



Application Form for Gavi NVS support

Submitted by

The Government of Sierra Leone

for

Measles-rubella 1st and 2nd dose routine, with catch-up campaign 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

31 October 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

October 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?

\$781,2658,508

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

\$87,218,806.67

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

\$23,015,087.00

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

\$25,150,600.00

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

\$15,888,187.00

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

2017

To

2021

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

2017-2021

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

2018

To

2018

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.

All vaccines that are brought into the country are procured through UNICEF. Prior to the arrival of all vaccines and supplies from UNICEF supply division, pre-alerts are sent to the country, pre-alerts are sent to use to process all clearing arrangements. Vaccines procured

are either consigned to UNICEF (All traditional vaccines) or the Ministry of Health and Sanitation (Co-financed vaccines). The Ministry of Health and Sanitation has a clearing and forwarding agent that handles clears all vaccines consigned to the Ministry. However, in a case where there is emergency need for vaccine clearing, the Ministry request UNICEF to use their clearing agent to do the clearing on behalf of Government. The EPI programme works in close collaboration with the Pharmacy Board of Sierra Leone (PBSL) which is the regulatory body of all pharmaceutical products that are brought into the country. There is a Pharmacist from PBSL attached to the air and sea ports of entry. The clearing agents work closely with the PBSL staff at their port of entry. Prior to vaccine arrival, the Government or UNICEF clearing agents share all pre alerts with designated PBSL staff at the port of entry to facilitate immediate clearing. The existing structures will be used for clearing HPV vaccines during and after introduction.

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

The Pharmacy Board of Sierra Leone is the regulatory authority for all pharmaceutical products imported into the country. The EPI programme has an embedded pharmacist from PBSL that facilitates all regulatory issues regarding vaccines. All vaccines are procured from WHO prequalified sources through UNICEF. Before now, WHO prequalified vaccine procured did not need licensure but presently, PBSL requires licensure of all vaccines brought into the country even if they are procured from WHO prequalified sources. HPV will require to be licensed prior to arrival for introduction. The EPI programme with support from UNICEF and in collaboration with the vaccine manufacturer will facilitate registration of HPV with PBSL prior to introduction.

Coverage and Equity

2.2.1 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).

MR introduction through SIAs aims at drastically reducing geographical inequities that are inherent in routine immunization services delivery. The MR SIAs seeks to make Rubella containing vaccines available to all Sierra Leoneans and targeting a universal coverage of 95% in all 14 functional health districts. Secondly pre-campaign preparedness assessment missions will be made 4-6 times before the campaign implementation dates to make sure that all districts are ready to deliver a high coverage SIA prior to implementation start dates. Thirdly, all districts that shall be deemed ill prepared, shall be provided with additional technical support from the national level assets as affirmative action for equitable preparedness. Lastly, equity analysis of coverage will be in-built in intra and post SIAs plans to ensure that gender, education, employment and wealth do not cause disparities in coverage.

Country documents

2.3.1 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.)


Coordination and advisory groups documents

| | | |
|---|--|---|
|  | National Coordination Forum Terms of Reference ICC, HSCC or equivalent | TOR Heath Sector Coordinating Committee_17-01-18_21.25.18.pdf TOR Heath Sector Steering Group_17-01-18_21.24.39.pdf |
|  | National Coordination Forum meeting minutes of the past 12 months | HSSG January 2018_20-01-18_08.54.33.pdf HSSG March 2017_20-01-18_08.54.04.pdf HSSG May 2017_20-01-18_08.53.20.pdf HSSG June 2017_20-01-18_08.52.29.pdf HSSG July 2017_20-01-18_08.52.00.pdf HSSG August 2017_20-01-18_08.51.38.pdf HSSG Minutes 12th Sept 2017_20-01-18_08.51.09.pdf HSSG Minutes 25th Oct 2017_20-01-18_08.50.53.pdf Minutes of the Technical Coordination Committee Meeting_MR Application approvals_13-01-18_23.55.33_20-01-18_08.50.22.pdf HSSG Minutes for HPV MR Introduction_9th Jan 2018_20-01-18_08.49.57.pdf |

Other documents

| | | |
|---|---|--|
|  | <p>Other documents (optional)</p> <p>Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.</p> | <p>Sierra Leone_SARA Plus 2017_Report_Consolidation_Draft1_11-01-18_21.47.46.pdf</p> |
|---|---|--|


Country and planning documents

| | | |
|---|---|--|
|  | <p>Country strategic multi-year plan</p> <p>Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan</p> | <p>cMYP-2017-2021_Narrative for Sierra Leone_Final_11-01-18_21.17.56_20-01-18_12.26.42.pdf</p> |
|---|---|--|

| | | |
|---|---|---|
|  | <p>Country strategic multi-year plan / cMYP costing tool</p> | <p>cMYP COSTING TOOL 2017 TO 2021_5_DEC_2016_11-01-18_21.19.36.xlsx</p> |
|---|---|---|

| | | |
|---|---|--|
|  | <p>Effective Vaccine Management (EVM) assessment</p> | <p>2013 EVM_report_Final_11-01-18_21.28.16.pdf</p> |
|---|---|--|

| | | |
|---|--|--|
|  | <p>Effective Vaccine Management (EVM): most recent improvement plan progress report</p> | <p>Sierra Leone EVMA cIP implementation status as at December 2017_16-01-18_13.07.15.pdf</p> |
|---|--|--|

| | | |
|---|---|---|
|  | <p>Data quality and survey documents: Final report from most recent survey containing immunisation</p> | <p>DHIS Report for Sierra Leone 2013_12-01-18_12.29.04.pdf</p> <p>2013 EPI Survey Report Sierra Leone_11-01-18_21.40.13.pdf</p> |
|---|---|---|

coverage indicators

Data quality and survey documents: Immunisation data quality improvement plan

No file uploaded



Data quality and survey documents: Report from most recent desk review of immunisation data quality

