**HPV DEMONSTRATION CLARIFICATIONS TO IRC**

1. The country has revised the data based particularly on availability of vaccines and has agreed on doing the demonstration programme in Bo district alone. Based on this decision, the vaccine and other supplies requirements will be as follows:

|  |  |  |
| --- | --- | --- |
| **Required supply item** | # Year 1 (2013) | **Year 1 (2013) cost US$** |
| Number of vaccine doses | ***42,969\**** | ***214,847*** |
| Number of AD syringes | ***45117*** |  |
| Number of safety boxes | ***474 pcs. (20 cartons)*** |  |
| **TOTAL** |  |  |

\*Vaccine dose = (target pop, X no. of contact X wastage factor) + Buffer stock.

|  |  |  |
| --- | --- | --- |
| **Required supply item** | # Year 2 (2014) | **Year 2 (2014) cost US$** |
| Number of vaccine doses | ***44000*** | ***220000*** |
| Number of AD syringes | ***48840*** |  |
| Number of safety boxes | ***513 pcs. (21 cartons)*** |  |
| **TOTAL** |  |  |

1. The policy of the Government of Sierra Leone is that all vaccines approved by WHO and procured through UNICEF are automatically registered by the National Regulatory Authority which is the Sierra Leone pharmaceutical Board.

The government through the Ministry of Finance and Economic development will provide the necessary duty waver on the importation of pharmaceutical items meant for the government. These wavers will be issued on the presentation of the airway bill or bill of lading to confirm that the goods are on their way to the country. The ministry assures government commitment in the provision of waivers on HPV vaccines and any other supplies for the demonstration programme. The ministry of Health and Sanitation is responsible for the request of waivers to the ministry of Finance and Economic Development by law for all health products for government.

All vaccine procured through UNICEF for immunization services in Sierra Leone are always provided with a waiver for clearance at custom. The HPV vaccine will also be provided with a waiver for clearance.

1. The training for health workers and teachers will be as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Activities** | **Level of implementation** | **Responsible persons** |
| 1 | Develop training manuals for the conduct of Training of Trainers (ToT) and cascade trainings | National | National Immunization Programme (NIP) |
| 2 | Identify MOHS participants for Training of Trainers (ToT) | National and district | NIP and DHMT |
| 3 | Conduct ToT for MOHS staff | District | NIP and DHMT |
| 4 | Identify Ministry of Education Science and Technology (MEST) participants for Training of Trainers (ToT) | National and district | NIP and MEST |
| 5 | Conduct ToT for MEST staff | National and district | NIP and MEST |
| 6 | Identify MOHS staff at community level for cascade training | District | DHMT |
| 7 | Conduct cascade training for health facility staff | District | NIP and DHMT |
| 9 | Identify MEST staff at community level for cascade training | District | MEST |
| 10 | Conduct cascade training for health facility staff | District | NIP and DHMT |
| 11 | Monitoring and supervision of cascade trainings | District | NIP, DHMT, and MEST |

* The training content for health workers will cover epidemiology, the vaccine, cold chain management, vaccine administration, social mobilization AEFI, vaccination schedule and other details.
* The content of training for the teachers will include the vaccine and its benefits, vaccination schedule and details, the need for inter-sectoral collaboration and community participation, advocacy and social mobilization

1. Adverse Events Following Immunization (AEFI) monitoring and reporting is part of the routine immunization services in line with WHO guidelines in Sierra Leone. There are structures in place for the monitoring and reporting of any case of AEFI either from routine or supplemental immunization services. However, AEFI monitoring and reporting needs strengthening through training of health workers at all levels. The existing AEFI forms and structures will be adapted and used for reporting and investigation of AEFIs attributable to HPV administration.

The Health Education unit in the Ministry of Health and Sanitation will implement strategies to combat all cases of rumours and refusals such as:

* Meeting with relevant stakeholders (teachers, religious groups, parents, community leaders, youth groups, schools clubs etc) to address any negative rumours
* Stakeholders at community level will form part of the committees setup for the demonstration exercise
* IPC and BCC strategies
* Use of folk media, drama and other available community structures to inform about the HPV demonstration.

