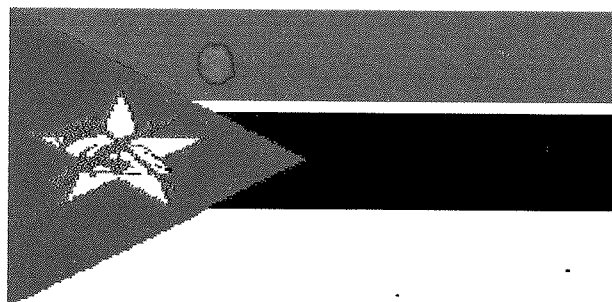


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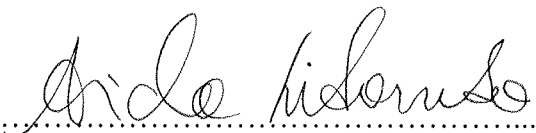
The Government of MOZAMBIQUE



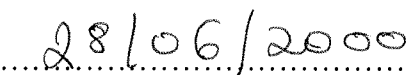
Proposal for support submitted
to the
Global Alliance for Vaccines and
Immunization (GAVI)
and the
Global Fund for Children's Vaccines
(The Fund)

1. Signatures of the Government

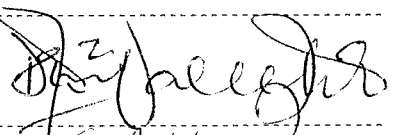
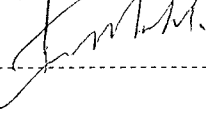
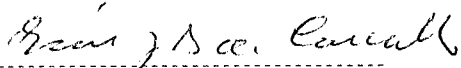
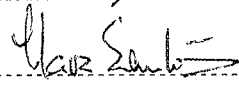
The Government of **Mozambique**, represented by the **Vice Minister of Health, Dr. Aida Libombo** commits itself to develop the national immunization services on a sustainable basis in accordance with the multi-year plan presented with this document, and to annually review districts performance on immunization through a transparent monitoring system. The Government hereby requests the Alliance and its partners to contribute to the unmet needs for financing, material and technical assistance required in accordance with the plan.

Signature: .....

Title: Vice Minister of Health.....

Date: .....

We, the undersigned members of the Inter-Agency Coordinating Committee endorse this proposal on the basis of the supporting documentation which is attached :

Agency/Organization	Name/Title	Signature
MOH/Nat. Dir. of Health	Dr.Alexandre Manguele National Director of Health	
USAID	Dr.Okey Nwanyanwu Chief of HPN and SO3 Team leader	
UNICEF	Dr.Mark Stirling Representative	
WHO	Dr.Carlos Tiny Representative	
GTZ	Dr.Angelika Stre. Reproductive Health Adv.	
Rotary International	Eng.Oscar Carvalho President	
UNFPA	Dr.Georges Georgi Representative.	
Swiss Cooperation	Mrs. Fatima Aly Chief of the health section	
DFID		
World Bank	Dr. Keef Kostermans Health Officer	
Dutch Cooperation		
European Union		
Irish Cooperation	Mr. Justin Carroll Charge d'Affaires	

Signed this day of : ____ / ____ /2000

In case the GAVI Secretariat have queries on this submission, please contact :

Name : ...Mr.Manuel Matusse..... Title/Address : ...National EPI Manager.....
Tel.No. : ...00258 1 491798.....
Fax No. : ...00258 1 491798.....
E-mail : misaudns@tropical.co.mz or rmacaule@virconn.com

2. Immunization-related fact sheet

Basic facts: (1998 or most recent; specify dates of data provided)			
Population	17,690,585	GNP per capita	\$140 US
Infants 0-11 months	707,623	Infant mortality rate	134/ 1000
Percentage of GDP allocated to Health		Percentage of Government expenditure for Health Care	5% (92-98) The state of world children 2000

Health system development status	
Please find attached background documentation on:	
Overall government health policies and strategies	Document number.....1,2,4
Structure of the government health services at central, provincial and peripheral levels and how it relates to immunization services (with an organizational chart)	Document number.....3 + Annex 3
Status of the ongoing or planned health reforms (e.g. decentralization, integration of functions, changes in financing) as it impacts on immunization services	Document number.....4-5
Government policies and practices on private sector participation, as it relates to immunization	Document number.....6 (portuguese version)

