

*GAVI Alliance*

**Application Form for Country Proposals**

*For Support to New and Under-Used Vaccines (NVS)*

Submitted by

The Government of

***Guinea-Bissau***

Date of submission: **03.06.2011 11:33:10**

**Deadline for submission: 1 Jun 2011**

Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)

|  |  |  |  |
| --- | --- | --- | --- |
| Start Year | 2010 | End Year | 2014 |

**Revised in January 2011**

**(To be used with Guidelines of December 2010)**

Please submit the Proposal using the online platform [https://AppsPortal.gavialliance.org/PDExtranet](https://appsportal.gavialliance.org/PDExtranet).

Enquiries to: [proposals@gavialliance.org](mailto:proposals@gavialliance.org) or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The Proposal and attachments must be submitted in English, French, Spanish, or Russian.

**Note:** Please ensure that the application has been received by the GAVI Secretariat on or before the day of the deadline.

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

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| **GAVI ALLIANCE**  **GRANT TERMS AND CONDITIONS**  **FUNDING USED SOLELY FOR APPROVED PROGRAMMES**  The applicant country (“Country”) confirms that all funding provided by the GAVI Alliance 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 the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.  **AMENDMENT TO THE APPLICATION**  The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country’s application will be amended.  **RETURN OF FUNDS**  The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not 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 the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance’s request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.  **SUSPENSION/ TERMINATION**  The GAVI Alliance 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 programmes described in the Country’s application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.  **ANTICORRUPTION**  The Country confirms that funds provided by the GAVI Alliance 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.  **AUDITS AND RECORDS**  The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance 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 Alliance 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 Alliance 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 the GAVI Alliance in connection with any audit.  **CONFIRMATION OF LEGAL VALIDITY**  The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country’s law, to perform the programmes described in its application, as amended, if applicable, in the APR.  **CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**  The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.  **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 the GAVI Alliance 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 the GAVI Alliance 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 language of the arbitration will be English.  For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance 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.  The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application. |

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| **Application Specification** |
| Please specify for which type of GAVI support you would like to apply to. |

**Important note**: To enable proper functioning of the form, please first select the cMYP years on the previous page.

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Type of Support** | **Vaccine** | **Start Year** | **End Year** | **Preferred second presentation[1]** | **Action** |
| --- | --- | --- | --- | --- | --- |
| New Vaccines Support | Pneumococcal (PCV10), 2 doses/vial, Liquid | 2012 | 2014 | Pneumococcal (PCV13), 1 doses/vial, Liquid |  |
| New Vaccines Support | Rotavirus 3-dose schedule | 2013 | 2014 | Rotavirus 2-dose schedule |  |

**[1]** This "***Preferred second presentation***" will be used in case there is no supply available for the preferred presentation of the selected vaccine ("**Vaccine**" column). If left blank, it will be assumed that the country will prefer waiting until the selected vaccine becomes available.

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***Table 1.1 B*** *- Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.*

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***Table 1.2 A*** *- Rounded up portion of supply that is procured by the country and estimate of related cost in US$*

***Table 1.2 B*** *- Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.*

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# **Executive Summary**

The 2010-2014 cMYP for Immunization, which was revised in September 2009, includes a plan to introduce the new pneumococcal and anti-Rotavirus vaccines in 2012 and 2013 respectively. Therefore the Government of Guinea-Bissau and its traditional partners have set in motion initiatives to create the necessary conditions for introducing these vaccines.   
Since 2009 the country has participated in a multi-faceted study on rotavirus to determine how responsible it is for morbidity and mortality in children less than the age of five. Of the 472 preliminary cases that tested positive in the laboratory, 56 percent were children less than one year of age, 35 percent were ages 12 to 23 months, and finally 9 percent were between 24 and 59 months of age (preliminary surveillance data November 2009 to May 2011).   
The decision to apply for a grant was endorsed in 2005-2007 by the IACC in its March 2011 meeting. The purpose of this application for GAVI funds is to incorporate the above-mentioned vaccines into the routine EPI.  
The country already has GAVI funding for the period for the ISS component (US$ 123,500) in the form of injection supplies, in addition to a US$ 137,660 grant in 2006.   
The Government contributed 86 percent of the pentavalent coverage in 2010. The basic data and the denominator were reviewed for 2011 based on the availability of the data from the 2010 census by the INEC (National Institute of Census and Statistics). Births for 2012 are estimated at 70,509.   
There are plans to vaccinate 50,477 children in 2012, 52,270 in 2013, and 54,120 in 2014 with the third dose of the monovalent pneumococcal vaccine. Regarding the rotavirus vaccine, there are plans to vaccinate 52,270 children in 2013 and 54,120 in 2014.   
The objectives are to reach pneumococcal immunization coverage of 89 % (2012), 91 % (2013), and 93 % (2014). Coverage objectives for the rotavirus vaccine are 91 % (2013), and 93 % (2014). There are plans to reduce pneumococcal vaccine wastage from five percent to four percent.  
To reach these objectives, the strategies planned are: a) increasing accessibility of fixed health posts; b) streamlining outreach strategies by improving their funding, and c) holding catch-up meetings as needed. There are also plans for improving the cold chain and for improving vaccine management (more training). Incineration of sharps waste will also be improved  
The need for pneumococcal vaccine (2-dose vial) for 2012 is179,000; for 2013 it is150,000; and for 2014 it is 155.000.The need for rotavirus vaccines in 2013 is 122,000; and for 2014, it is 102,000. More auto-disable syringes and safety boxes will be needed.  
The cost of the plan to introduce new vaccines including injection supplies was estimated at US$ 4,452,527 over four years.

# **Signatures**

# **Signatures of the Government and National Coordinating Bodies**

# **Government and the Inter-Agency Coordinating Committee for Immunisation**

The Government of Guinea-Bissau would like to expand the existing partnership with the GAVI Alliance for the improvement of the infants routine immunisation programme of the country, and specifically hereby requests for GAVI support for Pneumococcal (PCV10) 2 doses/vial Liquid , Rotavirus 3-dose schedule introduction.

The Government of Guinea-Bissau commits itself to developing national immunisation services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan (cMYP) presented with this document. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

Tables 6.(n).5. (where (n) depends on the vaccine) in the NVS section of this application shows the amount of support in either supply or cash that is required from the GAVI Alliance. Tables 6.(n).4. of this application shows the Government financial commitment for the procurement of this new vaccine (NVS support only).

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 May.

Please note that this application will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister of Finance or their delegated authority.

Enter the family name in capital letters.

| **Minister of Health (or delegated authority)** | | **Minister of Finance (or delegated authority)** | |
| --- | --- | --- | --- |
| **Name** | CAMILO SIMÕES PEREIRA | **Name** | JOS'E MARIO VAZ |
| **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  |

*This report has been compiled by*

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Full name** | **Position** | **Telephone** | **Email** | **Action** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

# **National Coordinating Body - Inter-Agency Coordinating Committee for Immunisation**

We the members of the ICC, HSCC, or equivalent committee**[1]** met on the 30.05.2011 to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

**[1]** Inter-agency Coordinating Committee or Health Sector Coordinating Committee, or equivalent committee which has the authority to endorse this application in the country in question.

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER: 3.

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Name/Title** | **Agency/Organisation** | **Signature** | **Action** |
| --- | --- | --- | --- |
| Camilo Simões Pereira | Ministry of Health |  |  |
| José Mario Vaz | Ministry of Finance |  |  |
| Artur Silva | Ministry of National Education |  |  |
| Luis Oliveira Sanca | Ministry of Territorial Administration |  |  |
| Yokouidé Allarangar | WHO |  |  |
| Geoffrey Martin Wiffin | UNICEF |  |  |
| Nelson Medina | Rotary Club |  |  |
| Carmen Pereira | World Bank |  |  |
| Joaquin Gonzalez Dugay | European Union |  |  |
| Iracema do Rosario | Institute of the Woman and Child |  |  |
| Sadna Nabitã | AGUIBEF (Guinean Assn. for Health Education and Promotion) |  |  |
| Fadimata Alainchar | Guinea-Bissau plan |  |  |
| Braima Camara | Chamber of Comerce, Industry, Agriculture and Services |  |  |

In case the GAVI Secretariat has queries on this submission, please contact

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Umaro Ba | **Title** | Director General for Prevention and Health Promotion |
| **Tel no** | 002456637739 /5269660 |
| **Fax no** |  | **Address** | Ministry of Health  Av.Unidade Africana S/N  BP 50 |
| **Email** | cristhiassan1973@hotmail.com |

# **The Inter-Agency Coordinating Committee for Immunisation**

Agencies and partners (including development partners and NGOs) supporting immunisation services are co-ordinated and organised through an inter-agency coordinating mechanism (ICC, HSCC, or equivalent committee). The ICC, HSCC, or equivalent committee is responsible for coordinating and guiding the use of the GAVI NVS support. Please provide information about the ICC, HSCC, or equivalent committee in your country in the table below.

