



Application Form for Gavi NVS support

Submitted by

The Government of Liberia

for

Measles 1st and 2nd dose routine and HPV routine, with multi-age cohort in the year of introduction

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.

Gavi Guidelines and other helpful downloads

1.3.1 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/>

Review and update country information

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

19 August 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

April 2016

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?

The total Government of Liberia Expenditure for FY 2016/2017 was US\$555,993,000.00 Million.

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

The total Government of Liberia Health Expenditure for FY 2016/2017 was US\$43.5 Million.

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

The Government of Liberia spent US\$ 758,936.00 inclusive of its Co-Financing contribution FY 2016/2017

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

FY 2016/2017 US\$ 650,000.00

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

FY 2016/2017 US\$ 650,000.00

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

2011

To

2021

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

2016-2020

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.

From

To

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

No Response

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.

Currently, the Liberia Medicine and Health Products Regulatory Authority has granted waiver for all vaccines being administered in the immunization program. However, all documentation especially certificate of analysis is submitted to LMHRA for their review and archiving.

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.

Liberia Medicine and Health Product Regulatory Authority (LMHRA), Pharm. David Sumo is the outgoing Managing Director - +231886562019; d.sumo@yahoo.com/d.sumo2013@gmail.com

National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	190,000	171,024	177,865	180,791	183,744

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	114,863	114,370	119,200	120,273	122,235
Gavi support (US\$)	1,802,500	1,867,500	2,017,000	1,724,958	1,753,097

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	134,315	140,699	146,519	151,125	151,327

Gavi support (US\$)	394,500	364,500	379,500	382,991	383,505
Rota Routine					
	2018	2019	2020	2021	2022
Country Co-financing (US\$)	58,500	63,000	66,900	67,121	68,216
Gavi support (US\$)	549,500	591,500	628,500	630,088	640,366
YF Routine					
	2018	2019	2020	2021	2022
Country Co-financing (US\$)	39,317	40,180	50,490	49,788	51,187
Gavi support (US\$)	188,500	192,500	241,500	236,501	243,145
Summary of active Vaccine Programmes					
	2018	2019	2020	2021	2022
Total country co-financing (US\$)	346,995	358,249	383,109	388,307	392,965
Total Gavi support (US\$)	3,125,000	3,187,024	3,444,365	3,155,329	3,203,857
Total value (US\$) (Gavi + Country co-financing)	3,471,995	3,545,273	3,827,474	3,543,636	3,596,822

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:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o 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;
- o 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;
- o 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).

On August 7 to 9, 2017, GAVI Joint Appraisal was conducted covering the reporting period January 2015 to June 2017. Please see attached copy of Liberia's Joint Appraisal in the attachment section of this application.

Country documents

2.4.1 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	cMYPWord DocFinal Version _19-03-18_10.03.37.pdf
✓	Country strategic multi-year plan / cMYP costing tool	Liberia cMYP costing tool 20162020UpdatedatMoHJan08.2016_14-03-18_09.57.01.xlsx
✓	Effective Vaccine Management (EVM) assessment	LIB EVMA 2015 Report recommendationsFinalreportRevisionJan2016_19-03-18_10.04.24.pdf
✓	Effective Vaccine Management (EVM): most recent improvement plan progress report	LIB EVM cIP 2015Final06.01.2016_19-03-18_10.07.30.xlsx
✓	Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators	DHS 2013 Final Report_19-03-18_10.08.59.pdf
✓	Data quality and survey documents: Immunisation data quality improvement plan	Immunization Improvemen Coverage PlanFinal 2016_19-03-18_10.52.35.pdf

✓	Data quality and survey documents: Report from most recent desk review of immunisation data quality	JSIGAVIODQALiberiaFinal ReportDecember 2014_19-03-18_10.13.48.docx
✓	Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation	LIBERIA SARA Report October282016v2_19-03-18_10.20.18.docx
✓	Human Resources pay scale If support to the payment of salaries, salary top ups, incentives and other allowances is requested	Human Resources for Health_19-03-18_10.26.42.docx

Coordination and advisory groups documents

✓	National Coordination Forum Terms of Reference ICC, HSCC or equivalent	Revised HSCC TORs Final_19-03-18_10.27.31.pdf
✓	National Coordination Forum meeting minutes of the past 12 months	HSCC minutes April 13th 2017EPIATC_19-03-18_10.31.31.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,	Liberia Updated JAAug 28 2017_21-03-18_13.49.32.docx LIBERIA SARA Report October282016v2_19-03-18_10.37.17.docx
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Measles 1st and 2nd dose routine

Vaccine and programmatic data

3.1.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.
Measles 1st and 2nd dose routine

Preferred presentation	M, 10 doses/vial, lyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	M, 5 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	14 January 2019
Planned launch date	13 May 2019
Support requested until	2020

3.1.1.2 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.