Data Quality Review
Report_SierraLeone_SARA Survey
2017_11-01-18_21.38.45.pdf



Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation

SIERRA LEONE DQS REPORT Nov.
2016_FINAL FINAL_12-01-18_14.02.03.pdf

Human Resources pay scale

No file uploaded

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

Measles-rubella 1st and 2nd dose routine, with catch-up campaign

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-rubella 1st and 2nd dose routine

| | |
|---|---|
| Preferred presentation | MR, 10 doses/vial, Iyo |
| Is the presentation licensed or registered? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2nd preferred presentation | MR, 5 doses/vial, Iyo |

Is the presentation licensed or registered? Yes No

Required date for vaccine and supplies to arrive 15 January 2019

Planned launch date 22 April 2019

Support requested until 2021

Measles-rubella catch-up campaign

Preferred presentation MR, 10 doses/vial, lyo

Is the presentation licensed or registered? Yes No

2nd preferred presentation MR, 5 doses/vial, lyo

Is the presentation licensed or registered? Yes No

Required date for vaccine and supplies to arrive 15 January 2019

Planned launch date 22 April 2019

Support requested until 2019

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.

MR presentations (10-dose and 5-dose lyophilized) are not yet licenced for use in Sierra Leone. However, the Chief Pharmacist in the country indicates that if the MR to be introduced is WHO prequalified and procured through UNICEF, the registration requirements are minimal and can be completed in less than 6 weeks

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 MR 1st dose routine immunisation:

9 weeks months years

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

15 weeks months years

| | 2019 | 2020 | 2021 |
|--|---------|---------|---------|
| Population in target age cohort (#) | 269,491 | 275,939 | 282,914 |
| Target population to be vaccinated (first dose) (#) | 231,763 | 242,827 | 254,623 |
| Target population to be vaccinated (last dose) (#) | 161,695 | 179,361 | 198,040 |
| Estimated wastage rates for preferred presentation (%) | 40 | 40 | 40 |

3.1.2.2 Targets for campaign vaccination

Gavi will only provide support to countries for Rubella Containing Vaccine catch-up campaign by providing doses of MR vaccine for a target population of males and females aged 9 months to 14 years (the exact range in the scope of 9 months to 14 years old will depend on MR in the country).

Gavi will always provide 100% of the doses needed to vaccinate the population in the target age cohort.

Please describe the target age cohort for the measles-rubella catch-up campaign: (from 9m-14y).

From 9 weeks months years

To 14 weeks months years

| | 2019 |
|--|-----------|
| Population in target age cohort (#) | 3,084,683 |
| Target population to be vaccinated (first dose) (#) | 3,084,683 |
| Estimated wastage rates for preferred presentation (%) | 10 |

Co-financing information

3.1.3.1 Vaccine and commodities prices

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

| | 2019 | 2020 | 2021 |
|-------------------|------|------|------|
| 10 doses/vial,lyo | 0.62 | 0.62 | 0.62 |

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

| | 2019 | 2020 | 2021 |
|-------------------------|------|------|------|
| AD syringes | 0.04 | 0.04 | 0.04 |
| Reconstitution syringes | 0.04 | 0.04 | 0.04 |

| | | | |
|-------------------------------------|------|------|------|
| Safety boxes | 0.47 | 0.47 | 0.47 |
| Freight cost as a % of device value | 0.02 | 0.02 | 0.02 |

Price per dose (US\$) - Measles-rubella catch-up campaign
2019

| | |
|-------------------|------|
| 10 doses/vial,lyo | 0.62 |
|-------------------|------|

Commodities Price (US\$) - Measles-rubella catch-up campaign (applies only to preferred presentation)

| | 2019 |
|-------------------------------------|------|
| AD syringes | 0.04 |
| Reconstitution syringes | 0.47 |
| Safety boxes | 0.04 |
| Freight cost as a % of device value | 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 | 2021 |
|--|-------|-------|-------|
| Country co-financing share per dose (%) | 48.54 | 48.54 | 48.54 |
| Minimum Country co-financing per dose (US\$) | 0.3 | 0.3 | 0.3 |
| Country co-financing per dose (enter an amount equal or above minimum)(US\$) | 0.3 | 0.3 | 0.3 |

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

Measles-rubella routine, 1st and 2nd dose

| | 2019 | 2020 | 2021 |
|--|---------|---------|---------|
| Vaccine doses financed by Gavi (#) | 436,600 | 381,100 | 408,500 |
| Vaccine doses co-financed by Country (#) | 384,800 | 336,000 | 360,200 |
| AD syringes financed by Gavi (#) | 613,500 | 477,700 | 512,000 |
| AD syringes co-financed by Country (#) | | | |
| Reconstitution syringes financed by Gavi (#) | 90,400 | 78,900 | 84,600 |
| Reconstitution syringes co-financed by Country (#) | | | |
| Safety boxes financed by Gavi (#) | 7,750 | 6,125 | 6,575 |
| Safety boxes co-financed by Country (#) | | | |
| Freight charges financed by Gavi (\$) | 11,338 | 9,770 | 10,474 |
| Freight charges co-financed by Country (\$) | 9,994 | 8,614 | 9,234 |

| | 2019 | 2020 | 2021 |
|--|---------|---------|---------|
| Total value to be co-financed (US\$) Country | 246,500 | 215,500 | 231,000 |
| Total value to be financed (US\$) Gavi | 312,500 | 270,000 | 289,500 |
| Total value to be co-financed (US\$) | 559,000 | 485,500 | 520,500 |

Measles-rubella catch-up campaign

| | 2019 |
|--|-----------|
| Vaccine doses financed by Gavi (#) | 3,424,000 |
| AD syringes financed by Gavi (#) | 3,393,200 |
| Reconstitution syringes financed by Gavi (#) | 376,700 |
| Safety boxes financed by Gavi (#) | 41,475 |
| Freight charges financed by Gavi (\$) | 92,362 |

| | 2019 |
|--|-----------|
| Total value to be financed (US\$) Gavi | 2,366,000 |
| Total value to be co-financed (US\$) | 2,366,000 |

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.