**Profile of the ICC, HSCC, or equivalent committee**

|  |  |
| --- | --- |
| **Name of the committee** | Inter-Agency Coordinating Committee |
| **Year of constitution of the current committee** | 2001 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Autonomous Partners’ Entity of the Healthcare Sector |
| **Frequency of meetings** | Quarterly |

**Composition**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Function** | **Title / Organisation** | **Name** |
| --- | --- | --- |
| **Chair** | Minister of Health / Ministry of Health | Camilo Simões Pereira |
| **Secretary** | Department Head/Ministry of Health | Beti Co |
| **Members** | Ministry of Territorial Administration | Luis Oliveira Sanca | **Action** |
|  | Vice Chair IACC; Resident Representative/WHO | Yokouidé Allarangar |  |
|  | Resident Representative / UNICEF | Geoffrey Martin Wiffin |  |
|  | President / Rotary Club | Nelson Medina |  |
|  | Head of Liaison Office / World Bank | Carmen Pereira |  |
|  | Resident Representative / European Union | Joaquin Gonzalez Dugay |  |
|  | President / Institute of the Woman and Child | Iracema do Rosario |  |
|  | AGUIBEF | Sadna Nabitã |  |
|  | Guinea- Bissau PLAN | Fadimata Alainchar |  |
|  | Chamber of Commerce, Industry, Agriculture and Services | Braima Camara |  |

Major functions and responsibilities of the committee

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| --- |
| **1. Making certain the different partners working in the area of immunization are coordinated  2. Analyzing proposals for plans and grant applications and approval thereof 3. Monitoring the implementation of immunizatoin plans and discussing the results 4. Advocating for fund-raising  5. Making local communities aware of the need to follow the immunization schedule.** |

Three major strategies to enhance the committee's role and functions in the next 12 months

|  |  |
| --- | --- |
| **1.** | **Revise the internal operating rules** |
| **2.** | **Reform the composition of the IACC, given that there are members who are not regular** |
| **3.** | **Motivate the members to participate** |

# **National Immunization Technical Advisory Group for Immunisation**

(If it has been established in the country)

We the members of the NITAG met on the to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER: 4.

In case the GAVI Secretariat has queries on this submission, please contact

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | BETI CO | **Title** | Director of the Department of Immunization and Epidemiological Surveillance |
| **Tel no** | 002456633027 |
| **Fax no** |  | **Address** | Ministry of Health |
| **Email** | bcomanjuba@gmail.com |

# **The NITAG Group for Immunisation**

**Profile of the NITAG**

|  |  |
| --- | --- |
| **Name of the NITAG** | Technical Committee for Immunization |
| **Year of constitution of the current NITAG** | 2006 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | IACC Technical Working Group |
| **Frequency of meetings** | Twice a week during the campaign |

**Composition**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Function** | **Title / Organisation** | **Name** |
| --- | --- | --- |
| **Chair** | Director General for Prevention and Health Promotion | Umaro Ba |
| **Secretary** | Communications Coordinator/ Information and Communications Center | Jean -Pierre Mendes Umpeça |
| **Members** | Director of the Reproductive Health Department/DSSR | Alfredo Claudino Alves | **Action** |
|  | Director of the Child Food, Nutrition and Survival Department / MINHEALTH | Ivone Moreira Menezes D'Alva |  |
|  | Director of the Maliaria Control Program / MINHEALTH | Pqulo Djata |  |
|  | Director of Transmissible and Non-Transmissible Diseases / MINHEALTH | Cunhaté Nanbangna |  |
|  | General Logistician of the Ministry or Health / MINHEALTH | Miguel Arcanjo Moreira da Costa |  |
|  | EPI Data Manager / MINHEALTH | Quecuta Hnaga |  |
|  | Data Manager of the Ministry of Health / MINHEALTH | Duarte Falcéao |  |
|  | Focal point of the National Public Health Laboratory / MINHEALTH | Serifo Monteiro |  |
|  | Director of the Community Health and Traditional Medicine Department / MINHEALTH | José Monteiro |  |
|  | Head of the Immunizatoin and Vaccine Development / WHO | Sidu Biai |  |
|  | Head of the Children’s Primary Health Care and Survivial Department / UNICEF | Fernando Menezes |  |
|  | Ministry of Territorial Administration | Ino Embalo |  |

Major functions and responsibilities of the NITAG

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| --- |
| **Design, analysis of pre-requisites and technical analysis; Monitoring and Evaluation of activities Inter-sectoral coordination of implementation Technical assistance to field workers** |

Three major strategies to enhance the NITAG’s role and functions in the next 12 months

|  |  |
| --- | --- |
| **1.** | **Regular publication and distribution of monitoring and evaluation results to the partners and members of the IACC.** |
| **2.** | **Training of members on communications strategies with regard to Advocacy.** |
| **3.** | **Financial and logistical support for the operations of the technical committee.** |

# **Immunisation Programme Data**

Please complete the tables below, using data from available sources. Please identify the source of the data, and the date. Where possible use the most recent data and attach the source document.

* Please refer to the Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan) and attach a complete copy (with an Executive Summary) as DOCUMENT NUMBER
* Please refer to the two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases.
* Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.

# **Basic facts**

For the year 2010 (most recent; specify dates of data provided)

|  | **Figure** | | **Year** | **Source** |
| --- | --- | --- | --- | --- |
| Total population | 1,565,191 |  | 2010 | National Institute of Statistics |
| Infant mortality rate (per 1000) | 103 |  | 2010 | National Institute of Statistics (MICS 2010) |
| Surviving Infants**[1]** | 48,521 |  | 2010 | National Institute of Statistics |
| GNI per capita (US$) | 510 |  | 2009 |  |
| Total Health Expenditure (THE) as a percentage of GDP | 1.61 | % | 2010 |  |
| General government expenditure on health (GGHE) as % of General government expenditure | 4.00 | % | 2010 |  |

**[1]** Surviving infants = Infants surviving the first 12 months of life

Please provide some additional information on the planning and budgeting context in your country; also indicate the name and date of the relevant planning document for health

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| --- |
| **The period for drafting both of these documents coincides. However, the National Health Development Plan (NHDP) was validated a year later than the cMYP (2010). Compared with extended coverage by the cMYP, which is five years (2010-2014), the NHDP covers eight years (2010-2017).** |

Is the cMYP (or updated Multi-Year Plan) aligned with this document (timing, content, etc.)?

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| --- |
| **The cMYP is aligned with the National Health Development Plan (NHDP), which defines immunization among the priority thrusts with a high impact on the survivial of mothers and children in Guinea-Bissau.** |

Please indicate the national planning budgeting cycle for health

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| --- |
| **The Ministry of Health has designed a health development plan for 2010-2017. The NHDP takes into account the regional plans, which in turn are compiled from the plans of the health zones.  The plan is executed at all levels.  At the health zone level, monitoring is done monthly through weekly and monthly reports to the regional level. At this latter level, monitoring and evaluation are done quarterly in the presence of the heads of the health zones. These are opportunities for adjusting the planning and any related financial implications. Regional reports are sent to the national level, which in turn brings together the regional directors every six months for monitoring and evaluation with any appropriate financial adjustments and adjustments to the plan. Once a year the Executive Board of the Ministry of Health must approve the annual report and address the operating plan for the following year.** |

Please indicate the national planning cycle for immunisation

|  |
| --- |
| **The national planning cycle for immunization is five years. The multi-year plan now in effect started in 2010 and ends in 2014. The immunization planning cycle is like the one for health. Its peculiarity lies in the fact that at the national level the EPI departments take care of some aspects related to immunization mentioned in the regional plan. Then once these aspects are improved, the program advocates for raising and allocating resources to implement the national EPI including integrated supervision teams that visit the regional level twice a year. They are also present for quarterly regional evaluations.  Weekly and monthly reports from the health zones are analyzed specifically for vaccine-preventable diseases at the Programme level. This is coordinated with the technical immunization committee.** |

Please indicate if sex disaggregated data (SDD) is used in immunisation routine reporting systems

|  |
| --- |
| **In our databases for the EPI, data are not broken down by gender. There is a gender breakdown in the case-by-case reporting of diseases. However, this is not the case of reports on the number of people vaccinated** |

Please indicate if gender aspects relating to introduction of a new vaccine have been addressed in the introduction plan

|  |
| --- |
| **These kinds of gender specific aspects are not addressed in the introduction plan.** |

# **Current vaccination schedule**

Traditional, New Vaccines and Vitamin A supplement (refer to cMYP pages)

