APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by
The Government of Ethiopia
for
Measles follow-up campaign

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

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/

2 Review and update country information

2.1 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

23 July 2013

Country tier in Gavi's Partnership Engagement Framework

1

Date of Programme Capacity Assessment

10-13 December 2018 (Joint Assessment)

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?

18,058,452.37

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

18,058,452.37

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

920,650.84

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

922,062.67

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

849,667.85(2017) and 496,703(2018)

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

The government planning cycle starts on the

1 July to 30 June

The current National Health Sector Plan (NHSP) is

From	2016
To	2020

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

2016-2020

Is the cMYP we have in our record still current?

Yes☒ No☐

If you selected "No", please specify the new cMYP period, and upload the new cMYP in country documents section.

Note 1

From	
To	

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

Not applicable

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.

The supplier requires to submit and secure approval/register/ by the national licensure prior to delivery. Original invoice, country of origin, certificate of analysis and packing list should accompany in every shipment

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.

NRA is organized under Ethiopian Food and Drug Authority (E-FDA)

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

HPV Routine

Note 2

	2018	2019	2020	2021	2022
Country Co-financing (US$)	480,771	521,072	527,719	516,081	513,692
Gavi support (US$)	10,446,000	11,321,500	11,466,000	11,207,538	11,155,661

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)					
Gavi support (US$)	3,304,000	3,304,895	3,401,234	3,425,869	3,448,079

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	931,072	2,127,460	2,205,002	2,205,319	2,219,200
Gavi support (US$)	14,607,000	34,737,000	37,307,000	31,628,774	31,827,863

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	1,982,322	2,144,091	2,210,903	2,185,673	2,198,066
Gavi support (US$)	9,588,000	10,051,000	10,364,000	10,157,476	10,215,073

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	1,306,500	1,352,100	1,407,000	1,408,144	1,417,008
Gavi support (US$)	12,265,000	12,693,000	13,208,500	13,218,753	13,301,963

Summary of active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US$)	4,700,665	6,144,723	6,350,624	6,315,217	6,347,966
Total Gavi support (US$)	50,210,000	72,107,395	75,746,734	69,638,410	69,948,639

Total value (US$) (Gavi + Country co-financing)	54,910,665	78,252,118	82,097,358	75,953,627	76,296,605

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).

