APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by

The Government of Myanmar

for

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

Gavi
The Vaccine Alliance

Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES
The applicant country ("Country") confirms that all funding provided by Gavi will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by Gavi. All funding decisions for the application are made at the discretion of Gavi and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION
The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

RETURN OF FUNDS
The Country agrees to reimburse to Gavi all funding amounts that Gavi determines not to have been used for the programme(s) described in its application. The Country's reimbursement must be in US dollars and be provided, unless otherwise decided by Gavi, within sixty (60) days after the Country receives Gavi's request for a reimbursement and be paid to the account or accounts as directed by Gavi.

SUSPENSION/ TERMINATION
Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programme(s) described in the Country’s application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

NO LIABILITY
The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

and related supplies after title to such supplies has passed to the Country.
Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

INSURANCE
Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

ANTI-CORRUPTION
The Country confirms that funds provided by Gavi shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

ANTI-TERRORISM AND MONEY LAUNDERING
The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country’s knowledge or belief, is prohibited by the United Nations Security Council.

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

COMPLIANCE WITH GAVI POLICIES
The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant

to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage Gavi cash-based support. The Country confirms that it will take all responsibility for replenishing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and Gavi arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either Gavi or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by Gavi. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: Gavi and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

Gavi will not be liable to the country for any claim or loss relating to the programme(s) described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programme(s) described in its application.

1.3 Gavi Guidelines and other helpful downloads

Guidelines and documents for download

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will

introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: http://www.gavi.org/support/process/apply/

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Preparatory transition

Date of Partnership Framework Agreement with Gavi

4 April 2014

Country tier in Gavi's Partnership Engagement Framework

2

Date of Programme Capacity Assessment

December 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?

80 millions USD

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

120 Billion

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

No Response

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

No Response

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

No Response

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

The government planning cycle starts on the

1 April

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.

Note 1

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.

To apply import permit, there must be notification process of the import of vaccines by Food and Drug Administration Department of Ministry of Health and Sports.
1. Following documents should be sent (except for safety boxes) to the Country for all MoHS procurement service/MOHS consignee as early as possible after issuance of the Purchase order (~3 months prior to the delivery date is the best option). FDA notification process normally takes 2-3 weeks.
- Name of supplier (company profile)/Manufacturer license/registration as well (if supplier is from China).
- Country of origin
- Product Summary Information
- Summary Protocol for production
- Certificate of Final Product
- Certificate of Quality Assurance
- Batch release certificate
- Certificate of Analysis
2. Pro-forma Invoice & Packing List should be sent to the country for all MoHS procurement services/consignee as early as possible after issuance of the PO, to enable MOHS to start the application of import permit and tax exemption certificate before the shipment starts since the process takes minimum 4-6 weeks.

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.

Food and Drug Administration Department of Ministry of Health and Sports is responsible in ensuring the safety and quality of
Food, Drugs, Medical Devices and Cosmetics in the country.

FDA is responsible for issuing GMP certificate for local food manufacturing businesses, import and export recommendation, import and export health certification. Drug control activities include marketing authorization for new product, variation of existing authorization, quality control laboratory testing, adverse drug reaction monitoring, Good Manufacturing Practice inspection and licensing of manufacturers, wholesalers, enforcement activities, drug promotion and advertisements. FDA issues notification and import recommendation of medical devices and notification of cosmetics.
In the absence of NRA, FDA is responsible for issuing notification letter for the vaccines used in National Immunization Programme.
The contract point of FDA is Dr. Theingi Zin, Director, +9595197673, +95-67-403073 and theingizin9@gmail.com.

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2018	2019	2020	2021	2022
Country Co-financing (US$)					
Gavi support (US$)	2,434,000	2,071,462	2,104,606	2,164,582	2,164,477

JEV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	47,146	74,933	83,392	97,593	111,742
Gavi support (US$)	621,500	849,420	811,128	812,713	794,593

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	737,152	915,986	1,070,102	1,259,938	1,441,130
Gavi support (US$)	8,849,500	9,840,500	10,231,000	10,312,500	8,402,258

Pentavalent Routine

2018	2019	2020	2021	2022

Country Co-financing (US$)	142,568	241,249	281,849	331,749	376,054
Gavi support (US$)	1,663,500	2,461,000	2,464,000	2,479,000	2,393,977

Measles-rubella follow-up campaign

	2019	2020	2021	2022
Country Co-financing (US$)	158,000			
Gavi support (US$)	3,591,500			