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Vaccine**  **(do not use trade name)** | **Ages of administration**  **(by routine immunisation services)** | **Given in**  **entire country** | **Comments** | **Action** |
| --- | --- | --- | --- | --- |
| BCG | at birth | Yes |  |  |
| Polio | at birth and 6, 10 and 14 weeks | Yes |  |  |
| Penta | 6, 10 and 14 weeks | Yes |  |  |
| Measles vaccine | 9 months | Yes |  |  |
| Yellow fever | 9 months | Yes |  |  |
| TT | 1st contact, 1 month, 6 months, 1 year, 1 year | Yes | The other doses received are recorded in the observations. |  |
| **Vitamin A** | 6 months | Yes | Currently, vitamin A is administered during the campaigns, every 6 months. |

# **Trends of immunisation coverage and disease burden**

(as per last two annual WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases)

| **Trends of immunisation coverage (percentage)** | | | | | | **Vaccine preventable disease burden** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vaccine** | | **Reported** | | **Survey** | | **Disease** | **Number of reported cases** | |
|  | | 2009 | 2010 |  | 2010 |  | **2009** | **2010** |
| **BCG** | | 83 | 89 |  |  | **Tuberculosis** | 148 | 59 |
| **DTP** | **DTP1** | 84 | 104 |  |  | **Diphtheria** | 0 | 0 |
| **DTP3** | 82 | 86 |  |  | **Pertussis** | 0 | 0 |
| **Polio 3** | | 89 | 83 |  |  | **Polio** | 0 | 0 |
| **Measles (first dose)** | | 79 | 78 |  |  | **Measles** | 3 | 24 |
| **TT2+ (Pregnant women)** | | 34 | 30 |  |  | **NN Tetanus** | 4 | 1 |
| **Hib3** | | 82 | 86 |  |  | **Hib[2]** | 0 | 0 |
| **Yellow Fever** | | 80 | 78 |  |  | **Yellow fever** | 0 | 0 |
| **HepB3** | | 82 | 86 |  |  | **HepBsero-prevalence[1]** |  |  |
| **Vitamin A supplement**  **Mothers (< 6 weeks post-delivery)** | |  |  |  |  |  | | |
| **Vitamin A supplement**  **Infants (>6 months)** | | 93 | 101 |  |  |

**[1]** If available

**[2]** **Note**: JRF asks for Hib meningitis

If survey data is included in the table above, please indicate the years the surveys were conducted, the full title and if available, the age groups the data refers to

|  |
| --- |
| **The name of the survey conducted in 2010 is the "Multiple indicator cluster survey" (MICS) and all ages were concerned.** |

# **Baseline and Annual Targets**

(refer to cMYP pages)

**Table 1:** baseline figures

| **Number** | **Base Year** | **Baseline and Targets** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2010** | **2012** | **2013** | **2014** |  |  |  |
| **Total births** | 56,271 | 60,509 | 61,991 | 63,510 |  |  |  |
| **Total infants' deaths** | 8,057 | 6,233 | 6,385 | 6,542 |  |  |  |
| **Total surviving infants** | 48,214 | 54,276 | 55,606 | 56,968 |  |  |  |
| **Total pregnant women** | 71,095 | 74,040 | 75,558 | 77,107 |  |  |  |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 50,081 | 57,484 | 59,640 | 61,497 |  |  |  |
| **BCG coverage (%)[1]** | 89% | 95% | 96% | 97% |  |  |  |
| **Number of infants vaccinated (to be vaccinated) with OPV3** | 40,017 | 50,477 | 52,270 | 54,120 |  |  |  |
| **OPV3 coverage (%)[2]** | 83% | 93% | 94% | 95% |  |  |  |
| **Number of infants vaccinated (or to be vaccinated) with DTP1[3]** | 44,045 | 53,192 | 54,494 | 56,398 |  |  |  |
| **Number of infants vaccinated (to be vaccinated) with DTP3[3]** | 41,424 | 50,477 | 52,270 | 54,120 |  |  |  |
| **DTP3 coverage (%)[2]** | 86% | 93% | 94% | 95% |  |  |  |
| **Wastage[1] rate in base-year and planned thereafter for DTP (%)** | 5% | 10% | 10% | 10% |  |  |  |
| **Wastage[1] factor in base-year and planned thereafter for DTP** | 1.05 | 1.11 | 1.11 | 1.11 |  |  |  |
| **Target population vaccinated with 1st dose of Pneumococcal** |  | 53,192 | 54,494 | 56,398 |  |  |  |
| **Target population vaccinated with 3rd dose of Pneumococcal** |  | 50,477 | 52,270 | 54,120 |  |  |  |
| **Pneumococcal coverage (%)[2]** | 0% | 93% | 94% | 95% |  |  |  |
| **Target population vaccinated with 1st dose of Rotavirus** |  |  | 54,494 | 56,398 |  |  |  |
| **Target population vaccinated with last dose of Rotavirus** |  |  | 52,270 | 54,120 |  |  |  |
| **Rotavirus coverage (%)[2]** | 0% | 0% | 94% | 95% |  |  |  |
| **Infants vaccinated (to be vaccinated) with 1st dose of Measles** | 37,607 | 48,848 | 50,602 | 52,411 |  |  |  |
| **Measles coverage (%)[2]** | 78% | 90% | 91% | 92% |  |  |  |
| **Pregnant women vaccinated with TT+** | 21,329 | 33,318 | 45,335 | 53,975 |  |  |  |
| **TT+ coverage (%)[4]** | 30% | 45% | 60% | 70% |  |  |  |
| **Vit A supplement to mothers within 6 weeks from delivery** |  |  |  |  |  |  |  |
| **Vit A supplement to infants after 6 months** |  |  |  |  |  |  |  |
| **Annual DTP Drop-out rate[ ( DTP1 - DTP3 ) / DTP1 ] x 100[5]** | 6% | 5% | 4% | 4% |  |  |  |

**[1]** Number of infants vaccinated out of total births

**[2]** Number of infants vaccinated out of total surviving infants

**[3]** Indicate total number of children vaccinated with either DTP alone or combined

**[4]** Number of pregnant women vaccinated with TT+ out of total pregnant women

**[5]** The formula to calculate a vaccine wastage rate (in percentage):[ ( A – B ) / A ] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

# **Summary of current and future immunisation budget**

(or refer to cMYP pages)

|  | **Estimated costs per annum in US$ (in thousand US$)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost category** | **Base Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** | |
| 2009 | 2012 | 2013 | 2014 |  |  |  |  |  | |
| **Routine Recurrent Cost** | | | | | | | | | | |
| **Vaccines (routine vaccines only)** | **223,380** | **1,424,807** | **2,362,757** | **2,324,740** |  |  |  |  |  | |
| **Traditional vaccines** | 127,680 | 139,768 | 168,245 | 191,505 |  |  |  |  |  | |
| **New and underused vaccines** | 95,700 | 1,285,039 | 2,194,512 | 2,133,235 |  |  |  |  |  | |
| **Injection supplies** | 2,171 | 133,377 | 93,406 | 110,812 |  |  |  |  |  | |
| **Personnel** | **25,404** | **39,331** | **40,573** | **37,790** |  |  |  |  |  | |
| **Salaries of full-time NIP health workers (immunisation specific)** | 14,363 | 24,692 | 25,433 | 26,982 |  |  |  |  |  | |
| **Per-diems for outreach vaccinators / mobile teams** | 11,041 | 14,639 | 15,140 | 10,808 |  |  |  |  |  | |
| **Transportation** | 24,842 | 32,930 | 34,065 | 24,317 |  |  |  |  |  | |
| **Maintenance and overheads** | 34,327 | 150,787 | 156,314 | 161,584 |  |  |  |  |  | |
| **Training** | 21,456 | 26,523 | 27,318 | 24,761 |  |  |  |  |  | |
| **Social mobilisation and IEC** | 13,350 | 19,096 | 20,762 | 21,385 |  |  |  |  |  | |
| **Disease surveillance** | 73,070 | 116,777 | 120,281 | 123,889 |  |  |  |  |  | |
| **Program management** | 56,405 | 189,738 | 135,330 | 206,921 |  |  |  |  |  | |
| **Other** | 1,000 | 1,061 | 1,093 | 1,126 |  |  |  |  |  | |
| ***Subtotal Recurrent Costs*** | ***475,405*** | ***2,134,427*** | ***2,991,899*** | ***3,037,325*** |  |  |  |  |  | |
|  | | | | | | | | | | |
| **Routine Capital Costs** | | | | | | | | | | |
| **Vehicle** | 32,300 | 39,465 |  |  |  |  |  |  |  | |
| **Cold chain equipment** |  | 150,000 |  |  |  |  |  |  |  | |
| **Other capital equipment** |  | 19,733 | 20,325 | 20,934 |  |  |  |  |  | |
| ***Subtotal Capital Costs*** | ***32,300*** | ***209,198*** | ***20,325*** | ***20,934*** |  |  |  |  |  | |
|  | | | | | | | | | | |
| **Campaigns** | | | | | | | | | | |
| **Polio** |  | 248,435 | 262,237 | 102,155 |  |  |  |  | |  |
| **Measles** |  |  | 297,171 |  |  |  |  |  | |  |
| **Yellow Fever** |  |  |  |  |  |  |  |  | |  |
| **MNT campaigns** |  |  |  |  |  |  |  |  | |  |
| **Other campaigns** |  |  |  |  |  |  |  |  | |  |
| ***Subtotal Campaign Costs*** | ***0*** | ***248,435*** | ***559,408*** | ***102,155*** |  |  |  |  | |  |
| **GRAND TOTAL** | **507,705** | **2,592,060** | **3,571,632** | **3,160,414** |  |  |  |  | |  |

# **Summary of current and future financing and sources of funds**

Please list in the tables below the funding sources for each type of cost category (if known). Please try and indicate which immunisation program costs are covered from the Government budget, and which costs are covered by development partners (or the GAVI Alliance), and name the partners (or refer to cMYP).