No Response

3.1.1.3 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.

Target Information

3.1.2.1 Targets for routine vaccination

Please describe the target age cohort for the Measles 1st dose routine immunisation:

9 weeks months years

Please describe the target age cohort for the Measles 2nd dose routine immunisation:

15 weeks months years

	2019	2020
Population in the target age cohort (#)	187,892	191,837
Target population to be vaccinated (first dose) (#)	174,783	178,453
Target population to be vaccinated (last dose) (#)	104,870	124,917
Estimated wastage rates for preferred presentation (%)	25	25

Co-financing information

3.1.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles routine, 1st and 2nd dose

	2019	2020
10 doses/vial,lyo	0.31	0.31

Commodities Price (US\$) - Measles routine, 1st and 2nd dose (applies only to preferred presentation)

	2019	2020
AD syringes	0.04	0.04
Reconstitution syringes	0.04	0.04
Safety boxes	0.47	0.47
Freight cost as a % of device value	0.02	0.02

3.1.3.2 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

	2019	2020
Country co-financing share per dose (%)	65.36	65.36
Minimum Country co-financing per dose (US\$)	0.2	0.2
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.2	0.2

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

Measles routine, 1st and 2nd dose

2019	2020
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Vaccine doses financed by Gavi (#)	187,500	165,900
Vaccine doses co-financed by Country (#)	277,500	245,500
AD syringes financed by Gavi (#)	410,000	342,400
AD syringes co-financed by Country (#)		
Reconstitution syringes financed by Gavi (#)	51,200	45,300
Reconstitution syringes co-financed by Country (#)		
Safety boxes financed by Gavi (#)	5,075	4,275
Safety boxes co-financed by Country (#)		
Freight charges financed by Gavi (\$)	6,240	5,488
Freight charges co-financed by Country (\$)	9,237	8,124
	2019	2020
Total value to be co-financed (US\$) Country	93,000	82,500
Total value to be financed (US\$) Gavi	84,500	73,500
Total value to be financed (US\$)	177,500	156,000

3.1.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

	2019	2020
Minimum number of doses financed from domestic resources	117,187.42	97,588.27
Country domestic funding (minimum)	31,640.6	26,348.83

3.1.3.5 Co-financing payment

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

In accordance with the Partnership Framework Agreement (PFA) signed July 29, 2013 between the Government of Liberia and GAVI, Liberia is committed in meeting its co-financing contribution as indicated by a clear budget line for vaccines and vaccine supplies.

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:

March

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

Month	March
Year	2020

Financial support from Gavi

3.1.4.1 Routine Vaccine Introduction Grant(s)

Measles-rubella 1st and 2nd dose routine
Live births (year of introduction)

191,837

Gavi contribution per live birth (US\$)

0.8

Total in (US\$)

153,469.6

Funding needed in
country by

7 December 2018

3.1.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during 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\$)

5050

Total amount - Other donors (US\$)

126781

Total amount - Gavi support (US\$)

153469.00

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

0.2

Amount per target person - Other donors (US\$)

0.67

Amount per target person - Gavi support (US\$)

0.8

3.1.4.3 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 Office of Financial Management of the Ministry of Health has a financial management manual that guides the day to day operations of the Ministry. In addition, there is also an internal audit unit that ensures compliance and internal controls. All procurements of the Ministry of Health will follow the government's Public Procurement Concession Commission (PPCC) Act.

3.1.4.4 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.

- o UNICEF Tripartite Agreement: 5%
- o UNICEF Bilateral Agreement: 8%
- o WHO Bilateral Agreement: 7%.

The VIG for MCV 2 should be transferred to the government of Liberia.

3.1.4.5 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.

No Response

Strategic considerations

3.1.5.1 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.

Measles is an infectious disease with greater efficiency in spreading as a result of its well-recognizable clinical manifestation. The above figures and tables provide detailed situation of measles either in terms of the transmission or incidences of measles as well as the coverage for MCV1 and supplemental immunization activities (i.e. Measles Campaign) in Liberia.