Rotavirus routine

	2019	2020	2021	2022
Country Co-financing (US$)		639,000	599,500	709,000
Gavi support (US$)		5,307,500	4,212,000	4,144,500

Summary of active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US$)	926,866	1,390,168	2,074,343	2,288,780	2,637,926
Total Gavi support (US$)	13,568,500	18,813,882	20,918,234	19,980,795	17,899,805
Total value (US$) (Gavi + Country co-financing)	14,495,366	20,204,050	22,992,577	22,269,575	20,537,731

2.3 Coverage and Equity

2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- Health work force: availability and distribution;
- Supply chain readiness;
- Gender-related barriers: any specific issues related to access by women to the health system;
- Data quality and availability;
- Demand generation / demand for immunisation services, immunisation schedules, etc;
- Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

Coverage and Equity

2.4 Country documents

Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section “Upload new application documents”) you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents

✓	**Country strategic multi-year plan** Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	1Country docMyanmar cMYP 20172021_01-05-18_15.09.15.pdf
✓	**Country strategic multi-year plan / cMYP costing tool**	2Country doccMYPV39.13 Myanmar20160428Updated JE_01-05-18_15.10.12.xlsx
✓	**Effective Vaccine Management (EVM) assessment**	3Country docMyanmar 2015_EVMA Report12061716.38.12_01-05-18_15.15.01.pdf
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	4Country docMyanmar EVM improvement plan implementation status final01051815.16.21_04-06-18_17.06.28.pdf
✓	**Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators**	5Country docMyanmar DQSA Final report_01-05-18_16.59.52.pdf
✓		6 Country docData Improvement plan workshop summary_01-05-18_15.41.54.docx

	Data quality and survey documents: Immunisation data quality improvement plan	
	Data quality and survey documents: Report from most recent desk review of immunisation data quality	**No file uploaded**
	Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation	**No file uploaded**
	Human Resources pay scale If support to the payment of salaries, salary top ups, incentives and other allowances is requested	**No file uploaded**

Coordination and advisory groups documents

✓	**National Coordination Forum Terms of Reference** ICC, HSCC or equivalent	Revised ICC_TOR burmese_04-06-18_19.08.32.PDF
✓	**National Coordination Forum meeting minutes of the past 12 months**	12018ICC meeting minutes 28.2.2018_01-05-18_15.23.36.pdf

Other documents

✓	**Other documents (optional)**	21Report of Communication Assessment in Rakhine01052018_01-05-18_15.25.06.pdf

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.

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

3.1 Vaccine and programmatic data

Choice of presentation and dates

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

Note 3

HPV routine

Preferred presentation	HPV4, 1 dose/vial, liq
Is the presentation licensed or registered?	Yes ☐ No ☒
2nd preferred presentation	HPV2, 2 doses/vial, liq
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	3 March 2020
Planned launch date	22 June 2020
Support requested until	2021

HPV multi-age cohort vaccination (MAC)

Preferred presentation	HPV4, 1 dose/vial, liq
Is the presentation licensed or registered?	Yes ☒ No ☐

2nd preferred presentation	HPV2, 2 doses/vial, liq
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	2 March 2020
Planned launch date	22 June 2020
Support requested until	2021

3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

HPV 4, (Gardasil) has not been licensed with FDA while HPV 2 (Cevarix) has been registered by GlaxoSmithKline Biologicals S.A. for commercial purpose. For programme use, cEPI will need new vaccine notification letter from FDA. Notification process requires between 2 to 4 weeks. To apply FDA notification, vaccine sample needs to arrive 3 months before the introduction date. Therefore, the licensing procedure will be completed ahead of the Multi-age cohort introduction in June2020.

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund.Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes☐ No☒

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National

Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Sources

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

Source 1 : e.g. Ministry of Education

Ministry of Education for School Entry/enrollment data

Source 2 : e.g. UNESCO

Census 2014 for state/region wise population proportion

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

Proposal use data from UN Population estimates

3.2.2 Phasing

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

Will the country do a phased introduction?