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

|  | | **Estimated costs per annum in US$ (in thousand US$)** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost category** | **Funding source** | **Base Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| **2009** | **2012** | **2013** | **2014** |  |  |  |  |  |
| **Routine Recurrent Cost** | | | | | | | | | | |
| Personnel Salaries | Government | 14,363 | 24,692 | 25,433 | 26,196 |  |  |  |  |  |  |
| Per diem for the outreach strategy | GAVI | 113,060 |  | 75,000 | 50,000 |  |  |  |  |  |  |
| Per diem for the outreach and mobile strateg | Government |  | 20,497 | 52,392 | 28,464 |  |  |  |  |  |  |
| Per diem for the outreach and mobile strategy | UNICEF |  | 84,151 | 54,276 | 30,000 |  |  |  |  |  |  |
| Per diem for the outreach and mobile strategy | PLAN |  | 30,000 | 25,000 | 25,000 |  |  |  |  |  |  |
| Per diem for the outreach and mobile strategy | European Union |  | 30,000 |  |  |  |  |  |  |  |  |
| Per diem for the outreach and mobile strategy | Spanish Cooperation |  | 36,000 |  |  |  |  |  |  |  |  |
| Per diem for the outreach and mobile strategy | World Bank |  |  |  | 75,000 |  |  |  |  |  |  |
| Per diem for surveillance and Monit | WHO | 73,070 | 116,777 | 120,281 | 123,889 |  |  |  |  |  |  |
| Cold chain maintenanc | Gov |  | 215 | 482 | 312 |  |  |  |  |  |  |
| Maintenance | UNICEF | 23,397 |  | 30,000 |  |  |  |  |  |  |  |
| Maintenance of other equipment | Gov |  | 35,129 | 59,926 | 144,889 |  |  |  |  |  |  |
| Maintenance of other equipment | World Bank |  | 100,000 |  |  |  |  |  |  |  |  |
| Maintenance of other equipement | GAVI |  |  | 50,000 |  |  |  |  |  |  |  |
| Training | GAVI |  |  | 27,318 |  |  |  |  |  |  |  |
| Training | UNICEF |  |  |  | 24,761 |  |  |  |  |  |  |
| Enlisting community support | UNICEF | 13,350 | 19,096 | 10,762 | 21,385 |  |  |  |  |  |  |
| Program Management | Gov | 56,405 | 50,000 | 35,330 | 50,000 |  |  |  |  |  |  |
| Program Management | WHO | 1,000 | 25,000 |  |  |  |  |  |  |  |  |
| Program Management | UNICEF |  | 35,000 | 30,000 |  |  |  |  |  |  |  |
| Program Management | GAVI |  | 35,000 | 30,000 | 100,000 |  |  |  |  |  |  |
| Program Management | PLAN |  | 10,000 |  |  |  |  |  |  |  |  |
| Program | Global Fund |  | 34,738 | 45,000 |  |  |  |  |  |  |  |
| Program Management | World Bank |  |  |  | 56,921 |  |  |  |  |  |  |
| Recurring costs | Gov |  | 1,061 | 1,093 | 10,126 |  |  |  |  |  |  |
|  | | | | | | | | | | |  |
| **Routine Capital Costs** | | | | | | | | | | |  |
| vehicles | UNICEF | 32,300 | 39,465 |  |  |  |  |  |  |  |  |
| Other capital costs | Gov |  | 14,428 | 14,861 | 15,307 |  |  |  |  |  |  |
|  | | | | | | | | | | |  |
| **Campaigns** | | | | | | | | | | |  |
| Polio | WHO |  | 215,456 | 225,293 |  |  |  |  |  |  |  |
| Polio | UNICEF |  | 91,794 | 96,944 |  |  |  |  |  |  |  |
| Measles | WHO |  |  | 225,293 |  |  |  |  |  |  |  |
| Measles | UNICEF |  |  | 104,589 |  |  |  |  |  |  |  |
| **GRAND TOTAL** | | **326,945** | **1,048,499** | **1,339,273** | **782,250** |  |  |  |  |  |  |

# **New and Under-Used Vaccines (NVS)**

Please summarise the cold chain capacity and readiness to accommodate new vaccines, stating how the cold chain expansion (if required) will be financed, and when it will be in place. Please indicate the additional cost, if capacity is not available and the source of funding to close the gap.

|  |
| --- |
| **Positive 2 – 8 ⁰C national cold chain capacity is 5m3; the current positive need is 2.9 m3. In 2011, for the introduction of the pneumococcal vaccine (PCV10, 2 doses/vial), the cold chain will need 5.6m3. In 2013, for the introduction of the rotavirus vaccine, the EPI will need 8.3m3.**  **However, for the negative cold chain, there are no additional needs. The current capacity of the national negative cold chain is 3m3; the current volume for freezing is 0.7m3.**  **At the regional health level, positive cold chain availability 1.082 L, and the needs are 1.912 L. for the introduction of the pneumococcal vaccine, 3.445 L. will be needed and for the introduction of the rotavirus vaccine 4.924 L will be needed.**  **To summarize, today the total cold chain needs are 830 L. and for the introduction of the pneumo and rota vaccines , the need will be 3.850 L (source : EVM, 2011)**  **Investment and installation costs will be US$ 230 million.**  **The sources are not yet identified, but appeals for funds are being made to the traditional partners.** |

Please give a summary of the cMYP sections that refer to the introduction of new and under-used vaccines. Outline the key points that informed the decision-making process (data considered etc)

|  |
| --- |
|  |

# **Capacity and cost (for positive storage)**

|  |  | **Formula** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** |  |  |  |  |  |
| **A** | **Annual positive volume requirement, including new vaccine (litres or m3)**  **Liters** | **Sum-product of total vaccine doses multiplied by unit packed volume of the vaccine** | 3,445 | 4,924 |  |  |  |  |  |  |
| **B** | **Existing net positive cold chain capacity (litres or m3)**  **Liters** | **#** | 5,600 |  |  |  |  |  |  |  |
| **C** | **Estimated minimum number of shipments per year required for the actual cold chain capacity** | **A / B** | **1** |  |  |  |  |  |  |  |
| **D** | **Number of consignments /**  **shipments per year** | **Based on national vaccine shipment plan** |  |  |  |  |  |  |  |  |
| **E** | **Gap (if any)** | **((A / D) - B)** |  |  |  |  |  |  |  |  |
| **F** | **Estimated additional cost of cold chain** | **US$** |  | **230,000** |  |  |  |  |  |  |

Please briefly describe how your country plans to move towards attaining financial sustainability for the new vaccines you intend to introduce, how the country will meet the co-financing payments, and any other issues regarding financial sustainability you have considered (refer to the cMYP)

|  |
| --- |
| **Country now in talks with multi-lateral and bi-lateral partners to raise the funds necessary to procure the traditional vaccines and to co-finance the new vaccines.** |

# **Assessment of burden of relevant diseases (if available)**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Disease** | **Title of the assessment** | **Date** | **Results** |
| --- | --- | --- | --- |
|  |  |  |  |  |

If new or under-used vaccines have already been introduced in your country, please give details of the lessons learned from storage capacity, protection from accidental freezing, staff training, cold chain, logistics, drop-out rate, wastage rate etc., and suggest action points to address them

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Lessons Learned** | **Action Points** |
| --- | --- |
| Regarding storage capacity, the assessment of vaccine management gave an overall view of the situation for better planning of logistics, taking into account the needs of each region or health zone. Also learned to idenfify training needs and training subjects for personnel.  We were able to reduce the wastage rate by using single dose vialss of the pentavalent vaccine. | Plan personnel training on MLM for the heads of health zones  On-the-job supportive supervision  Strengthen outreach strategy in regions with poorly covered zones For monitoring of vaccine wastage rates and drop-out rates, all EPI data managers in all regions were trained on the DVD-MT tool. |  |

Please list the vaccines to be introduced with support from the GAVI Alliance (and presentation)

|  |
| --- |
| **1. Pneumococcal vaccine (2-dose vial)  2. Rotavirus vaccine (single dose)** |

# **6.****3.1. Requested vaccine ( Pneumococcal (PCV10), 2 doses/vial, Liquid )**

As reported in the cMYP, the country plans to introduce Pneumococcal (PCV10), 2 doses/vial, Liquid vaccine.