Though Liberia has made tremendous progress in improving and increasing its coverage for the first dose of measles containing vaccine (MCV1), however, its coverage over the past years had fallen short of attaining the 95% target set for measles elimination and had had sporadic outbreaks of measles. WHO recommended in 2009 the following:

- that countries introduce the second dose of measles containing vaccine as key strategies in leading to accelerate measles control and measles elimination targets.
- that reaching all children with two doses of measles containing vaccine (MCV) should be the standard for all national immunization programmes.
- recommended that countries attaining MCV 1 coverage of 80% should consider introducing a second dose into their routine immunization schedule. As routine coverage with two doses increases, campaigns will need to occur less frequently and can eventually cease altogether.
- The second dose should be given starting from between 15 – 18 months and countries should maximize the opportunity to strengthen routine immunization and integrate with other health programs

Available data indicates the number of children that are susceptible sets the stage for the introduction of the second dose of measles containing vaccine into routine immunization during the second year of life. This provides unique opportunity to vaccinate susceptible children who didn't get protection either as a result of not receiving the vaccine or not experiencing seroconversion during their second year of life at which time they will be receiving other child health interventions (i.e. growth monitoring, vitamin A supplementation, deworming, etc.) and as a booster for other EPI vaccine as may be required by the national immunization schedule.

In addition, this helps in reducing the the level of campaign reliance for measles and lowering the accumulation of susceptibles. This will extend the time period in conducting measles SIA thereby allowing more time to focus more on strengthening routine immunization activities.

Please see section 2.7 of the NVIP.

3.1.5.2 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.

In order to ensure the successful introduction of measles second dose (MCV 2) into routine immunization, the current cMYP will be updated. The cMYP is already aligned with the national health plan.

3.1.5.3 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 Health Sector Coordination Committee (HSCC) will be responsible to

- Provide advice on national health policy issues taking into account evolving global, regional, sub-regional and national policy initiatives;
- Regularly review the national health sector reform agenda, implementation of multi-year national health plans, health status and service indicators and agree on priority areas for action;
- Support coordinated resource mobilization, from national and international sources and ensure that this is done in a manner that is aligned and harmonized with national health plans and policies;
- Provide advice on managerial, technical and financial capacity of the health sector and appropriate strategies to strengthen these capacities to achieve universal access to safe and quality health services
- Build effective, transparent and mutually accountable partnerships through efficient coordination of stakeholders.
- Enhance transparency and accountability of financial and technical inputs through information sharing.
- Identify and implement strategies aimed at attracting more development partners to support the implementation of National Health Policies, Strategies and Plans.
- Provide appropriate policy and technical support to strengthening County level coordination mechanisms to provide similar oversight for priority health activities identified by county authorities.

The functioning of the Health Sector Coordination Committee (HSCC) will be guided by the following key principles and values

- Alignment to national health priorities
- Leadership and Good Governance
- Transparency and Accountability
- Accessibility, proficiency and equity of quality services

See attachments (HSCC Terms of Reference). Discussions for NITAG establishment are ongoing.

3.1.5.4 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 of Liberia is committed to paying its co-financing obligations as enshrined within the partnership framework agreement signed on July 29, 2013 and is pleased to note that it has not defaulted on its co-finance obligations.

3.1.5.5 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.

In order to ensure the successful introduction of the second dose of measles containing vaccine (MCV 2) into routine immunization in the second year of life (2YL), the below activities are very critical:

1. Training: capacity building for vaccinators on vaccine administration, handling, storage is key since the target age group is different from what routine vaccinators are familiar with.
 - acceptability: even though vaccine hesitancy is not pronounced in Liberia, awareness creation is critical to ensure increased uptake of the MCV 2
 - cold chain: the introduction of MCV 2 places a huge demand on the immunization supply chain at the operational level in terms of storage space; therefore, the CCEOP provides a unique opportunity to address foreseeable cold chain challenges.

3.1.5.6 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.

The new vaccine support will be used to strengthen immunization services in areas that have direct/indirect impact on coverage and equity:

- monitoring and supervision: this will allow granular analysis of immunization data to identify underserved populations especially at the sub-national to ensure that deprived and hard-to-reach populations have unhindered access to quality immunization services through focused health facility outreach and Periodic Intensification of Routine Immunization. National technical assistants will work with counties in developing/updating county-specific equity improvement plans.