3.1.3.5 Co-financing payment

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

Co-financing estimates for MR will be included in the national health expenditure estimates for 2019 in mid 2018, when the budgeting cycle starts. Any co-financing amounts above the allocated vaccines budget allocations will be mobilized from in-country health development partners

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:

June

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

Month

June

Year

2019

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)

269,491

Gavi contribution per live birth (US\$)

0.8

Total in (US\$)

215,592.8

Funding needed in country by

15 September 2018

3.1.4.2 Campaign operational costs support grant(s)

Measles-rubella catch-up campaign

Population in the target age cohort (#)

3,084,683

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

0.65

Total in (US\$)

2,005,043.95

Funding needed in
country by

1 October 2018

3.1.4.3 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(s).

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.

Total amount - Gov. Funding / Country Co-financing (US\$)

561,461

Total amount - Other donors (US\$)

22575

Total amount - Gavi support (US\$)

2005044

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

0.18

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

0.007

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

0.65

3.1.4.4 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.

Sierra Leone proposes to use the WHO and UNICEF systems of financial management of all grants related to Measles and rubella/CRS elimination. In line with the organizational comparative advantages, it is proposed that all bundled vaccine and social mobilization costs go through UNICEF while all other operational funding costs go through WHO.

3.1.4.5 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.

Based on the current challenges in implementing the FMA recommendations, the country is suggesting the VIG to be channelled through UNICEF. However, if the FMA recommendations are resolved before the VIG disbursement, then the country would prefer the funds to be sent through the government financial system.

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

The government of Sierra Leone proposes that all bundled vaccine and social mobilization costs go through UNICEF while all other operational funding costs go through WHO.

3.1.4.6 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.

All technical support needs for the Measles and Rubella/CRS elimination will be planned through the TCA mechanisms. For 2018, no modifications in the TA plans have been proposed. Any additional technical assistance needs will be developed and presented to GAVI in November in line with the TCA planning cycles.

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.

Refer to Section 6.1 of the Measles and Rubella/CRS elimination strategy.

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.

The aspirations for immunization systems strengthening in Sierra Leone are well articulated in the comprehensive multi-year plan (cMYP). The cMYP, whose planning period is 2017-2021, clearly articulates the major interventions for attainment of measles and rubella elimination as: a) High routine MCV1 coverage, b) High routine measles second dose, c) Introduction of Rubella Containing Vaccines (RCV), d) Reduction of Pentavalent 1-Measles drop outs, e) Periodic measles/Rubella supplemental immunization activities and f) improved surveillance for febrile rash illnesses.

The key areas that relate to measles and rubella elimination that are addressed in the cMYP for the period of 2017 – 2021 were:

- Strengthening Immunization program management capacity
- Ensuring availability of potent and safe vaccines (and their related supplies)
- Improving infrastructure for immunization services delivery
- Capacity building for immunization service providers, at all levels
- Monitoring and Support supervision for immunization quality improvements
- Adaptation of the Reaching Every District approach and resulting expansion of service delivery points
- Advocacy and social mobilization to improve and sustain community demand for immunization services
- Vaccine preventable diseases surveillance and response

The cMYP also envisions a comprehensive EPI program review to be conducted in 2018, in time to inform the mid-year updating of the 5-year strategic plan. This will be done specifically review the functioning and coverage of MCV2 and related inferences on the 2-dose schedule of RCV, in 2019. The target is to have RCV introduction into the routine immunization program that minimizes the risk of creating the paradoxical effects of low RCV coverage.

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 Steering Group (HSSG)/Health Sector Coordination Committee (HSCC) is the long term institutional arrangement that provides the functions of the Inter-Agency Coordination Committee (ICC) for EPI. The HSSG/HSCC is the lead mechanism for policy, oversight and management of immunization services in Sierra Leone. The HSCC is chaired by the Hon. Minister of Health and Social Services. HSSG/HSCC makes policy decisions on immunization, endorses and monitors implementation of the strategic and annual plans. In addition, it is responsible for advocacy and coordination of all partner efforts to immunization systems strengthening.

The membership of the HSSG/HSCC comprises of representatives from the top management team of the MOHS, College of Medicine and Allied Health Sciences in Sierra Leone, Health Development Partners (Bilateral and Multilateral agencies) and the Civil Society Organization representatives.

The HSSG/HSCC meets quarterly with extra-ordinary meetings called when necessary. The office of the Chief Medical officer acts as a secretariat for HSSG/HSCC and shares the agenda and minutes with all partners prior to every scheduled meeting. The HSSG/HSCC been presented with a review of measles and rubella epidemiology in the country and in the sub-region to make the strategic decisions to a) introduce RCV in MR combination, b) Conduct a wide-age MR introduction SIAs in April 2019, targeting all children aged 9 months to 14 years and c) introduce elimination mode febrile rash surveillance.

At the program level, the Technical Coordinating committee (TCC) led by the EPI program Manager including partners like WHO and UNICEF and other related programs in the MoHS coordinate the activities of the program. The TCC has working groups including the Coordination group, Logistics Working group, Social mobilization working group, training working group and the M&E working group. The TCC meets weekly for relevant updates from concerned group and during SIAs each of the working group provides updates to the SIAs taskforce committee.

Notably, there is no commissioned National Immunization Technical Advisory Group in Sierra Leone. The Terms of Reference, nominations for the proposed members have been completed but the Minister for Health is yet to pronounce himself and provide the official commissioning of this body. The program considers NITAG functionalization as a priority intervention for 2018

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?