# **6.****3.2. Co-financing information**

If you would like to co-finance higher amount than minimum, please overwrite information in the “*Your co-financing*” row.

**Note:** Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

|  |  |
| --- | --- |
| **Country group** | Low |

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2012 | 2013 | 2014 |  |  |  |  |  |
| **Minimum co-financing** | 0.20 | 0.20 | 0.20 |  |  |  |  |  |
| **Your co-financing (please change if higher)** | 0.20 | 0.20 | 0.20 |  |  |  |  |  |

# **6.****3.3. Wastage factor**

Please indicate wastage rate:

Countries are expected to plan for a maximal wastage rate of:

* 50% - for a lyophilised vaccine in 10 or 20-dose vial,
* 25% - for a liquid vaccine in 10 or 20-dose vial or a lyophilised vaccine in 5-dose vial,
* 10% - for a lyophilised/liquid vaccine in 2-dose vial, and
* 5% - for a liquid vaccine in 1-dose vial

**Note:** Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2012 | 2013 | 2014 |  |  |  |  |  |
| **Vaccine wastage rate in %** | 5% | 5% | 5% |  |  |  |  |  |
| **Equivalent wastage factor** | 1.05 | 1.05 | 1.05 |  |  |  |  |  |

# **6.3.4. Specifications of vaccinations with new vaccine**

|  | **Data from** |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** |  |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | Table 1 | # | 53,192 | 54,494 | 56,398 |  |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 50,477 | 52,270 | 54,120 |  |  |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 93.00% | 94.00% | 95.00% |  |  |  |  |  |
| **Estimated vaccine wastage factor** | Table 6.(n).3**[3]** | # | 1.05 | 1.05 | 1.05 |  |  |  |  |  |
| **Country co-financing per dose[2]** | Table 6.(n).2**[3]** | $ | 0.20 | 0.20 | 0.20 |  |  |  |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Total price per-dose includes vaccine cost, plus freight, supplies, insurance, visa costs etc.

**[3]** Where (n) depends on the vaccine

# **6.3.5. Portion of supply to be procured by the country (and cost estimate, US$)**

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** |  |  |  |  |  |
| **Number of vaccine doses** | # | 11,200 | 9,300 | 9,600 |  |  |  |  |  |
| **Number of AD syringes** | # | 12,000 | 9,800 | 10,200 |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 150 | 125 | 125 |  |  |  |  |  |
| **Total value to be co-financed by country** | $ | **42,000** | **35,000** | **36,000** |  |  |  |  |  |

# **6.3.6. Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)**

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** |  |  |  |  |  |
| **Number of vaccine doses** | # | 198,300 | 163,500 | 169,600 |  |  |  |  |  |
| **Number of AD syringes** | # | 211,700 | 172,900 | 179,400 |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 2,350 | 1,925 | 2,000 |  |  |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **743,000** | **612,500** | **635,500** |  |  |  |  |  |

# **6.3.7. New and Under-Used Vaccine Introduction Grant**

Please indicate in the tables below how the one-time Introduction Grant**[1]** will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP).

**Calculation of lump-sum for the Pneumococcal (PCV10), 2 doses/vial, Liquid**

If the total is lower than US$100,000, it is automatically rounded up to US$100,000

| **Year of New Vaccine Introduction** | **Births (from Table 1)** | **Share per Birth in US$** | **Total in US$** |
| --- | --- | --- | --- |
| 2012 | 60,509 | 0.30 | 100,000 |

**[1]** The Grant will be based on a maximum award of $0.30 per infant in the birth cohort with a minimum starting grant award of $100,000

**Cost (and finance) to introduce the Pneumococcal (PCV10), 2 doses/vial, Liquid (US$)**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Cost Category** | **Full needs for new vaccine introduction in US$** | **Funded with new vaccine introduction grant in US$** |
| --- | --- | --- |
| **Training** | 57,146 | 15,518 |
| **Social Mobilization, IEC and Advocacy** | 47,893 | 13,241 |
| **Cold Chain Equipment & Maintenance** | 932,729 |  |
| **Vehicles and Transportation** | 72,173 |  |
| **Programme Management** | 588,686 | 20,000 |
| **Surveillance and Monitoring** | 316,765 | 13,241 |
| **Human Resources** | 1,610,668 | 30,000 |
| **Waste Management** | 1,737,997 |  |
| **Technical assistance** | 1,162,340 | 8,000 |
|  |  |  |  |
| **Totals** | 6,526,397 | 100,00 |

# **6.4.1. Requested vaccine ( Rotavirus 3-dose schedule )**

As reported in the cMYP, the country plans to introduce Rotavirus 3-dose schedule vaccine.

# **6.4.2. Co-financing information**

If you would like to co-finance higher amount than minimum, please overwrite information in the “*Your co-financing*” row.

**Note:** Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

|  |  |
| --- | --- |
| **Country group** | Low |

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2013 | 2014 |  |  |  |  |  |  |
| **Minimum co-financing** | 0.13 | 0.13 |  |  |  |  |  |  |
| **Your co-financing (please change if higher)** | 0.13 | 0.13 |  |  |  |  |  |  |

# **6.4.3. Wastage factor**

Please indicate wastage rate:

Countries are expected to plan for a maximal wastage rate of:

* 50% - for a lyophilised vaccine in 10 or 20-dose vial,
* 25% - for a liquid vaccine in 10 or 20-dose vial or a lyophilised vaccine in 5-dose vial,
* 10% - for a lyophilised/liquid vaccine in 2-dose vial, and
* 5% - for a liquid vaccine in 1-dose vial

**Note:** Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2013 | 2014 |  |  |  |  |  |  |
| **Vaccine wastage rate in %** | 5% | 5% |  |  |  |  |  |  |
| **Equivalent wastage factor** | 1.05 | 1.05 |  |  |  |  |  |  |

# **6.4.4. Specifications of vaccinations with new vaccine**

|  | **Data from** |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** |  |  |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | Table 1 | # | 54,494 | 56,398 |  |  |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 52,270 | 54,120 |  |  |  |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 94.00% | 95.00% |  |  |  |  |  |  |
| **Estimated vaccine wastage factor** | Table 6.(n).3**[3]** | # | 1.05 | 1.05 |  |  |  |  |  |  |
| **Country co-financing per dose[2]** | Table 6.(n).2**[3]** | $ | 0.13 | 0.13 |  |  |  |  |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Total price per-dose includes vaccine cost, plus freight, supplies, insurance, visa costs etc.

**[3]** Where (n) depends on the vaccine

# **6.4.5. Portion of supply to be procured by the country (and cost estimate, US$)**

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** |  |  |  |  |  |  |
| **Number of vaccine doses** | # | 8,000 | 8,300 |  |  |  |  |  |  |
| **Number of AD syringes** | # |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 100 | 100 |  |  |  |  |  |  |
| **Total value to be co-financed by country** | $ | **28,000** | **23,500** |  |  |  |  |  |  |

# **6.4.6. Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)**

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** |  |  |  |  |  |  |
| **Number of vaccine doses** | # | 206,700 | 170,900 |  |  |  |  |  |  |
| **Number of AD syringes** | # |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 2,300 | 1,900 |  |  |  |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **725,000** | **480,000** |  |  |  |  |  |  |

# **6.4.7. New and Under-Used Vaccine Introduction Grant**

Please indicate in the tables below how the one-time Introduction Grant**[1]** will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP).