3.1.5.7 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.

Every opportunity will be utilized to ensure that trainings for MCV and HPV are well coordinated for ease of implementation and to save cost considering that it's the same category of health workers that are expected to be trained for each intervention.

3.1.5.8 Indicative major measles and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major measles and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. measles second dose introduction, measles or measles follow up campaign, etc.).

Liberia intends to introduce MCV 2 into routine immunization May 2019 drawing from experiences from previous new vaccine introduction. In addition, MR campaign is slated for 2021 and introduction 2022.

Report on Grant Performance Framework

3.1.6.1 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.




Upload new application documents

3.1.7.1 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

	New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline	LBREPIMCV 2NVIPIntroPlanLiberias FinalApril 262018_26-04-18_15.08.08.docx
	If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.	
	Gavi budgeting and planning template	LBREPIFinalVIGMCV 2HPVMACBudgetingApr282018EPI443pm ATC_28-04-18_17.16.12.xls
	Most recent assessment of burden of relevant disease	Measles Burden_26-04-18_12.16.26.docx
	If not already included in detail in the Introduction Plan or Plan of Action.	

Endorsement by coordination and advisory groups

	<p>National coordination forum meeting minutes, with endorsement of application, and including signatures</p> <p>The minutes of the national coordination forum meeting should mention the domestic funding of MCV1</p>	<p>HSCC Endorsement_25-04-18_16.23.50.docx</p>
	<p>NITAG meeting minutes</p> <p>with specific recommendations on the NVS introduction or campaign</p>	<p>NITAG_25-04-18_16.10.03.docx</p>

Vaccine specific

	<p>cMYP addendum</p> <p>Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP</p>	<p>MCV 2Five YearsPlanAddendum_26-04-18_15.15.22.docx</p>
	<p>Annual EPI plan</p> <p>Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget</p>	<p>EPIAWPB2018_28-04-18_15.54.52.xls</p>
	<p>MCV1 self-financing commitment letter</p> <p>If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.</p>	<p>scan_25-04-18_16.10.57.pdf</p>
	<p>Measles (and rubella) strategic plan for elimination</p> <p>If available</p>	<p>MR Strategic Plan_26-04-18_15.11.14.docx</p>
	<p>Other documents (optional)</p>	<p>LIBERIA SARA ReportFinal_25-04-18_16.31.02.pdf</p>

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

Vaccine and programmatic data

3.2.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.
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 12 March 2019

Planned launch date 14 October 2019

Support requested until 2020

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	12 March 2019
Planned launch date	14 October 2019
Support requested until	2020

3.2.1.2 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.

The Liberia Medicine and Health Products Regulatory Authority (LMHRA) provides registration waiver for all WHO pre-qualified vaccines administered in the immunization program of Liberia. However, all supporting documentations (eg. Certificate of Analysis, etc.) relative to the products are submitted to LMHRA.

3.2.1.3 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
------------------------------	--

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.

Target Information

3.2.2.1 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

Ministry of Education and Liberia Institute of Statistics and Geo-information Services (LISGIS)

Source 2 : e.g. UNESCO

UNESCO

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

UN Population estimates (WHO)

3.2.2.2 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

3.2.2.3 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.

3.2.2.4 Targets for routine vaccination

Please describe the target age cohort for

9

the HPV routine immunisation:

	2019	2020
Population in the target age cohort (#)	63,947	65,290
Target population to be vaccinated (first dose) (#)	51,158	52,232
Target population to be vaccinated (last dose) (#)	51,158	52,232
Estimated wastage rates for preferred presentation (%)	5	5

3.2.2.5 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

	2019	2020
Population in target age cohort (#)	259,925	
Target population to be vaccinated (first dose) (#)	207,940	
Target population to be vaccinated (last dose) (#)	207,940	
Estimated wastage rates for preferred presentation (%)	5	5

Co-financing information

3.2.3.1 Vaccine and commodities prices

Price per dose (US\$) - HPV routine

	2019	2020
1 dose/vial,liq	4.5	4.5

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

	2019	2020
AD syringes	0.04	0.04
Reconstitution syringes	0.04	0.04
Safety boxes	0.47	0.47
Freight cost as a % of device value	0.05	0.05