A review of the financing of the cMYP shows that Sierra Leone is heavily dependent on partners. Notably, the country is vaccine-dependent on UNICEF for traditional vaccines and on GAVI for New Vaccines. As at January 2017, the annual co-financing obligations on the country had risen to USD 360,000. Sierra Leone has met her co-financing obligations despite the economic crisis that was precipitated by the Ebola Virus Disease outbreak in 2013/2014. Its noteworthy that introduction of MR using GAVI support will push further high the annual co-financing obligations for Sierra Leone, which may increase the risk of default.

As a mitigation measure, MR and HPV introduction proposals have been taken through approvals of the HSSG, which is the long-term institutional arrangement for health development partners coordination in the country. Its this body that has oversight over the Health Sector Budget Working Group, that determines the priority allocations of government funding. In addition, its the sector budget working group that approves all project expenditures related to health development, at which remedial actions can be sought in case government envelop is not adequate to meet the co-financing 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.

The programmatic challenges envisioned in the MR introduction have been outlined as:

- 1) The WHO/UNICEF estimates of coverage show that the administrative reporting system over-estimates coverage due to denominator errors arising out of census projections that are more than 10 years. To overcome this challenge, the programme proposes a) Data Quality Improvement planning and implementation; b) Planning and execution of a coverage verification survey; and c) Quarterly immunization Data validation missions to the districts. All these activities are funded already using PSR, TCA or other in-country source of funding.
- 2) Lack of on-job visual aids for immunization services quality assurance. In mitigation, the following activities have been proposed as part of the MR vaccine introduction grant a) Production and dissemination of the revised and updated routine immunization schedules to all static health facilities and b) Development and mass production of EPI sensitization flip charts to facilitate health education before sessions
- 3) Limited cold chain coverage that will be addressed using the CCEOP/PSR/TCA or other in-country immunization systems strengthening funding to a) Update and analyse the Cold chain equipment inventory for Sierra Leone; b) Use cold chain equipment inventory analysis outputs to revise and update the operational deployment plans for the GAVI funded cold chain equipment optimization project; c) Procure contracts for preventive and corrective cold chain maintenance using PSR; d) Replacement of the 16% non-functional units beyond economical repair and due for decommissioning by actively managing the CCEOP/Operational Deployment Plans; and e) Institutionalizing the use of continuous temperature monitoring devices for timely and effective management of cold chain breakdowns
- 4) Rationing of vaccine provision with a view to reduce wastage rates that in turn increases

missed opportunities. This will be mitigated by using the PSR and TCA funding to implement the following interventions before the MR introduction a) Establishment of sentinel vaccines utilization monitoring to generate country estimates of wastage rates and key drivers to vaccine wastage and b) Conducting Integrated support supervision of immunization services provision with a view to promote daily immunization services as a strategy for ending the BCG/MCV rationalization

5) 2016 EVMA showed that all three immunization supply chain levels are below the 80% requirement of each criteria. Using PSR and TCA funding within the country, the following mitigating interventions have been proposed: a) Institutionalise all the cIP activities into the PSR as most of the EVM recommendations were not implemented due to lack of funding and b) Vaccine Arrivals Reporting for all international vaccine procurements to be conducted by the PSR trained logistician.

6) Low MCV2 utilization in all districts of Sierra Leone. Using the PSR and TCA funding, Sierra Leone will a) Conduct MCV2 Post Introduction evaluation; b) Conduct targeted behavior studies to determine the social drivers to 2nd year of life vaccine utilization; c) Conduct targeted promotion of 2nd year of life child health contacts in association with Helen Keller Foundation; d) Conduct refresher training of vaccinators in immunization in practice training (workshop-based formats followed by on-job monitoring of adherence to 2nd year of life screening and vaccination practices)

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.

Sierra Leone documents that there is inequitable immunization services utilization rates across the country. In order to address these inequities, the PSR and the one TA plan for the country proposes the following interventions: a) Equity analysis of immunization utilization; b) Affirmative action and targeted support to districts with high-populations of un/under immunized populations identified as Bo, Bombali, Kailahun, Kenema and Western Area districts (urban and rural); c) Integration of equity indicators in all planned immunization surveys; d) Targeted recruitment of female community health workers to promote vaccines utilization and e) Periodic Intensified Routine Immunization (PIRI) activities in geographically challenged riveraine districts

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.

Measles and rubella/CRS elimination program in Sierra Leone will be integrated with other primary health care services without jeopardizing the quality of the service and coverage. All routine MCV/RCV vaccinations will be integrated and co-administered with vitamin A supplementation, while the measles/rubella SIAs will also be used as an opportunity to provide vitamin A.

The opportunity of screening for measles vaccination in well child clinics, Out Patients Departments, polio SIAs, family planning clinics and other MCH activities will be utilized. The experience in the planning and implementation of supplementary immunization activities will be used to improve the planning and implementation of routine immunization especially in targeting hard to reach children. IDSR surveillance structures will be used as a platform to strengthen case-based measles surveillance and other VPD surveillance functions.

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-rubella follow up campaign, etc.).

The priority interventions for the measles and Rubella elimination plan have been given as:

- 1) Improving routine measles (MCV1 and MCV2) vaccination coverage
- 2) Measles and Rubella SIAs ("catch-up" in 2019 and "follow-up" in 2022)
- 3) Introduction of "elimination mode" surveillance for febrile rash illnesses by 2019
- 4) Measles and rubella/CRS Outbreak preparedness and response (including establishment of MR vaccine stockpiles and revision and nationwide roll out of SOPs for measles/rubella outbreak investigation and response)
- 5) Improved case Management of measles and rubella/CRS cases (using a standardised SOPs to be developed in 2019)
- 6) Advocacy, communication and social mobilization activities for MR vaccines utilization
- 7) Establishment of national partnership for measles/Rubella elimination

The detailed activity descriptions and tasks for these broad intervention areas are provided in section 6.7 of the measles and rubella/CRS elimination strategy for Sierra Leone.

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.

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.