**Calculation of lump-sum for the Rotavirus 3-dose schedule**

If the total is lower than US$100,000, it is automatically rounded up to US$100,000

| **Year of New Vaccine Introduction** | **Births (from Table 1)** | **Share per Birth in US$** | **Total in US$** |
| --- | --- | --- | --- |
| 2013 | 61,991 | 0.30 | 100,000 |

**[1]** The Grant will be based on a maximum award of $0.30 per infant in the birth cohort with a minimum starting grant award of $100,000

**Cost (and finance) to introduce the Rotavirus 3-dose schedule (US$)**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Cost Category** | **Full needs for new vaccine introduction in US$** | **Funded with new vaccine introduction grant in US$** |
| --- | --- | --- |
| **Training** | 101,262 | 15,518 |
| **Social Mobilization, IEC and Advocacy** | 76,000 | 13,241 |
| **Cold Chain Equipment & Maintenance** | 8,116,997 |  |
| **Vehicles and Transportation** | 127,329 |  |
| **Programme Management** | 784,767 | 20,000 |
| **Surveillance and Monitoring** | 416,263 | 13,241 |
| **Human Resources** | 1,090,165 | 30,000 |
| **Waste Management** | 319,335 |  |
| **Technical assistance** | 20,000 | 8,000 |
|  |  |  |  |
| **Totals** | 11,052,118 | 100,000 |

# **Procurement and Management of New and Under-Used Vaccines**

**Note:** The PCV vaccine must be procured through UNICEF

1. Please show how the support will operate and be managed including procurement of vaccines (GAVI expects that most countries will procure vaccine and injection supplies through UNICEF)

|  |
| --- |
| The vaccines will be purchased through UNICEF. |

1. If an alternative mechanism for procurement and delivery of supply (financed by the country or the GAVI Alliance) is requested, please document

* Other vaccines or immunisation commodities procured by the country and descriptions of the mechanism used.
* The functions of the National Regulatory Authority (as evaluated by WHO) to show they comply with WHO requirements for procurement of vaccines and supply of assured quality.

|  |
| --- |
| NA |

1. Please describe the introduction of the vaccines (refer to cMYP)

|  |
| --- |
| The vaccines will be introduced in all regions of the country in accordance with the cMYP. |

1. Please indicate how funds should be transferred by the GAVI Alliance (if applicable)

|  |
| --- |
| The funds will be transferred according to the bank form included in this proposal |

1. Please indicate how the co-financing amounts will be paid (and who is responsible for this)

|  |
| --- |
| The person responsible for paying the co-financing amounts will be the Secretary of State of Public Treasury of the Mininstry of Health. |

1. Please outline how coverage of the new vaccine will be monitored and reported (refer to cMYP)

|  |
| --- |
| Coverage by the new vaccines will be overseen through data from the DVD-MT data management tool at the regional leval and SMT at the national level. |

# **Vaccine Management (EVSM/EVM/VMA)**

When was the last Effective Vaccine Store Management (EVSM) conducted?May - 2011

When was the last Effective Vaccine Management (EVM) or Vaccine Management Assessment (VMA) conducted?May - 2011

If your country conducted either EVSM, EVM, or VMA in the past three years, please attach relevant reports. (Document N°8)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and VMA tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at <http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html>

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

|  |
| --- |
|  |

When is the next Effective Vaccine Management (EVM) Assessment planned? May - 2013

*Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.*

# **Additional Comments and Recommendations**

Comments and Recommendations from the National Coordinating Body (ICC/HSCC)

|  |
| --- |
|  |

# **Annexes**

# **Annex 1**

# **Annex 1.1 – Pneumococcal (PCV10), 2 doses/vial, Liquid**

**Table 1.1 A** - Rounded up portion of supply that is procured by the country and estimate of related cost in US$

| **Required supply item** |  | **2012** | **2013** | **2014** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 11,200 | 9,300 | 9,600 |  |  |  |  |  |
| **Number of AD syringes** | *#* | 12,000 | 9,800 | 10,200 |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 150 | 125 | 125 |  |  |  |  |  |
| **Total value to be co-financed by the country** | *$* | 42,000 | 35,000 | 36,000 |  |  |  |  |  |

**Table 1.1 B** - Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.

| **Required supply item** |  | **2012** | **2013** | **2014** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 198,300 | 163,500 | 169,600 |  |  |  |  |  |
| **Number of AD syringes** | *#* | 211,700 | 172,900 | 179,400 |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 2,350 | 1,925 | 2,000 |  |  |  |  |  |
| **Total value to be co-financed by the country** | ***$*** | **743,000** | **612,500** | **635,500** |  |  |  |  |  |

**Table 1.1 C** - Summary table for Pneumococcal (PCV10), 2 doses/vial, Liquid

|  | **Data from** |  | **2012** | **2013** | **2014** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # | 54,276 | 55,606 | 56,968 |  |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # | 50,477 | 52,270 | 54,120 |  |  |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # | 93.00% | 94.00% | 95.00% |  |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # | 53,192 | 54,494 | 56,398 |  |  |  |  |  |
| **Number of doses per child** |  | # | 3 | 3 | 3 |  |  |  |  |  |
| **Estimated vaccine wastage factor** | *Table 6.(n).3***[2]** | # | 1.05 | 1.05 | 1.05 |  |  |  |  |  |
| **Number of doses per vial** |  | # | 2 | 2 | 2 |  |  |  |  |  |
| **AD syringes required** |  | # | Yes | Yes | Yes |  |  |  |  |  |
| **Reconstitution syringes required** |  | # | No | No | No |  |  |  |  |  |
| **Safety boxes required** |  | # | Yes | Yes | Yes |  |  |  |  |  |
| **Vaccine price per dose** |  | $ | 3.500 | 3.500 | 3.500 |  |  |  |  |  |
| **Country co-financing per dose** | *Table 6.(n).2***[2]** | $ | 0.20 | 0.20 | 0.20 |  |  |  |  |  |
| **AD syringe price per unit** |  | $ | 0.053 | 0.053 | 0.053 |  |  |  |  |  |
| **Reconstitution syringe price per unit** |  | $ |  |  |  |  |  |  |  |  |
| **Safety box price per unit** |  | $ | 0.640 | 0.640 | 0.640 |  |  |  |  |  |
| **Freight cost as % of vaccines value** |  | % | 5.00 | 5.00 | 5.00 |  |  |  |  |  |
| **Freight cost as % of devices value** |  | % | 10.00 | 10.00 | 10.00 |  |  |  |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Table 1.1 D** - Estimated number of doses for Pneumococcal (PCV10), 2 doses/vial, Liquid associated injection safety material and related co-financing budget (page 1)

|  |  | **Formula** | **2012** | | | **2013** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 5.34% |  |  | 5.34% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 53,192 | 2,841 | 50,351 | 54,494 | 2,911 | 51,583 |
| C | **Number of doses per child** | Vaccine parameter | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 159,576 | 8,521 | 151,055 | 163,482 | 8,731 | 154,751 |
| E | **Estimated vaccine wastage factor** | Table 6.(n).3. in NVS section**[2]** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| F | **Number of doses needed including wastage** | D \* E | 167,555 | 8,947 | 158,608 | 171,657 | 9,168 | 162,489 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 41,889 | 2,237 | 39,652 | 1,026 | 55 | 971 |
| I | **Total vaccine doses needed** | F + G | 209,444 | 11,184 | 198,260 | 172,683 | 9,223 | 163,460 |
| J | **Number of doses per vial** | Vaccine parameter | 2 | 2 | 2 | 2 | 2 | 2 |
| K | **Number of AD syringes (+ 10% wastage) needed** | (D + G) \* 1.11 | 223,627 | 11,941 | 211,686 | 182,604 | 9,753 | 172,851 |
| L | **Reconstitution syringes (+ 10% wastage) needed** | I / J \* 1.11 |  |  |  |  |  |  |
| M | **Total of safety boxes (+ 10% of extra need) needed** | (K + L) / 100 x 1.11 | 2,483 | 133 | 2,350 | 2,027 | 109 | 1,918 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 733,054 | 39,143 | 693,911 | 604,391 | 32,279 | 572,112 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 11,853 | 633 | 11,220 | 9,679 | 517 | 9,162 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 1,590 | 85 | 1,505 | 1,298 | 70 | 1,228 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 36,653 | 1,958 | 34,695 | 30,220 | 1,614 | 28,606 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 1,345 | 72 | 1,273 | 1,098 | 59 | 1,039 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 784,495 | 41,889 | 742,606 | 646,686 | 34,537 | 612,149 |
| U | **Total country co-financing** | I \* country co-financing per dose | 41,889 |  |  | 34,537 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 5.34% |  |  | 5.34% |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Table 1.1 D -** Estimated number of doses for Pneumococcal (PCV10), 2 doses/vial, Liquid associated injection safety material and related co-financing budget (page 2)

|  |  | **Formula** | **2014** | | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 5.34% |  |  |  |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 56,398 | 3,012 | 53,386 |  |  |  |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 169,194 | 9,036 | 160,158 |  |  |  |
| E | **Estimated vaccine wastage factor** | Table 6.(n).3. in NVS section**[2]** | 1.05 | 1.05 | 1.05 |  |  |  |
| F | **Number of doses needed including wastage** | D \* E | 177,654 | 9,488 | 168,166 |  |  |  |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 1,500 | 81 | 1,419 |  |  |  |
| I | **Total vaccine doses needed** | F + G | 179,154 | 9,568 | 169,586 |  |  |  |
| J | **Number of doses per vial** | Vaccine parameter | 2 | 2 | 2 | 2 | 2 | 2 |
| K | **Number of AD syringes (+ 10% wastage) needed** | (D + G) \* 1.11 | 189,471 | 10,119 | 179,352 |  |  |  |
| L | **Reconstitution syringes (+ 10% wastage) needed** | I / J \* 1.11 |  |  |  |  |  |  |
| M | **Total of safety boxes (+ 10% of extra need) needed** | (K + L) / 100 x 1.11 | 2,104 | 113 | 1,991 |  |  |  |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 627,039 | 33,488 | 593,551 |  |  |  |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 10,042 | 537 | 9,505 |  |  |  |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 1,347 | 72 | 1,275 |  |  |  |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 31,352 | 1,675 | 29,677 |  |  |  |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 1,139 | 61 | 1,078 |  |  |  |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 670,919 | 35,831 | 635,088 |  |  |  |
| U | **Total country co-financing** | I \* country co-financing per dose | 35,831 |  |  |  |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 5.34% |  |  |  |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Annex 1.2 – Rotavirus 3-dose schedule**