Immunization coverage trends					Vaccine preventable disease burden				
As per annual reporting to UNICEF/WHO					As per annual reporting to UNICEF/WHO				
Vaccine	Reported		Survey		Disease	Reported cases		Estimated cases/deaths	
	1998	1999	1998	1999		1998	1999	1998	1999
BCG	99 %	100 %			Diphtheria				
DTP3*	77 %	80 %			Pertussis	123	82		
OPV3	77 %	80 %			Polio	0	0		
Measles	87 %	89 %			Measles	16,443	3,954		3.4% Source: CFR of Rural Hospital
TT2+ Pregnant Women		41 %			NN Tetanus	44	32		
Hib					Hib				
Yellow Fever					Yellow fever				
HepB					HepB seroprevalence				

Note: In connection with the DTP3 coverage in the country, the MoH considers that the real coverage varies from 60-65 %. The high coverage reported through the HIS, is due to the denominator based on demographic data. The DHS conducted in 1997 reported a national DPT3 coverage of 59,6% ranging from 28,9% in Cabo Delgado to 88,1% in Maputo City. Thus, the coverage considered above would be most realistic for the

country. In September 2000 is scheduled a national survey for MCH in which EPI is also included. We will wait for the result of this survey to have a most updated figure of DPT3 coverage in the country.

1. Profile of the Inter Agency Coordinating Committee (ICC)

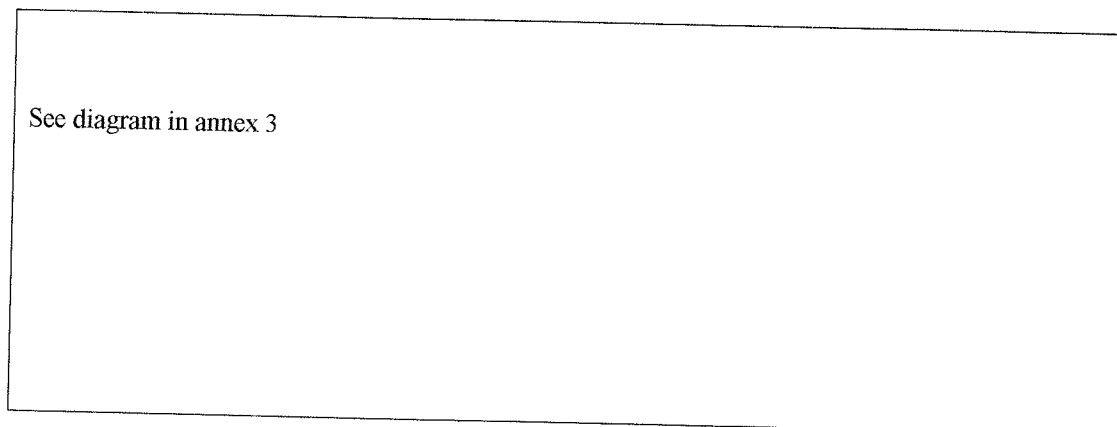
- Name of the ICC...*Interagency Coordinating Committee for EPI*.....
- Date of constitution of the current ICC ...*in 1998*.....
- Organizational structure (e.g., sub-committee, stand alone) : *Technical sub-committee, IEC sub-committee and Epidemiological and Research sub-committee*.....
- Frequency of meetings : ...*meets quarterly, but more frequently if and when necessary*.....
- Composition :

Function	Title / Organization	Name
Chair	National Director of Health/MoH	Dr.Alexandre Manaquele
Secretary	National EPI Manager/MoH	Mr.Manuel Matosse
Members	• UNICEF-Project officer • USAID • WHO • UNFPA • GTZ • Rotary Mozambique • DFID • EU • Swiss Coop • Irish Coop • World Bank • Dutch Cooperation • Pharmaceutical Dept. • IEC Unit • Epidemiology Unit • Maintenance Dept. • Family Health Dept. • Planning Dept. • Supply Unit	Dr.Alejandro Gonzalez Dr.Rose Macauley Dr.Lieve van der Paal Dr.Laura Guarenti Dr.Angelika Str. Ing.Oscar de Carvalho Dr.Kees Kostermans Dr.Joaquim Durão Mrs.Isabel Ngomane Mr.Jose Chivale Ing.Momade Sumalgy Dr.Lilia Jamisse Mr. Fortunato

- Major functions and responsibilities :