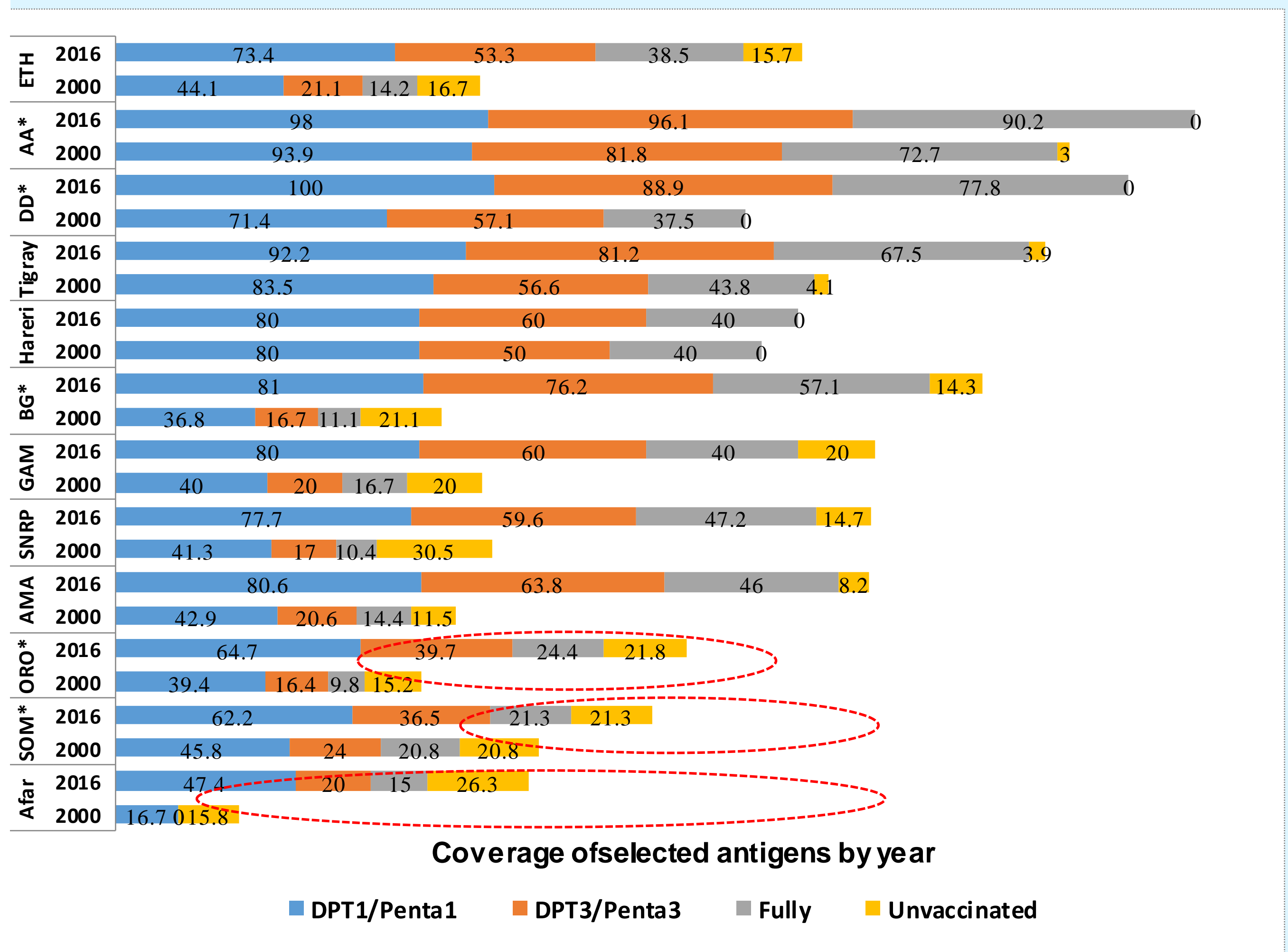
In 2018 vaccination coverage and inequality trend analysis has been conducted with the support of UNICEF using

data from four consecutive Ethiopia Demographic and Health surveys (EDHS 2000-2016). The analysis was conducted for national and three most populous regions (Amhara, Oromia and SNNP). The EDHS data is representative, used similar methods across the four rounds which enable to better understand inequalities between geographic regions and different population groups of the country and trends of coverage and inequalities along period.

Coverage trends

The trend analysis of DHS data showed that vaccination coverage increased at a moderate pace from 2000 to 2016 starting from very low coverage in 2000. The proportion of fully vaccinated children aged 12 to 23 months increased 2.8 folds during the period while number of health facilities and the number of health workers increased approximately five to seven folds during the same period. Similar with 2000, in 2016 one out of six children were not vaccinated at all. Improvements are not evenly distributed. There were marked differences among the regions with lowest vaccination coverage improvement in Afar, Ethiopia Somali and Oromia regions while coverage has increased substantially in the two city administrations Addis Ababa, Diredawa and Tigray region (Fig 1).

Figure 1. Selected antigens vaccination coverage status by regional State in EDHS 2000 and 2016,