**Table 1.2 A** - Rounded up portion of supply that is procured by the country and estimate of related cost in US$

| **Required supply item** |  | **2012** | **2013** | **2014** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* |  | 8,000 | 8,300 |  |  |  |  |  |
| **Number of AD syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* |  | 100 | 100 |  |  |  |  |  |
| **Total value to be co-financed by the country** | *$* |  | 28,000 | 23,500 |  |  |  |  |  |

**Table 1.2 B** - Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.

| **Required supply item** |  | **2012** | **2013** | **2014** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* |  | 206,700 | 170,900 |  |  |  |  |  |
| **Number of AD syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* |  | 2,300 | 1,900 |  |  |  |  |  |
| **Total value to be co-financed by the country** | ***$*** |  | **725,000** | **480,000** |  |  |  |  |  |

**Table 1.2 C** - Summary table for Rotavirus 3-dose schedule

|  | **Data from** |  | **2012** | **2013** | **2014** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # |  | 55,606 | 56,968 |  |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # |  | 52,270 | 54,120 |  |  |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # |  | 94.00% | 95.00% |  |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # |  | 54,494 | 56,398 |  |  |  |  |  |
| **Number of doses per child** |  | # |  | 3 | 3 |  |  |  |  |  |
| **Estimated vaccine wastage factor** | *Table 6.(n).3***[2]** | # |  | 1.05 | 1.05 |  |  |  |  |  |
| **Number of doses per vial** |  | # |  | 1 | 1 |  |  |  |  |  |
| **AD syringes required** |  | # |  | No | No |  |  |  |  |  |
| **Reconstitution syringes required** |  | # |  | No | No |  |  |  |  |  |
| **Safety boxes required** |  | # |  | Yes | Yes |  |  |  |  |  |
| **Vaccine price per dose** |  | $ |  | 3.333 | 2.667 |  |  |  |  |  |
| **Country co-financing per dose** | *Table 6.(n).2***[2]** | $ |  | 0.13 | 0.13 |  |  |  |  |  |
| **AD syringe price per unit** |  | $ |  | 0.053 | 0.053 |  |  |  |  |  |
| **Reconstitution syringe price per unit** |  | $ |  |  |  |  |  |  |  |  |
| **Safety box price per unit** |  | $ |  | 0.640 | 0.640 |  |  |  |  |  |
| **Freight cost as % of vaccines value** |  | % |  | 5.00 | 5.00 |  |  |  |  |  |
| **Freight cost as % of devices value** |  | % |  | 10.00 | 10.00 |  |  |  |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Table 1.2 D** - Estimated number of doses for Rotavirus 3-dose schedule associated injection safety material and related co-financing budget (page 1)

|  |  | **Formula** | **2013** | | | **2014** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 3.71% |  |  | 4.63% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 54,494 | 2,020 | 52,474 | 56,398 | 2,611 | 53,787 |
| C | **Number of doses per child** | Vaccine parameter | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 163,482 | 6,060 | 157,422 | 169,194 | 7,833 | 161,361 |
| E | **Estimated vaccine wastage factor** | Table 6.(n).3. in NVS section**[2]** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| F | **Number of doses needed including wastage** | D \* E | 171,657 | 6,363 | 165,294 | 177,654 | 8,225 | 169,429 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 42,915 | 1,591 | 41,324 | 1,500 | 70 | 1,430 |
| I | **Total vaccine doses needed** | F + G | 214,572 | 7,954 | 206,618 | 179,154 | 8,294 | 170,860 |
| J | **Number of doses per vial** | Vaccine parameter | 1 | 1 | 1 | 1 | 1 | 1 |
| K | **Number of AD syringes (+ 10% wastage) needed** | (D + G) \* 1.11 |  |  |  |  |  |  |
| L | **Reconstitution syringes (+ 10% wastage) needed** | I / J \* 1.11 |  |  |  |  |  |  |
| M | **Total of safety boxes (+ 10% of extra need) needed** | I / 100 x 1.11 | 2,382 | 89 | 2,293 | 1,989 | 93 | 1,896 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 715,169 | 26,508 | 688,661 | 477,804 | 22,121 | 455,683 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit |  |  |  |  |  |  |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 1,525 | 57 | 1,468 | 1,273 | 59 | 1,214 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 35,759 | 1,326 | 34,433 | 23,891 | 1,107 | 22,784 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 153 | 6 | 147 | 128 | 6 | 122 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 752,606 | 27,895 | 724,711 | 503,096 | 23,291 | 479,805 |
| U | **Total country co-financing** | I \* country co-financing per dose | 27,895 |  |  | 23,291 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 3.71% |  |  | 4.63% |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Annex 2**

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

**Table A -** Commodities Cost

| **Vaccine** | **Presentation** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AD syringe | 0 | 0.053 | 0.053 | 0.053 | 0.053 | 0.053 | 0.053 | 0.053 |
| DTP-HepB | 2 | 1.600 |  |  |  |  |  |  |
| DTP-HepB | 10 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 |
| DTP-HepB-Hib | WAP | 2.580 | 2.470 | 2.320 | 2.030 | 1.850 | 1.850 | 1.850 |
| DTP-HepB-Hib | WAP | 2.580 | 2.470 | 2.320 | 2.030 | 1.850 | 1.850 | 1.850 |
| DTP-HepB-Hib | WAP | 2.580 | 2.470 | 2.320 | 2.030 | 1.850 | 1.850 | 1.850 |
| DTP-Hib | 10 | 3.400 | 3.400 | 3.400 | 3.400 | 3.400 | 3.200 | 3.200 |
| HepB monoval | 1 |  |  |  |  |  |  |  |
| HepB monoval | 2 |  |  |  |  |  |  |  |
| Hib monoval | 1 | 3.400 |  |  |  |  |  |  |
| Measles | 10 | 0.240 | 0.240 | 0.240 | 0.240 | 0.240 | 0.240 | 0.240 |
| Pneumococcal(PCV10) | 2 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 |
| Pneumococcal(PCV13) | 1 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 |
| Reconstit syringe for Pentaval (2ml) | 0 | 0.032 | 0.032 | 0.032 | 0.032 | 0.032 | 0.032 | 0.032 |
| Reconstit syringe for YF | 0 | 0.038 | 0.038 | 0.038 | 0.038 | 0.038 | 0.038 | 0.038 |
| Rotavirus 2-dose schedule | 1 | 7.500 | 6.000 | 5.000 | 4.000 | 3.600 | 3.600 | 3.600 |
| Rotavirus 3-dose schedule | 1 | 5.500 | 4.000 | 3.333 | 2.667 | 2.400 | 2.400 | 2.400 |
| Safety box | 0 | 0.640 | 0.640 | 0.640 | 0.640 | 0.640 | 0.640 | 0.640 |
| Yellow Fever | WAP | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 |
| Yellow Fever | WAP | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 |

**Note:** WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

**Table B -** Commodities Freight Cost

| **Vaccines** | **Group** | **No Threshold** | **200’000 $** | | **250’000 $** | | **2’000’000 $** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **<=** | **>** | **<=** | **>** | **<=** | **>** |
| Yellow Fever | Yellow Fever |  | 20% |  |  |  | 10% | 5% |
| DTP+HepB | HepB and or Hib | 2% |  |  |  |  |  |  |
| DTP-HepB-Hib | HepB and or Hib |  |  |  | 15% | 3,50% |  |  |
| Pneumococcal vaccine (PCV10) | Pneumococcal | 5% |  |  |  |  |  |  |
| Pneumococcal vaccine (PCV13) | Pneumococcal | 5% |  |  |  |  |  |  |
| Rotavirus | Rotavirus | 5% |  |  |  |  |  |  |
| Measles | Measles | 10% |  |  |  |  |  |  |

**Table C -** **Low** - Minimum country's co-payment per dose of co-financed vaccine.

| **vaccine** | **2012** | **2013** | **2014** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pneumococcal(PCV10), 2 doses/vial, Liquid** | 0.20 | 0.20 | 0.20 |  |  |  |  |
| **Rotavirus 3-dose schedule** |  | 0.13 | 0.13 |  |  |  |  |