Yes☐ No☒

3.2.3 Targets Information

For HPV, Gavi supports the vaccination of girls aged 9-14 years (as recommended by WHO), based on the following cohorts:Routine cohort - countries are required to identify a single year cohort of girls to be immunised on a routine basis. (e.g. 9 years old)Additional multi-age cohort – in the first year of routine introduction (or initial year of each phase, if the country chooses a phased introduction), countries also have the option to immunise additional girls within the recommended age groups (e.g. 10-14 years), that are older than the routine cohort.Note: Countries may choose proxy age of girls based on a school grade (e.g. grade 5 corresponds to

approximately 10 year olds). However, grades usually have a range of different aged girls so it is important to keep in mind that girls under 9 years should not be vaccinated, and doses for girls older than 14 years are not provided by Gavi.The base year information should be completed for the year in which the application is being completed.

3.2.4 Targets for routine vaccination

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

	2020	2021
Population in the target age cohort (#)	464,101	454,100
Target population to be vaccinated (first dose) (#)	464,101	454,100
Target population to be vaccinated (last dose) (#)	464,101	454,100
Estimated wastage rates for preferred presentation (%)	5	5

3.2.5 Targets for multi-age cohort vaccination

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

From	10
To	14

	2020	2021
Population in target age cohort (#)	2,467,780	2,467,780
Target population to be vaccinated (first dose) (#)	2,467,780	

Target population to be vaccinated (last dose) (#)	2,467,780
Estimated wastage rates for preferred presentation (%)	5

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US$) - HPV routine

	2020	2021
1 dose/vial,liq	4.5	4.5

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

	2020	2021
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

	2020	2021
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)

	2020	2021
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

3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support

Note 4

	2020	2021
Country co-financing share per dose (%)	11.28	12.97
Minimum Country co-financing per dose (US$)	0.51	0.58
Country co-financing per dose (enter an amount equal or above minimum)(US$)	0.51	0.58

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

HPV routine

	2020	2021
Vaccine doses financed by Gavi (#)	1,082,900	828,500
Vaccine doses co-financed by Country (#)	135,400	119,900
AD syringes financed by Gavi (#)	1,145,900	867,800
AD syringes co-financed by Country (#)	143,200	125,500
Reconstitution syringes financed by Gavi (#)		
Reconstitution syringes co-financed by Country (#)		
Safety boxes financed by Gavi (#)	12,625	9,575

Safety boxes co-financed by Country (#)	1,600	1,400
Freight charges financed by Gavi ($)	51,637	39,472
Freight charges co-financed by Country ($)	6,454	5,708

	2020	2021
Total value to be co-financed (US$) Country	621,500	550,500
Total value to be financed (US$) Gavi	4,972,500	3,804,000
Total value to be financed (US$)	5,594,000	4,354,500

HPV multi-age cohort vaccination (MAC)

	2020	2021
Vaccine doses financed by Gavi (#)		
AD syringes financed by Gavi (#)		
Reconstitution syringes financed by Gavi (#)		
Safety boxes financed by Gavi (#)		
Freight charges financed by Gavi ($)		

	2020	2021
Total value to be financed (US$) Gavi		

Total value to be financed (US$)	

3.3.4 Co-financing payment

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

MOHS has been co-financing for Penta, PCV and JE. MOHS has requested co-financing for newly introduced vaccines through Vaccine Independent Initiative (VII) and cabinet has approved co-financing budget for all vaccines including HPV up to 2021. proposal for another five year will be developed in 2020 to get approval in time for future years.

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

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

Myanmar has always been meet the co-financing requirements since Penta has introduced in 2012. Cabinet has approved US$ 8,707,133 for 2020 and US$ 9,218,467 for procurement of traditional vaccines and co-financing obligations including Rota Virus vaccine and HPV vaccine.

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:	October

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

Month	November
Year	2019

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

HPV routine

Number of girls in the target population

464,101

Gavi contribution per targeted girl (US$)

2.4

Total in (US$)

1,113,842.4

Funding needed in country by: 2 June 2019

3.4.2 Campaign operational costs support grant(s)

HPV multi-age cohort vaccination (MAC)

Population in the target age cohort (#)

Note 5

2,467,780

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

0.55

Total in (US$)

1,357,279

Funding needed in country by: 2 June 2019

3.4.3 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant and the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign and the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

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

1357279

Total amount - Other donors (US$)

0

Total amount - Gavi support (US$)

1357279

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

0.55

Amount per target person - Other donors (US$)

0

Amount per target person - Gavi support (US$)

0.55

3.4.4 Key Budget Activities

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

Please refer to budget estimates attached

3.4.5 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

In line with standard Government procedures, all Gavi support, whether direct financial support or vaccines [and whether disbursed directly to the GoM or through an intermediary such as UNICEF or WHO] will be included in the GoM annual budgetary estimates,including, where necessary, supplementary budgets.