❑ Assist the Government in assuming its role of providing technical oversight in the development of national policy framework for vaccines and immunization programs with prioritization of immunization activities, setting of attainable targets and the appropriate guidelines. ❑ Mobilize financial and other resources necessary to attain and maintain high quality and coverage of the EPI in a sustainable manner. ❑ Evaluate the efficient and effective use of available resources ❑ Advocate for increased national commitment to immunization services ❑ Raise public awareness on importance of immunizations through social mobilization efforts ❑ Strengthening the role and capacity of the government to take ownership in the administration and delivery of national immunization services
--

- The following diagram shows the ICC functional relationships with other institutions in health sector :



Find attached the following documents :

- Terms of reference of the ICC
- Minutes of the three most recent ICC meetings or of any meetings in which partners participated that concerned improving and expanding the national immunization program

Document number ⁷.....

Document number ^{8, 9, 10}..... (All in portuguese version)

2. Immunization services assessment

Reference is made to the most recent assessments of the immunization system that have been completed within the three years prior to the submission of this proposal.

- Assessments, reviews and studies of immunization services for current reference :

Title of the assessment	Main participating agencies	Dates
EPI National Assessment	MoH/NIH/UNICEF/ WHO/USAID	Nove. to December 1998

- The following are the three major problems identified in the assessments :

- ☐ Limited coverage of services nationwide, only 51% of health facilities have vaccination services.
- ☐ Lack of financial resources and equipments including cold chain and spare parts. The program had not been able to procure cold chain equipment or provide supervision for more than 3 years before the review because there was no money to do so.
- ☐ Insufficient staff and need for training for vaccination activities.

- The following are the three major recommendations in the assessments :

☐ Establishing mechanism for sustainable funding.
☐ Training health workers
☐ Extension of vaccination services.

- Find attached a complete copy (with an executive summary) of :

- ☐ the most recent assessment report on the status of immunization services

Document number.....11

- ☐ a list of the recommendations of the assessment report with remarks on the status of their implementation i.e. included in workplan, implemented, not implemented, in progress....

Document number.....12-11

- The following components or areas of immunization services are yet to be reviewed (or studied). They will be assessed on the following dates.

Title of the assessment	Year	USD
Coverage survey	2000	80,000
Injection safety assessment	4 th Q of 2000	30,000

5. Multi-Year Immunization Plan

Based upon the recommendations of the assessment of immunization services, the Government has developed (or updated) the multi-year immunization plan or adjusted the health sector plan.

- Please find attached a complete copy (with executive summary) of the Multi-Year Immunization Plan or of the relevant pages of the health sector plan.

Document number.....12

- As per 1999 annual report to UNICEF/WHO

1999	
Children vaccinated with DTP3	503,164
Used doses of DTP	2,260,000

- Estimated annual targets

	2000	2001	2002	2003	2004	2005
Children planned to be vaccinated with DTP3	523,164	549,322	576,788	605,627	635,908	667,703
Doses of DTP planned to be used	2,400,000	2,610,000	2,700,000	2,800,000	2,870,000	2,935,000

6. New and under-used vaccines

Find below a summary of those aspects of the plan, mentioned in section five, that refer to introduction of new and under-used vaccines.

- Assessment of burden of relevant diseases (*if available*):

Disease	Title of the assessment	Date	Results
Hepat.B	Hepatitis B in Mozambique - <i>Annex 4</i>	Junho, 1992	10% prev.

- (If monovalent vaccine is requested)* Hereunder is the rationale for the choice of monovalent vaccine :

According to the Hepatitis B sero prevalence study in pregnant women conducted by the NIH in Mozambique, a monovalent antigen of HepB vaccine would be beneficial. But the considering the limited coverage of health system mostly in rural areas, it may not be wise to start the monovalent dose at the moment. The MoH will consider administrating the monovalent HepB in the provincial capital starting in 2003, after the tetravalent vaccine administration is running well in the whole country.

- Planning for hepB vaccinations :

	2001	2002	2003	2004	2005
Target group	271,582	576,788	605,627	635,908	667,703
Total vaccine doses required	1,310,000	2,700,000	2,800,000	2,870,000	2,935,000
Hep B monovalent vaccine			210,000	215,000	220,000
Preferred vial size(s) 10 dosis vial	10 dosis	10 dosis	10 dosis	10 dosis	10 dosis
Estimated wastage rate	30%	30%	25%	25%	25%
% of vaccines requested from the Fund	100%	100%	100%	100%	100%
AD syringes	1,132,500	2,320,000	2,590,000	2,655,000	2,720,000

*: Target group of each year (4% of population) x 80%(coverage) x 3 dosis x wastage rate (1.3-1.25) x 15% of stock.