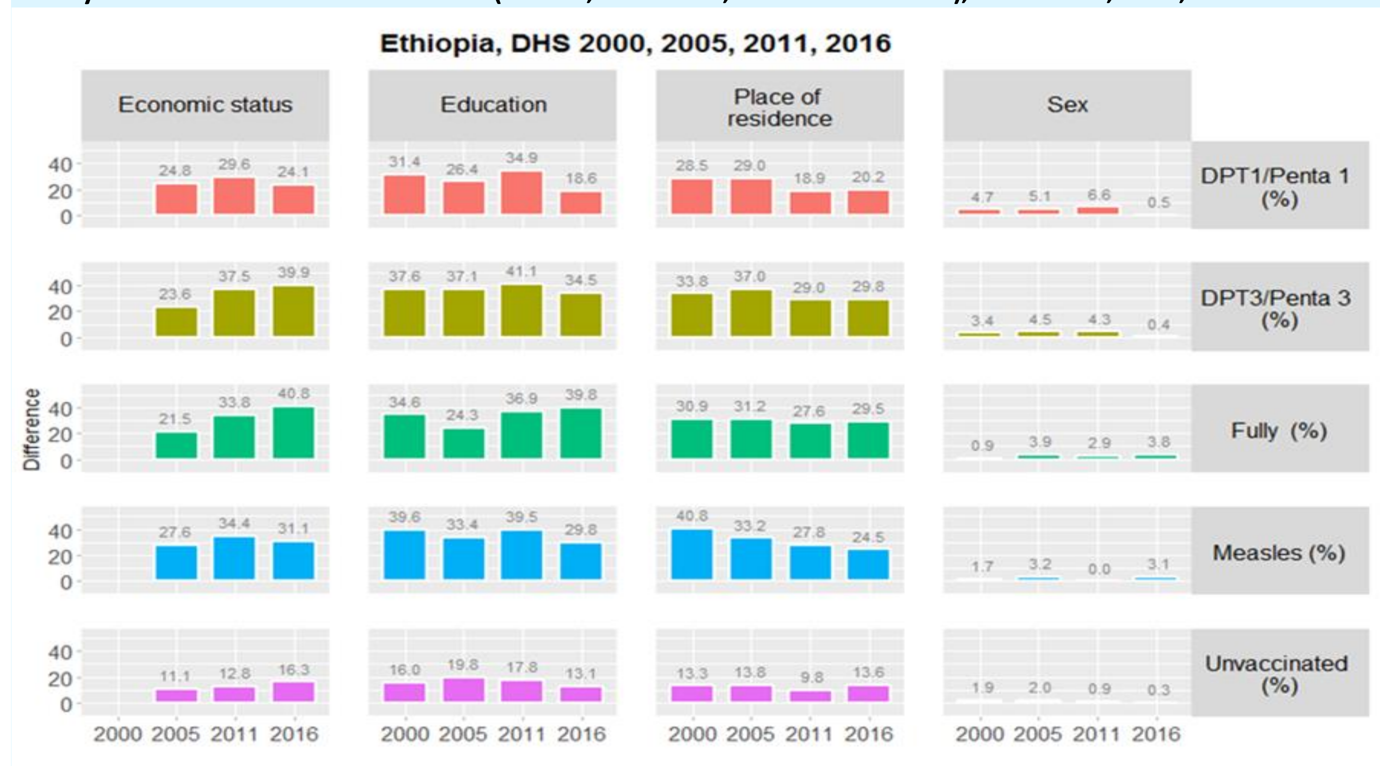


Inequality by equity indicators

The absolute inequality analysis revealed that access to and utilization of immunization services favoured the rich, educated, and urban population groups at the national and sub-national level. The inequality gap between children

from the poorest and wealthiest households increased between 2005 and 2016. While the inequalities associated with education and place of residence is narrowing slightly in Amhara and SNNP regions and inequality status by the sex of the child is negligible. children from the richest households, educated mothers and urban settings have better childhood vaccination uptake, are less likely to drop out from vaccinations and have a minimal risk for morbidity and mortality caused by vaccine-preventable diseases.

Figure 7. Absolute differences (percentage points) in immunization coverage by vaccination indicator, year of survey and determinant of vaccination (wealth, education, residence and sex), EDHS 2000, 2005, 2011 and 2016



EDHS years

Immunization Inequalities in urban areas

In urban areas, household economic status and mothers/caregivers' education status were found to be determinants for inequality. The disparity increased from the first dose to effective coverage (access to utilization) between children from the poorest and richest households and educated and uneducated mothers/caregivers. For example, 40 and 80 percent of children were fully vaccinated in the poorest and richest population groups, respectively in urban areas. Moreover, children in the highest household wealth quintile were unlikely to be unvaccinated.

Dropout rate

Household wealth quintile and mothers'/caretakers' educational status were found to be determinants for not completing immunization. For instance, in 2016, children in the lowest household wealth quintile had 30, 19, 36 and 15 percentage points higher DOR than the richest population groups in Ethiopia, Amhara, Oromia and SNNPR, respectively. The dropout disparity trend between children from educated and uneducated mothers has been slightly narrowing, except in the Oromia Region where the reduction of the dropout rate was negligible. The dropout rate showed a drastic decline in Amhara Region. Children had a lower dropout rate if their mothers had secondary or above education compared to those whose mothers had no education (Figure 10)

In summary, Vaccination coverage has moderately increased during a decade and half period. However, the increase in coverage was not proportional with the increase in health facilities and human resources. Afar, Ethiopia

Somali and Oromia regions made modest improvement during the report period. The inequality by household wealth quantile is increasing. Education and household wealth status remain key factors for dropout rate.