3.4.6 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

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

note that UNICEF and WHO will require administrative fees as follows.
UNICEF Tripartite Agreement: 5%
UNICEF Bilateral Agreement: 8%
WHO Bilateral Agreement: 7%.
UNICEF bilateral agreement 8%; WHO bilateral 7%

3.4.7 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the "One TA plan") with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

Note 6

Not required additional assistant

3.5 Strategic considerations

3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Vaccine Introduction Plan or Campaign Plan of Action, please cite the sections only.

Please refer to attachment - HPV Disease Burden in Myanmar _ Rationale for this request

3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

The HPV vaccine introduction plan is in alignment with current National Health Plan (NHP 2017-2021) as well as cMYY (2017-2021).
The Goal of NHP 2017-2021 is to extend access to a Basic Essential Package of Health Services (BEPHS) to the entire population by 2020 while increasing financial protection. This is to fulfill the two main objectives of the comprehensive NHP (UHC 2030 vision), which are: 1) to enable every citizen to attain full life expectancy and enjoy longevity and, 2) to ensure that every citizen is free from diseases. To contribute thise vision, EPI has been formulating five yearly cMYP. Current cMYP (2017-2021) goal is to reduce mortality and morbidity due to VPDs. The cMYP goal will directly contribute in realizing the second objective of NHP as the prevention of vaccine preventable diseases will further protect citizens and ensure that they are free from diseases. To realize that goal, one of the key objectives set in cMYP is to introduce new and underused vaccines and new technology into routine immunization supported by evidence of disease burden. As cervical cancer is second most common cancer and leading cancer death among women, mainly due to high risk HPV genotypes 16 & 18, and as current available vaccine, quadrivalent HPV vaccine (Gardasil) has beenproven effective. Introduction of HPV vaccine is highly likely to be cost effective in Myanmar. HPV vaccine introduction utilizing amulti-age cohort campaign in the first year of introduction, followed by routine vaccination of a single cohort, is in line with cMYP objectives. Currently thirteen antigens are included in NHP classified BEHPS and HPV vaccine is one of these.

3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.

If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.
In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

NCIP, which was set up in 2009, has been looking for ways to cervical cancer prevention efforts as cervical cancer has been second highest cause of cancer among female in Myanmar . In 2012, based on diseases prevalence, NCIP suggested to add following vaccines: rata Virus, Pneumococcal conjugate, Rubella (after Catch up campaign), JE, HPV, Influenza and Hepatitis A and collect epidemiological evidences since then. Up till now, Rubella has been introduced as part of MR vaccine in 205, PCV in 2016 and JE in 2018. The current proposal has been developed through an intensive consultative process between the National EPI programme, University of Medicine II and Department of Medical Research which leads the studies on incidence and burden of cervical cancer, related programmes staff of Maternal and Reproductive Health Division under DOPH and development partners. National EPI programme regularly collects in country cervical cancer situation as well as global and regional updates about cervical cancer especially situations of neighboring countries and their plans. National Programme shared all these information together with opportunity to apply GAVI fund to NITAG. NITAG members reviewed country disease burden as well as economic burden and endorsed to submit this proposal in August 2018. National EPI programme then inform GAVI and work together with UNICEF, WHO, CDC to outline HPV implementation plan. NITAG review and decision, and implementation plan prepared by EPI together with partners are then shared to ICC meeting convened in first week of September 2018. After deliberation and suggestion especially to set up mechanism to complement cervical cancer prevention and control especially cervical cancer screening, ICC approved this proposal to submit in current window.

3.5.4 Financial sustainability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

Myanmar currently allocates 3.65 percent of its total budget on health (MoPF). Some reprioritization towards social sectors in general, and the health sector in particular, has already taken place in recent years (e.g., for government health expenditure) as the absolute amount was increased nine-fold from 94 million US$ in 2010-11 to 850 million US$ in 2016-17. Consequently, the government took over funding to procure traditional vaccines which were previously procured with UNICEF and other partners' support since 2016. This pattern is expected to continue with the civilian government. Together with strong possibility of an increase in GDP (World Bank latest estimate forecasts about 7.8% annual increase for near term, even though there are some challenges), MOHS capacity to co-finance will increase significantly.
Currently, vaccine cost is around 1% of total health expenditure and with market shaping by GAVI and UNICEF, it is expected that vaccines' price might be substantially reduced further. To

take that advantage, procurement through UNICEF should be available after Gavi graduation for Myanmar.
Even though the budget estimate and allocation is done annually, MOHS with MOPF support, has secured commitment from the Cabinet to allocate funding for traditional vaccines and co-financing for new vaccines until 2021 as part of a commitment to initiate Vaccine Independent Initiative (VII). As all thirteen antigens provided under the EPI programme, including HPV vaccine are among the basic essential health package of services, government has a commitment to ensure availability of HPV vaccine as part of a fulfillment of Universal Health Coverage.