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>2018-2022 Measles and Rubella Elimination Strategic Plan for Sierra Leone_Final_11-01-18_22.44.08.pdf</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>POA for EPI in Sierra Leone for the FY 2018_19-01-18_17.13.40.pdf</p> |
| <p>Other documents (optional)</p> | | <p>No file uploaded</p> |

MCV1 self-financing commitment letter

No file uploaded

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.

**Measles (and rubella) strategic plan for elimination**

[Measles and Rubella Elimination Strategic Plan for Sierra Leone_Final_11-01-18_22.46.45.pdf](#)

Endorsement by coordination and advisory groups**National coordination forum meeting minutes, with endorsement of application, and including signatures**

[Minutes of the Technical Coordination Committee Meeting_MR Application approvals_13-01-18_23.55.33_19-01-18_17.49.39.pdf](#)

The minutes of the national coordination forum meeting should mention the domestic funding of MCV1

**NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

[NITAG Functionality in Sierra Leone_19-01-18_16.34.25.pdf](#)

Application documents**New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline**

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan

[MR new vaccine introduction for Sierra Leone_22nd December 2017_13-01-18_12.55.15.pdf](#)

[2019 Annual Plan of Action for MR SIAs in Sierra Leone_Final_13-01-18_12.47.54.pdf](#)

and campaign plan of action can be combined into one document to minimise duplication.



Gavi budgeting and planning template

[Sierra Leone Budgeting and Planning HPV+MR_Final_22.Jan.2018_22-01-18_15.04.37.xlsm](#)

Most recent assessment of burden of relevant disease

No file uploaded

If not already included in detail in the Introduction Plan or Plan of Action.

Campaign target population (if applicable)

No file uploaded

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 | HPV2, 2 doses/vial, liq |
| Is the presentation licensed or registered? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2nd preferred presentation | HPV9, 1 dose per vial, liq |
| Is the presentation licensed or registered? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Required date for vaccine and supplies to arrive | 15 April 2019 |
| Planned launch date | 15 October 2019 |

Support requested until 2021

HPV multi-age cohort vaccination (MAC)

Preferred presentation HPV2, 2 doses/vial, liq

Is the presentation licensed or registered? Yes No

2nd preferred presentation HPV9, 1 dose per vial, liq

Is the presentation licensed or registered? Yes No

Required date for vaccine and supplies to arrive 15 April 2019

Planned launch date 15 October 2019

Support requested until 2019

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 Pharmacy Board of Sierra Leone (PBSL) is the regulatory authority for all pharmaceutical products imported into the country. The EPI programme has a pharmacist from PBSL that facilitates all regulatory issues regarding vaccines. All vaccines are procured from WHO prequalified sources through UNICEF. Before now, WHO prequalified vaccine procured did not need licensure but presently, PBSL requires licensure of all vaccines brought into the country even if they are procured from WHO prequalified sources. HPV will require to be licensed prior to arrival for introduction. The EPI programme with support from UNICEF and in collaboration with the vaccine manufacturer will facilitate registration of HPV with PBSL prior to introduction.

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

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

3.2.2.1 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

602,653

Source 2 : e.g. UNESCO

602,653

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

602,653

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 the HPV routine immunisation:

9

| | 2019 | 2020 | 2021 |
|--|---------|---------|---------|
| Population in target age cohort (#) | 106,384 | 108,331 | 110,731 |
| Target population to be vaccinated (first dose) (#) | 106,384 | 108,331 | 101,873 |
| Target population to be vaccinated (last dose) (#) | 95,746 | 98,581 | 88,585 |
| Estimated wastage rates for preferred presentation (%) | 10 | 10 | 10 |

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 |
|--|---------|
| Population in target age cohort (#) | 496,269 |
| Target population to be vaccinated (first dose) (#) | 496,269 |
| Target population to be vaccinated (last dose) (#) | 471,456 |
| Estimated wastage rates for preferred presentation (%) | 10 |

Co-financing information

3.2.3.1 Vaccine and commodities prices

Price per dose (US\$) - HPV routine

| | 2019 | 2020 | 2021 |
|------------------|------|------|------|
| 2 doses/vial,liq | 4.6 | 4.6 | 4.6 |

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

| | 2019 | 2020 | 2021 |
|-------------------------------------|------|------|------|
| AD syringes | 0.04 | 0.04 | 0.04 |
| Reconstitution syringes | 0.04 | 0.04 | 0.04 |
| Safety boxes | 0.47 | 0.47 | 0.47 |
| Freight cost as a % of device value | 0.04 | 0.04 | 0.04 |

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

| | 2019 | 2020 | 2021 |
|------------------|------|------|------|
| 2 doses/vial,liq | 4.6 | 4.6 | 4.6 |

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

| | 2019 | 2020 | 2021 |
|-------------|------|------|------|
| AD syringes | 0.04 | 0.04 | 0.04 |

| | | | |
|-------------------------------------|------|------|------|
| Reconstitution syringes | 0.47 | 0.47 | 0.47 |
| Safety boxes | 0.04 | 0.04 | 0.04 |
| Freight cost as a % of device value | 0.04 | 0.04 | 0.04 |

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 | 2021 |
|--|------|------|------|
| Country co-financing share per dose (%) | 4.35 | 4.35 | 4.35 |
| Minimum Country co-financing per dose (US\$) | 0.2 | 0.2 | 0.2 |
| Country co-financing per dose (enter an amount equal or above minimum)(US\$) | 0.2 | 0.2 | 0.2 |