Major challenges in Immunization coverage and Equity

1. Analysis of routine Immunization data from administrative sources indicate only geographic variation. Population based survey data is required to understand current immunization status by other equity indicators. Validation with other sources such as SIA and surveillance data of incidence of vaccine preventable diseases and vaccine consumption is also proxy indicators of immunization status of children. Yet, complete and timely information is unavailable for the reporting period.
2. Variation from various sources of data such as administrative, WHO-UNICEF estimate of immunization coverage and survey remain large.
3. Transition from HMIS to DHIS2 took considerable time during the reporting period. Data quality particularly at the point of generation is also concern
4. Public grievance and conflicts has affected service delivery in many parts of the country. Massive IDPS due to internal ethnic conflicts following Political reform, leadership change at all level believed to impact negatively on overall health services including immunization. Thus, the administrative data for the reporting year might not indicate the true picture of the reporting period.
5. Delay in getting complete and timely data due to transition process from HMIS to DHIS2 was also a challenge during the reporting period.

Plan of action for next year (2019)

- Develop a road map focused on improving coverage, equity quality of immunization services and implement simple but effective solutions to problems on the ground.
- Build the capacity of EPI managers at subnational level to analyze immunization data using equity lens to cover large numbers of previously unreached or underserved communities
- Implement RED/REC and PIRI approach in low performing zones
- Institutionalize cost-effective and innovative modern technologies to measure progress
- Organize high level advocacy meeting on immunization with political leaders and parliamentarians
- Continue scaling up of cold chain equipment distribution, installation and build the capacity of HWs on vaccine management

This has helped to build the capacity of EPI managers at the sub national level to analyse immunization data using equity lens to cover large number of previously un reached or underserved community.

2.4 Country documents

2.4.1 Upload country documents

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

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

Country and planning documents

	Document	File
✓	**Country strategic multi-year plan** Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	Ethiopia_cMYP 20162020_31-08-18_10.30.11.pdf
✓	**Country strategic multi-year plan / cMYP costing tool**	Ethiopia_cMYPCostingToolV3_9 3_December 2016_31-08-18_10.31.27.xlsx
✓	**Effective Vaccine Management (EVM) assessment**	010Effective Vaccine_Management Improvement_plan status_31-08-18_10.33.05.pdf
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	08ETHEVM_ReportOct 02 2013 Ethiopia_31-08-18_10.33.43.pdf
	Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators	**No file uploaded** will be uploaded
	Data quality and survey documents: Immunisation data quality improvement plan	**No file uploaded** will be uploaded
	Data quality and survey documents: Report from most recent desk review of immunisation data quality	**No file uploaded** will be uploaded

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

No file uploaded

will be 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

04ICC TOR for coordination forum 31-08-18 10.35.59.docx

National Coordination Forum meeting minutes of the past 12 months

No file uploaded

Other documents

Other documents (optional)

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.

No file uploaded

3.2 Measles follow-up campaign

3.2.1 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.

Note 8

Measles follow-up campaign

Preferred presentation	M, 10 doses/vial, lyophilized
Is the presentation licensed or registered?	Yes ☒ No ☐
2nd preferred presentation	M, 5 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☐ No ☒
Required date for vaccine and supplies to arrive	1 July 2019
Planned launch date	17-25 April 2020
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.

MCV had been registered and licensed since 1980 in Ethiopia.

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.