3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

(A) Safety concerns / AEFI regard to HPV vaccine:
Although adverse events following HPV vaccination are generally non-serious and of short duration, monitoring HPV vaccine safety is of particular importance because it is a new vaccine and is administered to an age group not previously targeted for vaccination in Myanmar except for Measles Rubella and Japanese Encephalitis campaigns. In addition, as Myanmar will use school-based vaccination for both introduction year targeting routine plus multi-age cohort campaign followed by routine targeting single cohort, rate of syncope might be higher. To prevent development and perpetuation of rumors on vaccine safety and misinformation (which could negatively affect not only HPV vaccination, but the overall immunization programme) the following measures will be undertaken: (a) inclusion of key messages on HPV and HPV vaccine in all training materials including interpersonal communication skills to improve counselling; (b) participation of school teachers and other influencers in social mobilization activities; (c) establishment of preventive measures to reduce/prevent syncope and syncope-related injury (d) strengthening of AEFI monitoring infrastructure and (e) identify/assign focal person for risk communication, and (f) timely engagement of media and thorough media sensitization.

(B) To reach under reached/un-reached adolescent girls who are probably among poorest, in private and other schools/institutions, out of school:
I. General Measures:
cEPI is planning to develop tailored micro-plans, which will be updated regularly (annually/semi-annually), to ensurereach to all communities: those living in urban slums, geographically remote mountainous areas, or conflict ethnic areas.
To improve access in urban areas, activities being implemented include: recruit HCWs to complement government staff so that more outreach could be done at time and place convenient to local population; expand the number of fixed posts in hospitals/urban health centers so that immunization services may be arranged more frequently instead of only once in a month; and use volunteers toexplore social barriers and assist withsocial mobilization and defaulter tracking.
For ethnic areas, cEPI has started working closely with Ethnic Health Organizations (EHO) even

though some have direct links to ethnic armed groups. EHOs will be invited to joinmicroplanning exercises, support service delivery together with BHS or themselves after training, engage with their own communities etc. In addition, all IEC materials including those with HPV messages will be translated into major ethnic languages.
To ensure reach to populations living in remote mountainous areas, cEPI will provide transport support either in kind (e.g., motorcycle) or monetary (to buy fuel). Local volunteers will also be recruited, trained and used to support health staff. EPI will also expand the cold chain network in Rural Health Centres and Sub-Centres prioritizing hard-to-reach areas to increase vaccine availability and the number of immunization sessions possible.
II. Specific Measures:
i. For girls studying in public schools – cEPI will ensure continuous participation of school teachers through close coordination with MOE and school health teams under MOHS. There will be regular advocacy/sensitization meetings inviting teachers to receive HPV related information. School teachers will be requested to provide school enrollment information at the beginning of the school year as well as in the middle of the school year. Middle year data will be used for initial microplanning and new school enrollment data will be used to modify microplan prior to introduction of HPV vaccine in June. Invitation cards will be sent through school teachers to each eligible girl, which will also be used as the immunization record after getting vaccination. School teachers will also be updated with nearest locations and time of sessions of community based vaccination (health posts as well as outreach posts in the community) with request to send school girls who missed school based sessions for any reasons. School venues/teachers will also be a source of information to dispel any rumors.
ii. For girls studying in private and other schools/institutions – cEPI will also be working together with Ministry of Social Welfare, Relief and Resettlement, Ministry of Religious Affairs and respective City Development Committees though state/regional public health departments in addition to MOE to understand and reach target girls in these institutions (including girls in religious schools, private schools and street girls). Outreach sessions to these institutions will also be planned to reach girls in these institutions. Responsible persons of these institutions will also be updated with nearest locations and time of sessions of community based vaccination (health posts as well as outreach posts in the community) with request to send girls from their institutions who missed institution based sessions for any reasons.
iii. Out of schools: girls working household tasks in house, informal workplaces, street girls - Community based sessions will take place to ensure these girls receive HPV vaccine. cEPI will work closely with general administrative departments and local authorities as well as respective city development committees through respective state/regional public health departments to collect data onthese girls and prepare microplans. Duration and timing of community based sessions in months which included HPV vaccinations (July:) will be extendedto cover these girls.
iv. Out of school girls in conflict affected areas – cEPI will work with religious and ethnic leaders in addition to other institutions mentioned above for all outreach activities and to expel any rumors that may arise in this area.
v. HIV positive girls – As HIV prevalence among 10 to 14 years old girl was only 0.05% (1303) in 2017 (Spectrum modelling estimate shared by NAP), requirement to arrange three doses is very minimal. However, cEPI will ensure to cover and provide three doses for targeted age girls who are receiving ART by working closely with National AIDS programme (NAP) through community based sessions in health facilities. As community based sessions take place regularly in July every year (12 months apart) and the same health staff ensure ART provision, HPV vaccination willbe arranged for these girls without significant extra burden on logistics.

