2020 – the State Budget allocates specific funds to EPI in order to guarantee co-financing commitments. Discussion will continue with the Ministry of Economy and Finance for immunisation to be a government priority. There have been no defaults, however, the country's GDP does not yet justify transition.

In addition, introduction of HPV vaccine is seen to offer substantial opportunities for integration with MISAU adolescent and school health programmes and national and international organisations supporting sexual and reproductive health initiatives for adolescents. EPI intention, through comprehensive stakeholder mapping and development of new partnerships, is for HPV communication messages to be integrated with those of its partners in order to be taken to scale. This initiative will be guided by a comprehensive communication plan to be developed in 2020.

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.

The first exercise will be to recalculate and confirm target population estimates using the final, fully disaggregated 2017 population census data and projections which the National institute of Statistics is expected to release in 2019.
Drawing upon the recent Joint Appraisal exercise, the following challenges need to be addressed to support successful introduction of HPV vaccine:
Coverage and equity: healthy adolescent girls have limited contact with the health system, adolescent-focussed services generally have low uptake, the particularities of the HPV vaccine, the potential within communities for misunderstanding and concerns and the fact certain areas are known to be hostile to government health initiatives – all represent challenges, particularly for reaching out-of-school girls.
EPI aims to address these through an emphasis on early planning and implementing of the communication component in 2020. The intention is to initiate communication activities approximately six months prior to introduction, ensuring clear information in lay language is made available to all target audiences. This period includes analysis of best practice and existing formative research to inform communication and demand generation activities, as well as identification of areas where additional rapid analysis may be required to establish principle barriers to acceptance. The development of strong links with district administrators, teachers, local and other leaders, ensuring they are engaged and sufficiently well informed to promote the vaccination activity and mobilise their communities will be a critical activity. In addition, stakeholder analysis activities will lead to engagement with other government and non-government actors working in the area of youth and adolescent health and education in order to integrate HPV and cervical cancer messages, which will significantly extend the reach of information.
Vaccine supply chain: Mozambique's cold chain equipment operational plan (CCEOP) was recently approved for financing. Activities will improve identified cold chain and storage space constraints at district and health facility level. By the time HPV vaccine is introduced in 2021, it is expected 90% of Mozambique's capacity to appropriately store and transport vaccines will have been optimised.
Data: the principle challenges relate to the use of data (at central, provincial and district level) to inform decision-making and the reliability of data in accurately estimating coverage. TCA for the 2018/19 will support improved use of data to support evidence-based decision-making, targeting of remedial action and performance measurement in the country's priority provinces. The success of this initiative will be built upon in support of HPV introduction. The use of registers of eligible girls at school and in communities will be a key step in improving targeted action to ensure full coverage / coverage of special populations and in measuring performance based on more accurate denominators.
Management: provincial and district capacity for planning and implementing outreach requires strengthening, including for budgeting, financial management and timely disbursements. Current efforts are focusing on closer monitoring of planned versus implemented outreach using a supportive supervision tool at national, provincial and district level which will provide real time

information allowing for corrective action. Successful implementation of both planned school-based outreach is critical to the success of HPV vaccination plans – in the 2018/2019 Joint Appraisal and when planning HPV introduction activities in 2020, EPI will look to the impact of this supervision tool and introduce further, appropriate refinements as required.
Current transport issues affecting the ability to carry out outreach are being addressed through the HSS grant and the roll out of RED/REC is expected to have progressed significantly by the time of HPV introduction.

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.

Key barriers Mozambique faces to achieving coverage and equity are: unrealistic outreach planning and implementation, insufficient human resources and transport issues.

These barriers are currently the focus of EPI and partner efforts and the situation is expected to have improved by the time of HPV introduction in 2021. As the RED/REC strategy is rolled out nationally, HPV vaccinations will be integrated in order to improve access for girls in remote communities.

An important strategy for HPV introduction includes establishing provincial governor/government responsibility for achieving coverage targets – and includes the engagement of political opinion leaders at all levels in promoting the benefits of the vaccine. It is believed implementation of routine immunisation will also be strengthened through delivery of antitetanic and HPV vaccines through outreach.

Communication efforts for the first year of vaccinations to the MAC through intensive outreach will focus on HPV vaccine, however, the subsequent inclusion of HPV in the routine immunisation schedule at health facilities and in outreach (school and community) will integrate additional messages. This will support EPI operationalisation of its overall communication strategy. Communications will be broad, targeting the whole population with information on cervical cancer and HPV vaccinations – and will promote screening for older adolescents and women.

The current HSS grant includes purchase of transport for outreach activities and subsidies for vaccinators.

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.

Note 7

There are currently no other planned introductions / campaigns, however EPI has noted the new WHO tetanus position paper which suggests introducing a booster dose of anti-tetanic vaccine at 12 years. The NITAG will look into this recommendation.

3.6 Report on Grant Performance Framework

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.