3.2.2 Target Information

3.2.2.1 Targets for campaign vaccination

Please describe the target age cohort for the measles follow-up campaign:

Note 9

From	9 months	weeks ☐	months ☒	years ☐
To	59 months	weeks ☐	months ☒	years ☐

	2020
Population in target age cohort (#)	14,950,085
Target population to be vaccinated (first dose) (#)	14,950,085
Estimated wastage rates for preferred presentation (%)	10

3.2.2.2 Targets for measles routine first dose (M1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2020
Population in the target age cohort (#)	14,950,085
Target population to be vaccinated (first dose) (#)	14,950,085

Number of doses procured	16,594,594

3.2.3 Co-financing information

3.2.3.1 Vaccine and commodities prices

Price per dose (US$) - Measles follow-up campaign

	2020
10 doses/vial, lyophilized	0.32

Commodities Price (US$) - Measles follow-up campaign (applies only to preferred presentation)

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

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

Note 10

	2020
Country co-financing share per dose (%)	2
Minimum Country co-financing per dose (US$)	0.01
Country co-financing per dose (enter an amount equal or above minimum)(US$)	0.01

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

Measles follow-up campaign

	2020
Vaccine doses financed by Gavi (#)	16,262,702
Vaccine doses co-financed by Country (#)	331,892
AD syringes financed by Gavi (#)	17,075,838
AD syringes co-financed by Country (#)	348,489
Reconstitution syringes financed by Gavi (#)	1,707,584

Reconstitution syringes co-financed by Country (#)	34,849
Safety boxes financed by Gavi (#)	189,713
Safety boxes co-financed by Country (#)	3,872
Freight charges financed by Gavi ($)	120.891
Freight charges co-financed by Country ($)	2,467

	2020
Total value to be co-financed (US$) Country	125,826
Total value to be financed (US$) Gavi	6,165,458
Total value to be financed (US$)	6,291,284

3.2.3.4 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.

Note 11

	2020
Minimum number of doses financed from domestic resources	331,892
Country domestic funding (minimum)	125,826

3.2.3.5 Co-financing payment

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

The co-financing will be paid on time

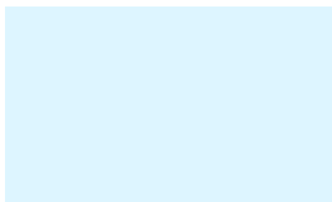
If your country is in the accelerated transition phase for Gavi support, please answer the following question:

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.

There was no defaulting recorded

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:



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

Month	June
Year	2019

3.2.4 Financial support from Gavi

3.2.4.1 Campaign operational costs support grant(s)

Measles follow-up campaign

Population in the target age cohort (#)

Note 12

14,950,085

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

0.65

Total in (US$)

9,717,555

Funding needed in country by 30 June 2019

3.2.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how 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. 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$)

1,046,506

Total amount - Other donors (US$)

1,196,009

Total amount - Gavi support (US$)

9,717,555

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

0.07

Amount per target person - Other donors (US$)

0.08

Amount per target person - Gavi support (US$)

0.65

3.2.4.3 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.

Cost Category	Total projected cost ($US)
Training (9.8%)	1,146,010.53
Social Mobilization, IEC and advocacy (12.2%)	1,426,666.17
Survey (6%)	701,639.10
Cold Chain Equipment & Maintenance (3%)	350,819.55
Vehicles and Transportation (10.5%)	1,227,868.43
Vaccine, injection materials & other supplies distribution cost (3.9%)	456,065.42
Program Management 2.4%)	280,655.64
Human Resources (30.6%)	3,578,359.41
Waste Management (4.9%)	573,005.27
Technical Assistance (1.2%)	140,327.82
Planning (3.8%)	444,371.43
Volunteer incentives (7.3%)	853,660.91
Supplies and materials (2.48%)	280,655.64
Review meeting (2%)	233,879.70
Total	**11,693,985.00**

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.

Finance is managed by FMOH while procurement will be through UNICEF

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.

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

The operational cost will be managed by MOH

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.

Note 13

TA for planning, implementation and monitoring of SIAs implementation

3.2.5 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 Campaign Plan of Action, please cite the sections only.

Section 4, page 24

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 measles follow up SIAs is planned in the cMYP and the measles 5 year forward plan

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.

Ethiop1a established Interagency coordinating Committee and NITAG also functional since 2016.

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 pays it cost share regularly, neve been defaulted

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.

Country has experienced in conducting measles campaign: However there were limitations in some components at lower levels such as coordination, developing quality micro-planning, inadequate preparations, lack of trained personnel, Inadequate infrastructures and distance to reach people, reaching mobile peoples, etc. are some programmatic challenges.