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

	2019	2020
1 dose/vial,liq	4.5	4.5

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

	2019	2020
AD syringes	0.04	0.04
Reconstitution syringes	0.04	0.04
Safety boxes	0.47	0.47
Freight cost as a % of device value	0.05	0.05

3.2.3.2 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

	2019	2020
Country co-financing share per dose (%)	4.44	4.44

Minimum Country co-financing per dose (US\$)	0.2	0.2
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.2	0.2

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

HPV routine	2019	2020
Vaccine doses financed by Gavi (#)		
Vaccine doses co-financed by Country (#)		
AD syringes financed by Gavi (#)		
AD syringes co-financed by Country (#)		
Reconstitution syringes financed by Gavi (#)		
Reconstitution syringes co-financed by Country (#)		
Safety boxes financed by Gavi (#)		
Safety boxes co-financed by Country (#)		
Freight charges financed by Gavi (\$)		

Freight charges
co-financed by
Country (\$)

	2019	2020
Total value to be co-financed (US\$) Country		
Total value to be financed (US\$) Gavi		
Total value to be financed (US\$)		

HPV multi-age cohort vaccination (MAC)

	2019	2020
Vaccine doses financed by Gavi (#)	436,700	
AD syringes financed by Gavi (#)	457,500	
Reconstitution syringes financed by Gavi (#)		
Safety boxes financed by Gavi (#)	5,050	
Freight charges financed by Gavi (\$)	20,804	

	2019	2020
Total value to be financed (US\$) Gavi	2,005,000	
Total value to be financed (US\$)	2,005,000	

3.2.3.4 Co-financing payment

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

In accordance with the Partnership Framework Agreement (PFA) signed July 29, 2013 between the Government of Liberia and GAVI, Liberia is committed in meeting its co-financing contribution as indicated by a clear budget line for vaccines and vaccine supplies.

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:

March

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

Month

March

Year

2020

Financial support from Gavi

3.2.4.1 Routine Vaccine Introduction Grant(s)

HPV routine

Number of girls in the target population

63,947

Gavi contribution per targeted girl (US\$)

2.4

Total in (US\$)

153,472.8

Funding needed in country by

20 February 2019

3.2.4.2 Campaign operational costs support grant(s)

HPV multi-age cohort vaccination (MAC)

Population in the target age cohort (#)

259,925

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

0.65

Total in (US\$)

168,951.25

Funding needed in
country by

20 February 2019

3.2.4.3 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\$)

15845

Total amount - Other donors (US\$)

160762

Total amount - Gavi support (US\$)

322422

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

0.2

Amount per target person - Other donors (US\$)

0.5

Amount per target person - Gavi support (US\$)

2.4

3.2.4.4 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 Office of Financial Management of the Ministry of Health has a financial management manual that guides the day to day operations of the Ministry. In addition, there is also an internal audit unit that ensures compliance and internal controls. All procurements of the Ministry of Health will follow the government's Public Procurement Concession Commission (PPCC) Act.

3.2.4.5 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.

- o UNICEF Tripartite Agreement: 5%
- o UNICEF Bilateral Agreement: 8%
- o WHO Bilateral Agreement: 7%.

Government

3.2.4.6 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.

\$24,000.00 for social mobilization activities channeled through UNICEF

Strategic considerations

3.2.5.1 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.

Liberia is estimated to have a high cervical cancer incidence at 37.5% with mortality at 34.1% (GLOBOCAN, 2008). Cervical cancer ranks the number one cause of morbidity and mortality amongst women in Liberia. The Government of Liberia has recognized the increasing rate of cervical cancer and is increasing the focus on prevention and control.

3.2.5.2 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.

The current cMYP (2016 -2020) is being updated to reflect HPV introduction into routine immunization.

3.2.5.3 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 HSCC will be responsible for the overall coordination of the HPV implementation. See attachments (HSCC Terms of Reference). Discussions for NITAG establishment are ongoing.

3.2.5.4 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 of Liberia is committed to paying its co-financing obligations as enshrined within the partnership framework agreement signed on July 29, 2013 and is pleased to note that it has not defaulted on its co-finance obligations.

3.2.5.5 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.

In order to ensure that the HPV introduction into routine immunization is successful, the below activities are very critical:

- training: capacity building for vaccinators on vaccine administration, handling, storage is key as this is a new vaccine with a different target age group that routine vaccinators are not familiar with.
- acceptability: even though vaccine hesitancy is not pronounced in Liberia, awareness creation is critical to ensure increased uptake of the HPV vaccine
- cold chain: the proposed formulation of the HPV vaccine (single dose) places a huge demand on the immunization supply chain at the operational level in terms of storage space; therefore, the CCEOP provides a unique opportunity to address foreseeable cold chain challenges.