(C) Cold Chain Storage Capacity:

CEPI has already planned to expand cold chain storage capacity to be ready for introduction of RV vaccine and HPV during current cMYP period – 2017 to 2021. Cold chain gap analysis was done in 2017 using Cold Chain Equipment inventory available at that time and considering introduction of RV in 2018, HPV in 2019, together with possible MR campaign in 2018/2019. Capacity required to expand to accommodate new vaccines introduction was estimated. CEPI is planning to address capacity requirement for Central Cold Room (CCR) and two sub-depots with HSS II support and CCEOP platform.

3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing the proposed activities and budget will contribute to overcoming key barriers.

Proposed activities to be implemented with introduction grant will contribute to improve coverage and equity by:
Improved microplanning:
Future microplans will also take into account availability of basic health staff (BHS) and compares it to national norms defined in terms of population and area and suggest ways to meet norms (e.g., use of midwives) in addition to considering usual factors: target population, number of villages to cover, existing infrastructure of catchment areas. Microplan development process will be bottom-up with participation from local community and all relevant stakeholders to guarantee that “no one is left out” and helps to identify the gaps, and increase community sense of ownership. Geospatial information system based mapping will also be gradually incorporated in microplanning.
Improved Implementation: –
• By using community health volunteers who can speak local languages/know local context for head counting, defaulter tracking and social mobilization before and during immunization session.
• Through provision of support for staff mobility either by kind fuel for motorcycle and/or cash)
• Through the engagement of Ethnic Health Organizations (EHOs), Non- Governmental Organizations (NGOs), private-for-profit providers to complement service delivery and improve ownership
• Initiating vaccine distribution outsourcing at township and below. Distribution of vaccine up to BHS rather than asking them to collect from township or storage site, will significantly reduce burden and relieve MW to concentrate on service provision and interaction with caregivers.(This could be one of synergies if this is planned to implement with HSS support)
• Increasing frequency of immunization service delivery at fixed posts.

Improved Supportive Supervision & Monitoring:
Training will also cover how to fill new records and progress monitoring chart. In addition, with introduction grant there will be more frequent field supervision and joint review in the field as well as in the RHCs and Township Offices. Together with flexibility of funding to reallocate as needed to address gaps identified, coverage with equity will ensure.

3.5.7 Synergies

Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.

Note 7

HPV vaccine multi-age cohort introduction is planned to launch in June 2020. Preparation activities to introduce HPV vaccine is expected to start in mid - 2019. System strengthening activities to improve coverage and equity: improve data quality; expand cold chain capacity and vaccine management; and improve coordination and management will be ongoing by that time. HPV introduction focus activities in 2019 will refresh/complement these ongoing activities: (a) Incorporation of HPV vaccine in updating of each and every RHCs and Townships' micro-plans – to ensure not to miss any eligible children for any eligible vaccines; (b) supportive supervision and monitoring including updating forms and monitoring charts/checklists– to complement quality and use of data and regular review in the field; (c) reinforce AEFI reporting mechanism; (d) Reinforce communication and social mobilization – to ensure to use ethnic health organizations and languages. Readiness assessment for introduction, evaluate community messaging, HCW and school personnel training, as well as ascertain cold chain capacity expansion and forecasting and distribution related activities with HSS and CCEOP support.