Key Strategies to improve quality and increase coverage of 2020 measles campaign

FMoH/RHBs led coordination structures and technical committees be established at all levels for effective leadership and ownership. Various levels activity chronograms will be developed and monitored with reports and feedback. Measles Campaign strictly adheres to Ethiopian adopted WHO/AFRO Measles SIAs guidelines. The following are the key strategies

for the implementation of 2020 measles campaign in Ethiopia.
Meticulous Microplanning:

i. Data driven bottom up micro-planning:
ii. Previous measles campaign admin/survey and routine coverage for MCV1/2 coverage for under two years of age
iii. '0' dose children from the previous campaign (2016/2017)
iv. Missed children data: '0' or under dose children for confirmed and suspected measles cases.

a. Provide adequate resources (human, technical, finance, supply, logistics) for the conduct of the campaign
b. Put adequate supervision, monitoring mechanisms such as deploying more and competent supervisors, review meetings, RCS, in-process monitoring etc:

Create demand: House to house community mobilization activities using available community networks (HDA/WDA), Engaging community leaders and networks to intensify community awareness; utilise Red Cross volunteers in priority areas, including large cities to mobilise populations. Clear messaging transmitted in different languages using local media outlets (FM radios, Regional TV station) Mixed channels will be used to target messages to different groups, use of radio in urban settings Evidence based messages designed using findings from monitoring and post-survey data.

Improving quality campaign implementation: Initiate preparation as early as possible (at least a year before). Measure preparation using Rapid Assessment Tool (RAT) including dash board analysis at all levels (focused in high risk areas) and receive reports and give feedbacks. Involve Regional, zone and woreda health officials early and set agreed chronogram of activities and adhere with it. Involving partners and stakeholders in early planning and implementation stages is critical for mobilising resources.

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.

Strategies to increase routine immunization coverage: Combine PIRI with measles campaign in PIRI implementing woredas. Deploy one or two health workers to provide routine antigens to eligible children in fixed and outreaches in non PIRI woredas

Reaching Every District (RED) approach: When it is launched, the low performing zones and

woredas will implement RED approach by improving bottom-up microplanning, periphery to center, rural to urban approach, focusing on the more difficult to access to easily access settlements microplanning. Whenever possible technological assisted (geo-codes assisted settlement/Kebele microplanning, the Afar One Health Approach) will be applied in some high risk settlement or kebeles

Periodic Intensification of Routine Immunization (PIRI): Woredas from the four big and all four Agro pastoralist regions were targeted for this intervention. As an essential component of RED approach, PIRI focuses on an extended outreach service delivery to reach the unreached peoples in a specific period of time such as every quarter. It targets the under two children to deliver all antigens including MCV2.

MCV2/Second Year of Life platform (SYL) and HPV Introduction: HPV was introduced in December 2018 and MCV follows in January 2019. Both vaccines introduction started with integrated microplanning with PIRI by house to house registration that included the survival infants with vaccination status in some settlements. Both HPV and PIRI. Introductions conducted extensive training to health workers including RI antigens. Community mobilization and demand creation helped to increase uptake for routine antigens. AEFI monitoring and reporting helped to strengthen routine AEFI Surveillance system. SYL and vaccination in schools (HPV) provide opportunities for immunization service delivery for routine and booster doses for pre and school age children.

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.

Note 14

In an effort to improve immunization service delivery in the hard to reaching areas, pastoralists and to Internally displaced people and underserved population, FMOH introduced intensified RED approach, integration of services to reduce missed opportunities, PIRI, introduction of second year of life platform for MCV2 and other antigens and special technical support to the needy regions and special people; improving data quality and use for actions; are strategies to improve immunization coverage in Ethiopia. As the 2016-2017 measles catch-up phased campaigns impacted on the measles epidemiology, the planned campaign will be crucial intervention to build population immunity. The planned nationwide follow-up campaign will also be combined with PIRI in the implementing woredas to increase routine immunization

coverage. Demand for service will be created through strong communication and mobilization to increase uptake for routine antigens as well.

Data driven bottom-up settlements/Kebeles detail microplanning focusing on '0'dose, missed doses and unknown dose of confirmed and suspected measles cases and true AFP cases age 6-59 months, frequent measles reported kebeles, health and nutritional crisis areas as well as security challenged areas will be developed. Real time monitoring for the preparation and implementation will be the focus of the 2020 Measles campaign PIRI, MCV2 introduction, PSNP

3.2.5.8 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 country plans to introduce MR in 2021.