1. The country has adjusted the budget to address the issue of community sensitization taken into consideration the use of the existing community sensitization structures at all levels. The adjusted budget is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost category** | **Funding source** | **Estimated costs per annum in US$** | |
| **Year 1** | **Year 2** |
| TAG meetings | ***GAVI*** | ***5,000*** | ***2,500*** |
| Programme management and coordination | ***GOSL, GAVI*** | ***10,000*** | ***6,000*** |
| Cold chain equipment | ***GOSL, UNICEF*** | ***5,000*** | ***5,500*** |
| Other capital equipment (describe)  Rehabilitation of coldrooms and stores (national and districts) | ***GOSL, GAVI, UNICEF, WHO*** | ***15,000*** | ***10,000*** |
| Personnel, including salary supplements and/or per diems | ***GOSL, GAVI*** | ***4,000*** | ***5,500*** |
| Transport | ***GOSL, UNICEF*** | ***6,000*** | ***5,000*** |
| Training | ***GAVI*** | ***30,000*** | ***20,000*** |
| \*\*Community sensitization and mobilization | ***GAVI, UNICEF*** | ***30,000*** | ***21,000*** |
| Waste disposal | ***GAVI, UNICEF*** | ***4,000*** | ***4,500*** |
| AEFI monitoring | ***GAVI, WHO*** | ***3,000*** | ***3,500*** |
| Monitoring and supportive supervision | ***GOSL, GAVI*** | ***6,000*** | ***5,000*** |
| Evaluation of vaccine delivery | ***GAVI*** | ***20,000*** | ***10,000*** |
| Assessment of feasibility of integrating ADH with HPV vaccines | ***GAVI*** | ***5,000*** | ***3,000*** |
| Drafting national cervical cancer prevention and control strategy | ***GAVI*** | ***10,000*** | ***5,000*** |
| Technical assistance from local experts | ***GAVI*** | ***25,000*** | ***15,000*** |
| ***Subtotal for which GAVI funds are being requested*** |  | ***145,000*** | ***50,000*** |
| ***Subtotal from other funding sources*** |  | ***33,000*** | ***71,500*** |
| **TOTAL** |  | ***178,000*** | ***121,500*** |

\*\*The budget breakdown for community sensitization and social mobilization in the table above is as follows:

|  |  |  |
| --- | --- | --- |
| **No.** | **Budget item** | **Amount in USD** |
| 1 | Meeting with stakeholders at national level | 1,000 |
| 2 | Meeting with stakeholders at district level | 500 |
| 3 | Develop, print and disseminate HPV demonstration messages | 10,500 |
| 4 | Launching of HPV at district level | 3,500 |
| 5 | Sensitization meetings with stakeholders at community level | 4,000 |
| 6 | Use of print and electronic media | 3,000 |
| 7 | Social mobilization activities using folk media, drama and other available community structures | 1,500 |
| 8 | Dissemination of messages by town criers, educators in school, community health workers etc. | 6,000 |
|  | **Total** | **30,000** |

1. The country already has structures in place to provide TT immunization services to women of child bearing age whether in school or out of school. As stated earlier, immunization services are provided using either static or outreach strategy. Outreach immunization services caters for those targets that do not get immunization at the health facility. Similarly, the targets for HPV demonstration that are outside schools will be reached using the outreach strategy at community level. The schools for the purpose of the HPV demonstration will be considered as “***fixed-outreach***” vaccination points. The target population outside schools will be reached at established vaccination points within respective communities in addition to places of congregation such as markets, lorry parks, farms, places of worship, social functions and will be followed through until they receive their third dose of HPV vaccination. For this purpose, community health workers will be trained and supervised accordingly. There will be continuous advocacy with community leaders and intensified social mobilization activities to create enduring awareness about the benefits of HPV vaccination.