** : Target group (4% of population) x 30% urban population x 70% of institutional births x wastage rate (1.3-1.25) x 15% stock.

*** : Serynges for tetra and monovalent vaccine including 15% of wastage and 15% of stock.

- Find attached the plan of action for vaccinations with new or under-used vaccines (*if already contained within the national, multi-year plan, indicate page and paragraphs*)

Document number... *13*

7. Unmet needs requiring additional resources

- Tables of expenditure for 1999 and resource needs (other than new vaccines) detailing the sources of funds for each line item and for each year are attached in Annex 1.

Document number... *Annex 1*

- Find below a list of financial sustainability strategies and of current/projected financing mechanisms for immunization including agreements made with other agencies (i.e.: Vaccine Independence Initiative). The relevant documents are attached.

(USD ,000)

Country Proposal for Support to the
Global Alliance for Vaccines and Immunization and the Global Fund for Children's Vaccines

Strategy title / Line item	Partner ¹	1998	1999	2000	2001	2002	2003	2004	2005	Document number
Specify contributions in USD made by each partner sharing the strategy (Government, name of donor...)										

- We summarize hereunder the support to immunization generated from the poverty reduction strategies (including the use of funds freed by debt relief), of which relevant pages are attached.

Document number

5.14 (portuguese version)

According to WB information, the Government will allocate 40-50 millions dollars (USD) every year to the social sectors in which health is included. It is still not clear what percent of that this amount will be allocated to the health sector.

8. Preferred channel of funds

(Only for countries seeking support from the immunization services sub-account)

- From the immunization services sub-account, funds will be transferred to the country through the following channel or system (tick only one) :
 Directly to the Government ☒ Through a partner agency ☐ Through an independent third party ☐
- In the following box we describe how the mechanism will operate and how it will address transparency, standards of accounting, long-term sustainability and empowerment of the government.

The MOH will prepare a budget for the available funds and said budget will be presented to the ICC for a consensus. Once approved, the funds will be administered according to the budget. A quarterly financial report will be presented to the ICC.
 . In addition every year an independent company is hired to conduct audit to this process and other in the MoH. GAVI initiative will benefit for this control mechanisms already established.

9. Country concerns

The following are the ICC's concerns and recommendations while submitting this proposal :

- 1) The disposal of needles and serynges. The MoH considers that intensive training of health workers and supervision will help in solving this problem.
- 2) Currently, there exist no quality control institution in Mozambique for vaccines importation. In collaboration with the NIH the Government can guarantee the quality control of vaccines supported by a South African Lab. Meanwhile, the government will request UNICEF to procure the vaccines and supplies for year 1. Decision for the mechanism of procurement for subsequent years will be made later.

ANNEX 1

Statement of financing and of unmet needs for immunization (USD ,000)

Table 1

Expenditure in 1999 from different sources										
Ref. #	Category / Line item	Central Government	Local Government	Private sector	Pooling	USAID	UNICEF	Donor 4	Donor n.. 2	Total Expenditure in 1999
1.	Vaccines, AD syringes...									
1.1	▪ Vaccines				820,776					820,776
1.2	▪ Line item n°...									
2.	Equipment (cold chain, spare parts, sterilization...)									
2.1	▪ Sterilization and syringes				750,000		64,029			810,029
2.2	▪ Cold chain						42,382			42,382
2.3	▪ Maintenance of Nat. Vac. Storage									
	▪									
	▪									
3.	Other item immunization specific									
3.1	▪ EPI National Seminar					40,000	7,106			47,106
3.2	▪ EPI 5-year Plan						41,150			41,150
3.3	▪ Vaccine delivery				15,000		23,781			38,781
3.4	▪ EPI guideline reproduction				30,000					
3.5	▪ Motorcycles						135,629			135,629
3.6	▪ Spare parts for Motor.						19,842			19,842
3.7	▪ Supervision					10,000	44,029			54,290
3.8	▪ Stationary national office					3,500				3,500
3.9	▪ Training of health workers									
3.10	▪ Outreach services						36,188			36,188
3.11	▪ Develop NNT strategy, guidelines and studies						18,750			18,750
3.12	▪ Develop. Measles strategy									
3.13	▪ Social Mobilization									
	▪									
Total expenditure in 1999					1,585,776	53,500	432,886			2,072,162

Note: a) This expenditure did not include the running costs at provincial and district level namely staff salary, supervision, transport, fuel, petrol for refrigerators and stationary. Financial support for Bilateral and NGOs at provincial and district level is missed. Supervision, outreach services from UNICEF funds were allocated at district level.

b) Expenditure for NIDs are not included. It will be forwarded later on.