3.2.6 Report on Grant Performance Framework

3.2.6.1 Grant Performance Framework – Application Instructions

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

Required

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

Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.

2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

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

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

3.2.7 Upload new application documents

3.2.7.1 Upload new application documents

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

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

Application documents

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

No file uploaded

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.

will be uploaded

Gavi budgeting and planning template

No file uploaded

will be uploaded

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

No file uploaded

applicable)

will be uploaded

Endorsement by coordination and advisory groups

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

No file uploaded

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

will be uploaded

NITAG meeting minutes

No file uploaded

with specific recommendations on the NVS introduction or campaign

will be uploaded

Vaccine specific

cMYP addendum

No file uploaded

Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP

will be uploaded

Annual EPI plan

No file uploaded

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

will be uploaded

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.

will be uploaded

Measles (and rubella) strategic plan for elimination

No file uploaded

If available

Other documents (optional)

will be uploaded

No file uploaded

will be uploaded

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 15

HPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	480,771	521,072	527,719	516,081	513,692
Gavi support (US$)	10,446,000	11,321,500	11,466,000	11,207,538	11,155,661

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)					
Gavi support (US$)	3,304,000	3,304,895	3,401,234	3,425,869	3,448,079

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	931,072	2,127,460	2,205,002	2,205,319	2,219,200
Gavi support (US$)	14,607,000	34,737,000	37,307,000	31,628,774	31,827,863

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	1,982,322	2,144,091	2,210,903	2,185,673	2,198,066
Gavi support (US$)	9,588,000	10,051,000	10,364,000	10,157,476	10,215,073

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	1,306,500	1,352,100	1,407,000	1,408,144	1,417,008
Gavi support (US$)	12,265,000	12,693,000	13,208,500	13,218,753	13,301,963

Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US$)	4,700,665	6,144,723	6,350,624	6,315,217	6,347,966
Total Gavi support (US$)	50,210,000	72,107,395	75,746,734	69,638,410	69,948,639
Total value (US$) (Gavi + Country co-financing)	54,910,665	78,252,118	82,097,358	75,953,627	76,296,605

New Vaccine Programme Support Requested

Measles follow-up campaign

	2019	2020
Country Co-financing (US$)		124,595
Gavi support (US$)		6,123,534

Yellow fever routine

	2019	2020

Country Co-financing (US$)	
Gavi support (US$)	

	2019	2020
Total country co-financing (US$)		124,595
Total Gavi support (US$)		6,123,534
Total value (US$) (Gavi + Country co-financing)		6,248751

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

	2018	2019	2020	2021	2022
Total country co-financing (US$)	4,700,665	6,307,723	6,350,624	6,315,217	6,347,966
Total Gavi support (US$)	50,210,000	78,431,895	75,746,734	69,638,410	69,948,639
Total value (US$) (Gavi + Country co-financing)	54,910,665	84,739,618	82,097,358	75,953,627	76,296,605

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

Comments

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

will be added

Government signature form

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

Measles follow-up campaign

The Government of Ethiopia 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)**

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

* The population in the target age cohort represents 100% of people in the specified age range in your country.

* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

* For indicative wastage rates, please refer to the detailed product profiles available here: http://www.gavi.org/about/market-shaping/detailed-product-profiles/

* The wastage rate applies to first and last dose.

Note 5

Co-financing requirements are specified in the guidelines.

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

* 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 9

* The population in the target age cohort represents 100% of people in the specified age range in your country.

* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

* For indicative wastage rates, please refer to the detailed product profiles available here: http://www.gavi.org/about/market-shaping/detailed-product-profiles/

* The wastage rate applies to first and last dose.

NOTE 10

Co-financing requirements are specified in the guidelines.

NOTE 11

*The price used to calculate costs is based on UNICEF-single dose per vaccine procurement cost for measles monovalent vaccine.** This value will differ from the total cost if the vaccine selection is MR, as a country is only required to finance the cost of the measles monovalent vaccine.

NOTE 12

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

NOTE 13

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

NOTE 14

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

NOTE 15

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.