3.7 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

✓	**HPV implementation plan** Replaces the NVIP for the HPV vaccine application	Doc Nr 11NVSMozHPV Implementation Plan Final_10-09-18_16.00.43.docx
✓	**Gavi budgeting and planning template**	Doc Nr 12NVSMozHPV Budgeting_planning template_10-09-18_20.59.58.xlsm

Endorsement by coordination and advisory groups

✓	**National coordination forum meeting minutes, with endorsement of application, and including signatures**	Doc Nr 13NVSMozHPV ICC Minutes Sep18_09-09-18_07.57.17.pdf
✓	**NITAG meeting minutes** with specific recommendations on the NVS introduction or campaign	Doc Nr 14NVSMozHPVNITAG HPV decision 311017_04-09-18_17.15.31.pdf

Vaccine specific

✓ **HPV region/province profile**

Doc Nr 15NVSMozHPV Region Profile Final_06-09-18_09.20.08.xlsx

✓ **HPV workplan**

Doc Nr 16NVSMozHPV Workplan Final_05-09-18_16.32.18.xlsx

✓ **Other documents (optional)**

Kindly upload any additional documents to support your HPV application

Doc Nr 21NVSMozHPVParticipants HPV workshop day 2_05-09-18_16.30.04.pdf

Doc Nr 20NVSMozHPVParticipants HPV workshop day 1_05-09-18_16.28.45.pdf

Doc Nr 19NVSMozHPV Agenda Aug HPV workshopFinal 250718_05-09-18_16.28.07.pdf

Doc Nr 17NVSMozHPVJA2017Final Report_04-09-18_17.17.51.docx

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

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

Active Vaccine Programmes

Note 8

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)					

Gavi support (US$)	2,923,500	2,607,815	2,527,311	2,578,505	2,630,560

Measles 2D Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	1,319,120	1,097,197	1,115,042	1,137,662	1,160,610
Gavi support (US$)	1,496,661	1,244,868	1,265,115	1,290,780	1,316,817

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	660,673	724,839	786,739	792,241	808,222
Gavi support (US$)	10,364,000	11,835,000	11,283,451	11,362,359	11,591,556

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	627,180	819,257	785,244	805,150	821,391
Gavi support (US$)	1,842,500	2,125,500	1,990,021	2,040,468	2,081,627

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	458,400	465,600	474,938	484,572	494,347
Gavi support (US$)	4,303,500	4,371,000	4,458,411	4,548,852	4,640,610

Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-	3,065,373	3,106,893	3,161,963	3,219,625	3,284,570

financing (US$)					
Total Gavi support (US$)	20,930,161	22,184,183	21,524,309	21,820,964	22,261,170
Total value (US$) (Gavi + Country co-financing)	23,995,534	25,291,076	24,686,272	25,040,589	25,545,740

New Vaccine Programme Support Requested

HPV routine, with multi-age cohort in the year of introduction

	2021	2022	2023	2024
Country Co-financing (US$)	200,000	173,000	179,000	187,500
Gavi support (US$)	21,333,000	3,402,500	3,520,500	804,000

	2021	2022	2023	2024
Total country co-financing (US$)	200,000	173,000	179,000	187,500
Total Gavi support (US$)	21,333,000	3,402,500	3,520,500	804,000
Total value (US$) (Gavi + Country co-financing)	21,533,000	3,575,500	3,699,500	991,500

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

	2018	2019	2020	2021	2022
Total country co-financing (US$)	3,065,373	3,106,893	3,161,963	3,419,625	3,457,570
Total Gavi support (US$)	20,930,161	22,184,183	21,524,309	43,153,964	25,663,670
Total value (US$) (Gavi + Country co-financing)	23,995,534	25,291,076	24,686,272	46,573,589	29,121,240

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
Rosa Marlene	National Director Public Health	+258823049873	manjate@misau.gov.mz	
Graca Matsinhe	EPI Manager	+258849008845	gmatsinhe@gmail.com	
Manuel Novela	EPI Focal Point	+258842266364	novelama@who.int	
Kate Brownlow	HPV Consultant	+258844681470	brownlow.kate@gmail.com	

Comments

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

No Response

Government signature form

The Government of Mozambique 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:

HPV routine, with multi-age cohort in the year of introduction

The Government of Mozambique 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]

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

[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.*

Appendix

NOTE 1
The new cMYP must be uploaded in the country document section.

NOTE 2
The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates. Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

NOTE 3
* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: http://www.gavi.org/about/market-shaping/detailed-product-profiles/

* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

* Due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

* 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 one calendar year from the launch date, but can be extended for a phased campaign.

NOTE 4
Co-financing requirements are specified in the guidelines.

NOTE 5
Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

NOTE 6
A list of potential technical assistance activities in each programmatic area is available here: http://www.gavi.org/support/pef/targeted-country-assistance/

NOTE 7

E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 8

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates. Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.