Country Proposal for Support to the
Global Alliance for Vaccines and Immunization and the Global Fund for Children's Vaccines

Table 2

Budget for 1999										
(Fill in a similar table for subsequent years)										
Ref. #	Category / Line item	Central Government	Local Government	Private sector	Pooling	USAID	UNICEF	Donor n.. ²	Total projected needs	Unmet needs
1.	Vaccines, AD syringes...									
1.1	▪ Vaccine				737,980				737,980	
2.	Equipment (cold chain, spare parts, sterilization...)									
2.1	▪ Esterilization and Serynges				912,188				912,188	-
2.1	▪ Cold chain				425,000		236,000*		610,000	-
2.2	▪ Spare parts cold chain				35,000				35,000	-35,000
2.3	▪ Mantainance of Nat. Vac. Storage									
3.	Other item immunization specific					40,000			40,000	
3.1	▪ EPI National Seminar						15,000		15,000	
3.2	▪ EPI 5-year Plan Seminar				35,000				35,000	
3.3	▪ Vaccine delivery				30,000				30,000	
3.4	▪ EPI guideline reproduction				600,000				600,000	-
3.5	▪ Motorcycles				130,000				130,000	-
3.6	▪ Spare parts for Motor.				28,113				28,113	
3.7	▪ Supervision				15,000				15,000	-11,500
3.8	▪ Stationary national office				46,654				46,654	-46,654
3.9	▪ Training of health workers									
3.10	▪ Outreach services									
3.11	▪ NNT study									
3.12	▪ NNT Guideline development									
3.13	▪ Recurrent cost for NIDs									
	▪									
Total commitment										

¹ If basket funding or a similar aggregated funding approach is used, please describe the total funding amounts, and/or detail partner contributions as fully as possible.

² Please use the electronic version of the document and insert as many columns for partner contributions as are necessary for your submission

³ Please use the electronic version of the document to insert as many line items as necessary for your submission

* Includes cold chain, motorcycles and spare part.

ANNEX 2

Summary of documentation¹ requested

Background information on Health System Development status	
a) Overall government health policies and strategies	Document number...1, 2, 4
b) Structure of the government health services at central, provincial and peripheral levels and how it relates to immunization services (<i>with an organizational chart</i>)	Document number...3 + Annex 3
c) Ongoing or planned health reforms (e.g. decentralization, integration of functions, changes in financing) as it impacts on immunization services	Document number...4, 5,
d) Government policies on private sector participation, as it relates to Immunization.	Document number...6...
Profile of the Inter Agency Coordinating Committee (ICC)	
e) Terms of reference of the ICC	Document number...7.
f) Minutes of the three most recent ICC meetings or any meetings concerning the introduction of new or under-used vaccines	Document number...8, 9, 10,
Immunization Services Assessment	
g) Most recent, national assessment report on the status of immunization services	Document number...11,
h) Summary of the recommendations of the assessment report with remarks on the status of implementation of each recommendation.	Document number...11, 12,
Multi-Year Immunization Plan	
i) Complete copy (with executive summary) of the Multi-Year Immunization Plan or of the relevant pages of the health sector plan.	Document number...12
j) Action plan for the introduction of new or under-used vaccines into immunization services (if already contained within the national, multi-year plan, please indicate page and paragraphs)	Document number...13 + Annex 4
Unmet needs requiring additional resources	
k) Tables of expenditure for 1999 and resource needs (Annex 1)	Document number...Annex 1
l) Agreement made with other agencies as sustainability strategy (i.e.: VII)	Document number.....
m) The priority given to immunization in the poverty reduction strategies for the use of funds freed by debt relief (for countries targeted in the HIPC initiative)	Document number...14

¹ Please submit hard copy documents with an additional electronic copy wherever possible

Members of the ICC and their relation with other National Directorate (ND) of the Ministry of Health and partners.