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

| HPV routine | 2019 | 2020 | 2021 |
|--|---------|---------|---------|
| Vaccine doses financed by Gavi (#) | 268,400 | 221,100 | 197,900 |
| Vaccine doses co-financed by Country (#) | 12,100 | 10,000 | 9,000 |
| AD syringes financed by Gavi (#) | 284,100 | 229,100 | 204,500 |
| AD syringes co-financed by Country (#) | | | |
| Reconstitution | | | |

| | | | |
|--|--------|-------|-------|
| syringes financed by Gavi (#) | | | |
| Reconstitution syringes co-financed by Country (#) | | | |
| Safety boxes financed by Gavi (#) | 3,125 | 2,525 | 2,250 |
| Safety boxes co-financed by Country (#) | | | |
| Freight charges financed by Gavi (\$) | 11,905 | 9,786 | 8,760 |
| Freight charges co-financed by Country (\$) | 537 | 442 | 396 |

| | 2019 | 2020 | 2021 |
|--|-----------|-----------|---------|
| Total value to be co-financed (US\$) Country | 56,500 | 46,500 | 41,500 |
| Total value to be financed (US\$) Gavi | 1,258,500 | 1,036,500 | 928,500 |
| Total value to be co-financed (US\$) | 1,315,000 | 1,083,000 | 970,000 |

HPV multi-age cohort vaccination (MAC)

| | 2019 |
|--|-----------|
| Vaccine doses financed by Gavi (#) | 1,074,200 |
| AD syringes financed by Gavi (#) | 1,064,500 |
| Reconstitution syringes financed by Gavi (#) | |
| Safety boxes financed by Gavi (#) | 11,725 |

| | |
|---|--------|
| Freight charges financed by Gavi (\$) | 47,555 |
|---|--------|

| | 2019 |
|--|-----------|
| Total value to be financed (US\$) Gavi | 5,033,000 |
| Total value to be co-financed (US\$) | 5,033,000 |

3.2.3.4 Co-financing payment

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

Co-financing estimates for HPV will be included in the national health expenditure estimates for 2019 in mid-2018, when the budgeting cycle starts. Any co-financing amounts above the allocated vaccines budget allocations will be mobilized from in-country health development partners

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:

June

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

Month

June

Year

2020

Financial support from Gavi

3.2.4.1 Routine Vaccine Introduction Grant(s)

HPV routine

Number of girls in the target population

106,384

Gavi contribution per targeted girl (US\$)

2.4

Total in (US\$)

255,321.6

Funding needed in
country by

31 May 2019

3.2.4.2 Campaign operational costs support grant(s)

HPV multi-age cohort vaccination (MAC)
Population in the target age cohort (#)

496,269

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

0.65

Total in (US\$)

322,574.85

Funding needed in
country by

30 October 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(s).

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.

Total amount - Gov. Funding / Country Co-financing (US\$)

565,609

Total amount - Other donors (US\$)

00

Total amount - Gavi support (US\$)

577,895

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

0.94

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

00

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

0.9

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.

Sierra Leone proposes to use the WHO and UNICEF systems of financial management of all grants related to HPV introduction. In line with the organizational comparative advantages, its proposed that all bundled vaccine and social mobilization costs go through UNICEF while all other operational funding costs go through WHO.

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.

Based on the current challenges in implementing the FMA recommendations, the country is suggesting the VIG to be channelled through UNICEF. However, if the FMA recommendations are resolved before the VIG disbursement, then the country would prefer the funds to be sent through the government financial system.

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

The government of Sierra Leone proposes that all bundled vaccine and social mobilization costs go through UNICEF while all other operational funding costs go through WHO.

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.

All technical support needs for HPV introduction will be planned through the TCA mechanisms. For 2018, no modifications in the TA plans have been proposed. Any additional technical assistance needs will be developed and presented to GAVI in November 2018 in line with the TCA planning cycle for 2019.

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.

Sierra Leone suffered epidemics of Ebola which depleted the health situation in the country. Most of the factors that promote Sexually transmitted infections are prevalent in the country. Though cervical cancer is known to exert a sizable burden of disease on the population, there are definite challenges in responding to the situation appropriately. Fortunately, a cancer register has been opened by the Directorate of Non-Communicable Diseases to document the incidence and prevalence of various cancers in Sierra Leone. Currently, the facilities for screening and treatment are limited.

Cervical cancer prevention and control programme is major objective of the Reproductive

Health and Family Planning programme (RH/FP) of the MOHS. However, due to lack of resources it is still at its infancy stage. Currently the RH/FP programme is working with partners like Marie Stopes Sierra Leone (MSSL) and Plan Parenthood Association of Sierra Leone (PPASL) to deliver cervical cancer prevention and control services to Sierra Leoneans.

Sierra Leone implemented the GAVI-supported HPV vaccine demonstration project from Oct 2013 to April 2014 in Bo District among 9 year old girls with an aim to demonstrate country ability and readiness to implement national roll-out of HPV vaccine into the routine immunization services in the country. The Ebola Virus outbreak in the country disrupted the planned implementation of the second year of the demonstration project.

In 2016 and 2017 data from MSSL supported health facilities showed that, Two thousand three hundred and ten (2,310) were screened using VIA for cervical cancer pre-cancerous lesions; Nine hundred and seventy four (974) were within the age of 30 to 49 years old and 43 (1.9%) were positive after screening. Only 5 clients had cryotherapy done. The actual number of cases may not be known due to the limited facilities for screening for cervical cancer. As a result of the above vaccination with HPV vaccine remains one of the major strategy for prevention of cervical cancer. It is as a result the Government of Sierra Leone is submitting this proposal for support to GAVI for HPV vaccine introduction.

The proposed HPV introduction in Sierra Leone brings opportunities for circumventing and ameliorating the awkward consequences of HPV infection among adolescent girls before they assume adult life.

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 aspirations for immunization systems strengthening in Sierra Leone are well articulated in the comprehensive multi-year plan (cMYP). The cMYP, whose planning period is 2017-2021, clearly articulates HPV introduction by 2019 as a major strategic target for the national immunization program.