3.6 Report on Grant Performance Framework

Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as "calculated targets". If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter "NA" for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to countryportal@gavi.org.

3.7 Upload new application documents

3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

Application documents

✓ **HPV implementation plan**

Replaces the NVIP for the HPV vaccine application

HPV Imple Plan 10092018_10-09-18_15.23.12.docx

✓ **Gavi budgeting and planning template**

HPV Budget Note_10-09-18_19.33.22.docx

Final version HPV Budgeting and Planning Template_10-09-18_19.32.52.XLSM

Endorsement by coordination and advisory groups

✓ **National coordination forum meeting minutes, with endorsement of application, and including signatures**

ICC members signatures_10-09-18_16.24.45.pdf

ICC meeting minutes 42018NMNP_10-09-18_16.24.24.docx

✓ **NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

NITAG 13820180088002018090716531 7_10-09-18_16.26.23.pdf

NITAG 13820180088012018090716532 4_10-09-18_16.26.45.pdf

NITAG 13820180087992018090716530 6_10-09-18_16.26.01.pdf

NITAG Meeting Minutes 13818final_08-09-18_15.54.54.docx

Vaccine specific

✓ **HPV region/province profile**

Regional Profile HPV application 10092018_10-09-18_15.27.10.xlsx

✓ **HPV workplan**

HPV workplan 10092018_10-09-18_15.25.31.xlsx

✓ **Other documents (optional)**

Kindly upload any additional documents to support your HPV application

Gov signature form00880320180908104206_08-09-18_15.58.58.pdf

Myanmar Effective Vaccine IP Update report June 2018_06-09-18_14.25.54.docx

EVM IP updates simple format as of 3 June 2018_06-09-18_14.25.01.xlsx

HPV Disease Burden in Myanmar_Rationale for this request_06-09-18_14.21.22.docx

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

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

Active Vaccine Programmes

Note 8

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)					
Gavi support (US$)	2,434,000	2,071,462	2,104,606	2,164,582	2,164,477

JEV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	47,146	74,933	83,392	97,593	111,742
Gavi support (US$)	621,500	849,420	811,128	812,713	794,593

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	737,152	915,986	1,070,102	1,259,938	1,441,130

Gavi support (US$)	8,849,500	9,840,500	10,231,000	10,312,500	8,402,258

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	142,568	241,249	281,849	331,749	376,054
Gavi support (US$)	1,663,500	2,461,000	2,464,000	2,479,000	2,393,977

Measles-rubella follow-up campaign

	2019	2020	2021	2022
Country Co-financing (US$)	158,000			
Gavi support (US$)	3,591,500			

Rotavirus routine

	2019	2020	2021	2022
Country Co-financing (US$)		639,000	599,500	709,000
Gavi support (US$)		5,307,500	4,212,000	4,144,500

Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US$)	926,866	1,390,168	2,074,343	2,288,780	2,637,926
Total Gavi support (US$)	13,568,500	18,813,882	20,918,234	19,980,795	17,899,805
Total value (US$) (Gavi + Country co-financing)	14,495,366	20,204,050	22,992,577	22,269,575	20,537,731

New Vaccine Programme Support Requested

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

	2020	2021
Country Co-financing (US$)	621,500	550,500
Gavi support (US$)	4,972,500	3,804,000

	2020	2021
Total country co-financing (US$)	621,500	550,500
Total Gavi support (US$)	4,972,500	3,804,000
Total value (US$) (Gavi + Country co-financing)	5,594,000	4,354,500

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

	2018	2019	2020	2021	2022
Total country co-financing (US$)	926,866	1,390,168	2,695,843	2,839,280	2,637,926
Total Gavi support (US$)	13,568,500	18,813,882	25,890,734	23,784,795	17,899,805
Total value (US$) (Gavi + Country co-financing)	14,495,366	20,204,050	28,586,577	26,624,075	20,537,731

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
Dr. Htar Htar Lin	Programme Manager (EPI)	+95 9 428188188	dr.htarhtarlin@gmail.com	

Comments

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

No Response

Government signature form

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

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

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

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

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

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

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

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

Minister of Health (or delegated authority)	**Minister of Finance (or delegated authority)**
Name	Name
Date	Date
Signature	Signature

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

Minister of Education (or delegated authority)

Name

Date

Signature

[1] *In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.*

Appendix

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

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

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

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

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

* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

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

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

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

NOTE 7

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

NOTE 8

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