3.2.5.6 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.

The new vaccine support will be used to strengthen immunization services in areas that have direct/indirect impact on coverage and equity:

- monitoring and supervision: this will allow granular analysis of immunization data to identify underserved populations especially at the sub-national to ensure that deprived and hard-to-reach populations have unhindered access to quality immunization services through focused health facility outreach and Periodic Intensification of Routine Immunization. National technical assistants will work with counties in developing/updating county-specific equity improvement plans.

3.2.5.7 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.

Every opportunity will be utilized to ensure that trainings for MCV and HPV are well coordinated for ease of implementation and to save cost considering that it's the same category of health workers that are expected to be trained for each intervention.

Report on Grant Performance Framework

3.2.6.1 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.

Upload new application documents

3.2.7.1 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	LiberiaHPV Introduction Plan Review25 04 2018_25-04-18_16.51.00.docx
	Gavi budgeting and planning template	LBREPIFinalVIGMCV 2HPVMACBudgetingApr282018EPI443pm ATC_28-04-18_17.18.37.xls

Endorsement by coordination and advisory groups

	National coordination forum meeting minutes, with endorsement of application, and including signatures	HSCC Endorsement_25-04-18_16.41.06.docx
	NITAG meeting minutes with specific recommendations on the NVS introduction or campaign	NITAG_25-04-18_16.42.18.docx

Vaccine specific

	HPV region/province profile	Liberia HPV ApplicationRegion Profile_25-04-18_16.43.48.xlsx
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HPV workplan

[Copy of HPV workplanLiberia_25-04-18_16.45.06.xlsx](#)



Other documents (optional)

Kindly upload any additional documents to support your HPV application

[Bottleneck Analysis ReportGavi HSS 2016 ProposalLiberiaJuneJuly2016_25-04-18_17.05.32.pdf](#)

[LIBERIA SARA ReportFinal_25-04-18_17.03.05.pdf](#)

Review and submit application

Submission Details

Country vaccine funding summary

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

Active Vaccine Programmes

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	190,000	171,024	177,865	180,791	183,744

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	114,863	114,370	119,200	120,273	122,235

Gavi support (US\$)	1,802,500	1,867,500	2,017,000	1,724,958	1,753,097
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Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	134,315	140,699	146,519	151,125	151,327
Gavi support (US\$)	394,500	364,500	379,500	382,991	383,505

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	58,500	63,000	66,900	67,121	68,216
Gavi support (US\$)	549,500	591,500	628,500	630,088	640,366

YF Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	39,317	40,180	50,490	49,788	51,187
Gavi support (US\$)	188,500	192,500	241,500	236,501	243,145

Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	346,995	358,249	383,109	388,307	392,965
Total Gavi support (US\$)	3,125,000	3,187,024	3,444,365	3,155,329	3,203,857
Total value (US\$) (Gavi + Country)	3,471,995	3,545,273	3,827,474	3,543,636	3,596,822

co-financing)

New vaccine support requested

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

	2019	2020
Country Co-financing (US\$)		
Gavi support (US\$)	2,005,000	

Measles 1st and 2nd dose routine

	2019	2020
Country Co-financing (US\$)	93,000	82,500
Gavi support (US\$)	84,500	73,500

	2019	2020
Total country co-financing (US\$)	93,000	82,500
Total Gavi support (US\$)	2,089,500	73,500
Total value (US\$) (Gavi + Country co-financing)	2,182,500	156,000

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

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	346,995	451,249	465,609	388,307	392,965
Total Gavi support (US\$)	3,125,000	5,276,524	3,517,865	3,155,329	3,203,857
Total value (US\$) (Gavi + Country co-financing)	3,471,995	5,727,773	3,983,474	3,543,636	3,596,822

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
Adolphus T. Clarke	Manager, EPI	0775901619	adolphusclarke@gmail.com	

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

No Response

Government signature form

The Government of Liberia 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:

Measles 1st and 2nd dose routine and HPV routine, with multi-age cohort in the year of introduction

The Government of Liberia 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)

Name

Date

Signature

Minister of Finance (or delegated authority)

Name

Date

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.