The key milestones for HPV introduction are given as:

- 1) HPV introduction planning in Quarter 1 of 2018
- 2) Development of the HPV introduction tools for social mobilization , training, monitoring and evaluation by Quarter 2 of 2018
- 3) Training and receipt of all needed HPV vaccines for the multi-age-cohort (9-14 years) by Quarter 3 of 2018
- 4) Planned HPV introduction campaign was expected to be by 4th quarter of 2018. However, due to delayed NVS application and changed priorities, its now proposed that introduction be conducted in Quarter 4 of 2019.

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.

This proposal was developed through an interactive and inclusive process of the EPI Technical Coordinating Committee which is chaired by the EPI manager and reports to the Director of Disease prevention and Control and the Director of Reproductive and Child Health. The Health Sector Steering Group (HSSG) partners met to discuss the plan of the Ministry of Health to introduce HPV into routine immunization. The HSSG is the group functioning as the ICC in Sierra Leone. The HSSG approved the proposal development and content of the application. The final application was presented to HSSG members for endorsement. The whole process was guided by the Chief Medical Officer who is the chairman of the HSSG.

The EPI programme has initiated the process of establishment of a NITAG which will probably be in operation by June 2018.

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 Sierra Leone will be co-financing the total cost of HPV vaccine in line with GAVI guidelines for HPV requests. Co-financing for vaccine is always a budget line in the annual budget of immunization service delivery. The co-financing is requested from the Ministry of Finance and Economic Development and is paid to GAVI through UNICEF Supply division. The country had honoured all her co-financing obligations in the last 3 years. There has been a restructuring of the human resources for health to manage Gavi resources and fiduciary management.

Based on the programme financing situation, the financial sustainability strategies will be focusing on the following objectives:

1. Strengthen the government contribution to EPI
2. Secure the probable financing for immunization
3. Mobilizing additional resources through advocacy with in-country health development partners

The Ministry of Finance and Economic Development has committed to providing the necessary Government contribution for HPV introduction.

Regular meetings will be held with the Ministers of Health and Finance to update them on funding situation for HPV and EPI in general. One major strategy that will be used to ensure financial sustainability is the use of data from introduction through technical briefings of stakeholders to ensure that funds are allocated for HPV vaccination. The government will also

mobilize additional resources from the GAVI HSS to support immunization services. The national health sector strategic plan and the cMYP will be used as resource mobilization tools to support HPV introduction.

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.

The programmatic challenges envisioned in the HPV introduction have been outlined as:

- 1) The WHO/UNICEF estimates of coverage show that the administrative reporting system over-estimates coverage due to denominator errors arising out of census projections that are more than 10 years. To overcome this challenge, the programme proposes a) Data Quality Improvement planning and implementation; b) Planning and execution of a coverage verification survey; and c) Quarterly immunization Data validation missions to the districts. All these activities are funded already using PSR, TCA or other in-country source of funding.
- 2) Lack of on-job visual aids for immunization services quality assurance. In mitigation, the following activities have been proposed as part of the HPV vaccine introduction grant a) Production and dissemination of the revised and updated routine immunization schedules to all static health facilities and b) Development and mass production of EPI sensitization flip charts to facilitate health education sessions before HPV administration
- 3) Limited cold chain coverage that will be addressed using the CCEOP/PSR/TCA or other in-country immunization systems strengthening funding to a) Update and analyse the Cold chain equipment inventory for Sierra Leone; b) Use cold chain equipment inventory analysis outputs to revise and update the operational deployment plans for the GAVI funded cold chain equipment optimization project; c) Procure contracts for preventive and corrective cold chain maintenance using PSR; d) Replacement of the 16% non-functional units beyond economical repair and due for decommissioning by actively managing the CCEOP/Operational Deployment Plans; and e) Institutionalizing the use of continuous temperature monitoring devices (see FT3 planned procurement on 2018 PSR) for timely and effective management of cold chain breakdowns
- 4) 2016 EVMA showed that all three immunization supply chain levels are below the 80% requirement of each criteria. Using PSR and TCA funding within the country, the following mitigating interventions have been proposed: a) Institutionalising all the cIP activities into the PSR as most of the EVM recommendations were not implemented due to lack of funding and b) Vaccine Arrivals Reporting for all international vaccine procurements to be conducted by the PSR trained logistician.
- 5) Managing the added burden of School-based outreaches given the limited outreaches funding and the human resources crisis in Sierra Leone. The limitations of funding to expand outreach service delivery strategy to include all schools will be mitigated using the GAVI/PSR. The Human resources crisis will also be mitigated by the recruitment, training and targeted use of selected community health workers (CHWs) as vaccinators. All mitigation proposals are outlined in the 2018/2019 PSR
- 6) Integration of HPV in the routine immunization information management system. Card retention in Sierra Leone is documented to be in the range of 60%. Its is therefore anticipated that by 9 years, the child health card retention rates should be less than 50%. In this new

vaccine introduction plan, the country proposes to modify the existing TT/Td monitoring system to accommodate the HPV vaccinations. Therefore, the client card currently used for TT will be modified to include the two HPV doses at 9 years. The Women of Child Bearing Age (WCBA register) currently used to register women receiving TT/Td, will also be modified to include HPV. The Tally sheet used for routine immunization will also be modified at the section for TT/Td to accommodate HPV. And finally, the monthly reporting format used between the health facilities and the districts shall also be modified to capture aggregate numbers of girls vaccinated. All these mitigation proposals have been outlined in the vaccine introduction Grants.

6) The AEFI surveillance system in Sierra Leone remains weak. As the program ventures into adolescent vaccination programming, it is anticipated that Anxiety related AEFIs will increase. To preserve public confidence in safety of vaccines, the immunization program now hosts a safety officer (pharmacist by profession) to guide on investigation and post marketing surveillance of newly introduced vaccines. The program pharmacist is working closely with the national regulatory authority and the District pharmacists that have been incorporated in the AEFI investigation teams. AEFI detection, investigation and reporting has been integrated in the planned proposals for HPV introduction and the School-health week will also be supported by AEFI management teams established and trained in all 14 districts. All these activities are outlined in the vaccine introduction Grant proposals.

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.

Sierra Leone documents that there is inequitable immunization services utilization rates across the country. In order to address these inequities, the PSR and the one TA plan for the country proposes the following interventions: a) Equity analysis of immunization utilization; b) Affirmative action and targeted support to districts with high-populations of un/under immunized populations identified as Bo, Bombali, Kailahun, Kenema and Western Area districts (urban and rural); c) Integration of equity indicators in all planned immunization surveys; d) Targeted recruitment of female community health workers to promote vaccines utilization and e) Periodic Intensified Routine Immunization (PIRI) activities in geographically challenged river line districts

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.

The Health Education unit and EPI will work closely with Civil Society Platform for community engagement and mobilisation. Currently the platform reaches out to communities with messages (for example during sermons in mosques and churches, and in the market place as well as through community meetings by CSOs, CBOs). The platform already plays a strong role in coordinating activities at district level and has been very supportive to

government efforts in immunization. Structures are now being established at community level for sustainability and ownership. The existing CSO platform will be used during HPV Vaccine introduction. The Health Education Division will work with Focus 1000 which is the lead civil society platform to engage other CSOs like Health for All Coalition, Marie Stopes, PPASL, Health Alert, Inter-religious council and other relevant CSOs to promote HPV vaccination at community level.

Secondly, Cervical cancer prevention and control programme is a major objective of the Reproductive Health and Family Planning programme (RH/FP) of the MOHS. However, due to lack of resources it is still at its infancy stage. Currently the RH/FP programme is working with partners like Marie Stopes Sierra Leone (MSSL) and Plan Parenthood Association of Sierra Leone (PPASL) to deliver cervical cancer prevention and control services to Sierra Leoneans. These screening initiatives will be leveraged in the HPV introduction by:

- Asking women coming to the screening centers to serve as peer educators for their daughters so that their 9 to 14 years-old daughters and friends of the same age groups can be sent for vaccination
- The health facilities and screening points can act as vaccination centers when HPV is introduced so that screening is spatially linked to HPV vaccination services.

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.

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.

Vaccine specific

| | | |
|---|---|---|
|  | HPV region/province profile | HPV Application_Districts Profile for Salone_Final_13-01-18_13.48.51.xlsx |
|  | HPV workplan | HPV Introduction workplan_Final_15-01-18_12.06.00.xlsx |
| | Other documents (optional) Kindly upload any additional documents to support your HPV application | No file uploaded |
| Endorsement by coordination and advisory groups | | |
|  | National coordination forum meeting minutes, with endorsement of application, and including signatures | HSSG January 2018_22-01-18_15.39.32.pdf Minutes of the HSSG meeting_9th January 2018_Final_22-01-18_15.38.43.pdf |



NITAG meeting minutes

with specific recommendations on the NVS introduction or campaign

[Minutes of the Technical Coordination Committee Meeting_MR Application approvals_13-01-18_23.55.33_22-01-18_15.40.58.pdf](#)

[NITAG Functionality in Sierra Leone_19-01-18_16.33.51.pdf](#)

Application documents



HPV implementation plan

Replaces the NVIP for the HPV vaccine application

[FINAL DTAFT HPV IMPLEMENTATION PLAN_Final_17-01-18_21.30.29.pdf](#)

Review and submit application

Submission Details

Country vaccine funding summary

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

New vaccine support requested

Measles-rubella 1st and 2nd dose routine, with catch-up campaign

| | 2019 | 2020 | 2021 |
|-----------------------------|-----------|-----------|-----------|
| Country Co-financing (US\$) | 246,500 | 215,500 | 231,000 |
| Gavi support (US\$) | 2,678,500 | 2,636,000 | 2,655,500 |

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

| | 2019 | 2020 | 2021 |
|-----------------------------|-----------|-----------|---------|
| Country Co-financing (US\$) | 56,500 | 46,500 | 41,500 |
| Gavi support (US\$) | 6,291,500 | 1,036,500 | 928,500 |

| | 2019 | 2020 | 2021 |
|--|-----------|-----------|-----------|
| Total country co-financing (US\$) | 303,000 | 262,000 | 272,500 |
| Total Gavi support (US\$) | 8,970,000 | 3,672,500 | 3,584,000 |
| Total value (US\$) (Gavi + Country co-financing) | 9,273,000 | 3,934,500 | 3,856,500 |

Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

| | | | |
|-----------------|----------------|--------------|--|
| Dr Dennis Marke | CH/EPI Manager | +23278466117 | dhmarke@gmail.com |
| Victor Sule | EPI Specialist | +23278082318 | vsule@unicef.org |
| William Mbabazi | EPI Team Lead | +23279244631 | Mbabaziw@who.int |

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

The application for two new vaccines introduction in Sierra Leone is an initiative of the National Immunization program for Sierra Leone. The technical context and justifications for HPV and MR vaccines introduction applications was reviewed and recommended by the Immunization Technical Coordination Committee. The recommendations of the Immunization Technical Coordination Committee were presented and approved by the Health Sector Steering Group (HSSG) as an Inter-Agency Coordination Committee for Immunization in Sierra Leone. The approval was based on the understanding that the two new vaccines introductions align the country to a) the global aspirations of extending the benefits of immunization to all populations as outlined in the GVAP, b) global aspirations to equitable access to immunization, c) the African regional committee resolutions on measles/Rubella elimination and Cervical cancer control and d) Universal Health Coverage. These applications are therefore endorsed by the government of Sierra Leone with all the inherent responsibilities

Government signature form

The Government of (country) would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

(enter type of application)

The Government of (country) commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.¹

Minister of Health (or delegated authority)

Minister of Finance (or delegated authority)

Name

Name

Date

Date

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.

Signature

Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

Minister of Education (or delegated authority)

Name

Date

Signature