**Table D -** Wastage rates and factors

Countries are expected to plan for a maximal wastage rate of:

* 50% - for a lyophilised vaccine in 10 or 20-dose vial,
* 25% - for a liquid vaccine in 10 or 20-dose vial or a lyophilised vaccine in 5-dose vial,
* 10% - for a lyophilised/liquid vaccine in 2-dose vial, and
* 5% - for a liquid vaccine in 1-dose vial

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vaccine wastage rate | 5% | 10% | 15% | 20% | 25% | 30% | 35% | 40% | 45% | 50% | 55% | 60% |
| Equivalent wastage factor | 1.05 | 1.11 | 1.18 | 1.25 | 1.33 | 1.43 | 1.54 | 1.67 | 1.82 | 2 | 2.22 | 2.5 |

WHO International shipping guidelines: maximum packed volumes of vaccines

**Table E -** Vaccine maximum packed volumes

| **Vaccine product** | **Designation** | **Vaccine formulation** | **Admin route** | **No. Of doses in the schedule** | **Presentation (doses/vial, prefilled)** | **Packed volume vaccine (cm3/dose)** | **Packed volume diluents (cm3/dose)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| BCG | BCG | lyophilized | ID | 1 | 20 | 1.2 | 0.7 |
| Diphtheria-Tetanus-Pertussis | DTP | liquid | IM | 3 | 20 | 2.5 |  |
| Diphtheria-Tetanus-Pertussis | DTP | liquid | IM | 3 | 10 | 3.0 |  |
| Diphtheria-Tetanus | DT | liquid | IM | 3 | 10 | 3.0 |  |
| Tetanus-Diphtheria | Td | liquid | IM | 2 | 10 | 3.0 |  |
| Tetanus Toxoid | TT | liquid | IM | 2 | 10 | 3.0 |  |
| Tetanus Toxoid | TT | liquid | IM | 2 | 20 | 2.5 |  |
| Tetanus Toxoid UniJect | TT | liquid | IM | 2 | Uniject | 12.0 |  |
| Measles | Measles | lyophilized | SC | 1 | 1 | 26.1 | 20.0 |
| Measles | Measles | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles | Measles | lyophilized | SC | 1 | 5 | 5.2 | 7.0 |
| Measles | Measles | lyophilized | SC | 1 | 10 | 3.5 | 4.0 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 1 | 26.1 | 26.1 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 5 | 5.2 | 7.0 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 1 | 26.1 | 26.1 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 5 | 5.2 | 7.0 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 10 | 3.0 | 4.0 |
| Polio | OPV | liquid | Oral | 4 | 10 | 2.0 |  |
| Polio | OPV | liquid | Oral | 4 | 20 | 1.0 |  |
| Yellow fever | YF | lyophilized | SC | 1 | 5 | 6.5 | 7.0 |
| Yellow fever | YF | lyophilized | SC | 1 | 10 | 2.5 | 3.0 |
| Yellow fever | YF | lyophilized | SC | 1 | 20 | 1.5 | 2.0 |
| Yellow fever | YF | lyophilized | SC | 1 | 50 | 0.7 | 1.0 |
| DTP-HepB combined | DTP-HepB | liquid | IM | 3 | 1 | 9.7 |  |
| DTP-HepB combined | DTP-HepB | liquid | IM | 3 | 2 | 6.0 |  |
| DTP-HepB combined | DTP-HepB | liquid | IM | 3 | 10 | 3.0 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 1 | 18.0 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 2 | 13.0 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 6 | 4.5 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 10 | 4.0 |  |
| Hepatitis B UniJect | HepB | liquid | IM | 3 | Uniject | 12.0 |  |
| Hib liquid | Hib\_liq | liquid | IM | 3 | 1 | 15.0 |  |
| Hib liquid | Hib\_liq | liquid | IM | 3 | 10 | 2.5 |  |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 1 | 13.0 | 35.0 |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 2 | 6.0 |  |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 10 | 2.5 | 3.0 |
| DTP liquid + Hib freeze-dried | DTP+Hib | liquid+lyop. | IM | 3 | 1 | 45.0 |  |
| DTP-Hib combined liquid | DTP+Hib | liquid+lyop. | IM | 3 | 10 | 12.0 |  |
| DTP-Hib combined liquid | DTP-Hib | liquid | IM | 3 | 1 | 32.3 |  |
| DTP-HepB liquid + Hib freeze-dried | DTP-Hib | liquid | IM | 3 | 10 | 2.5 |  |
| DTP-HepB liquid + Hib freeze-dried | DTP-HepB+Hib | liquid+lyop. | IM | 3 | 1 | 22.0 |  |
| DTP-HepB-Hib liquid | DTP-HepB+Hib | liquid+lyop. | IM | 3 | 2 | 11.0 |  |
| DTP-HepB-Hib liquid | DTP-HepB-Hib | liquid | IM | 3 | 10 | 4.4 |  |
| DTP-HepB-Hib liquid | DTP-HepB-Hib | liquid | IM | 3 | 2 | 13.1 |  |
| DTP-HepB-Hib liquid | DTP-HepB-Hib | liquid | IM | 3 | 1 | 19.2 |  |
| Meningitis A/C | MV\_A/C | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Meningitis A/C | MV\_A/C | lyophilized | SC | 1 | 50 | 1.5 | 3.0 |
| Meningococcal A/C/W/ | MV\_A/C/W | lyophilized | SC | 1 | 50 | 1.5 | 3.0 |
| Meningococcal A/C/W/Y | MV\_A/C/W/Y | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Meningitis W135 | MV\_W135 | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Meningitis A conjugate | Men\_A | lyophilized | SC | 2 | 10 | 2.6 | 4.0 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 10 | 15.0 |  |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 10 | 8.1 | 8.1 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 5 | 2.5 | 2.9 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 1 | 12.6 | 11.5 |
| Japanese Encephalitis | JE\_liq | liquid | SC | 3 | 10 | 3.4 |  |
| Rota vaccine | Rota\_lyo | lyophilized | Oral | 2 | 1 | 156.0 |  |
| Rota vaccine | Rota\_liq | liquid | Oral | 2 | 1 | 17.1 |  |
| Rota vaccine | Rota\_liq | liquid | Oral | 3 | 1 | 45.9 |  |
| Pneumo. conjugate vaccine 7-valent | PCV-7 | liquid | IM | 3 | PFS | 55.9 |  |
| Pneumo. conjugate vaccine 7-valent | PCV-7 | liquid | IM | 3 | 1 | 21.0 |  |
| Pneumo. conjugate vaccine 10-valent | PCV-10 | liquid | IM | 3 | 1 | 11.5 |  |
| Pneumo. conjugate vaccine 10-valent | PCV-10 | liquid | IM | 3 | 2 | 4.8 |  |
| Pneumo. conjugate vaccine 13-valent | PCV-13 | liquid | IM | 3 | 1 | 12.0 |  |
| Polio inactivated | IPV | liquid | IM | 3 | PFS | 107.4 |  |
| Polio inactivated | IPV | liquid | IM | 3 | 10 | 2.5 |  |
| Polio inactivated | IPV | liquid | IM | 3 | 1 | 15.7 |  |
| Human Papilomavirus vaccine | HPV | liquid | IM | 3 | 1 | 15.0 |  |
| Human Papilomavirus vaccine | HPV | liquid | IM | 3 | 2 | 5.7 |  |
| Monovalent OPV-1 | mOPV1 | liquid | Oral |  | 20 | 1.5 |  |
| Monovalent OPV-3 | mOPV3 | liquid | Oral |  | 20 | 1.5 |  |

# **Attachments**

# **List of Supporting Documents Attached to this Proposal**

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| **Document** | **Section** | **Document Number** | **Mandatory[1]** |
| **MoH Signature (or delegated authority) of Proposal** |  | **1** | **Yes** |
| **MoF Signature (or delegated authority) of Proposal** |  | **2** | **Yes** |
| **Signatures of ICC or HSCC or equivalent in Proposal** |  | **3** | **Yes** |
| **Minutes of ICC/HSCC meeting endorsing Proposal** |  | **4** | **Yes** |
| **comprehensive Multi Year Plan - cMYP** |  | **5** | **Yes** |
| **cMYP Costing tool for financial analysis** |  | **6** | **Yes** |
| **Minutes of last three ICC/HSCC meetings** |  | **7** | **Yes** |
| **Improvement plan based on EVM** |  | **8** | **Yes** |
| **WHO/UNICEF Joint Reporting Form (JRF)** |  |  |  |
| **ICC/HSCC workplan for forthcoming 12 months** |  |  |  |
| **National policy on injection safety** |  |  |  |
| **Action plans for improving injection safety** |  |  |  |
| **Plan for NVS introduction (if not part of cMYP)** |  |  |  |
| **Banking details** |  |  |  |

**[1]** Please indicate the duration of the plan / assessment / document where appropriate

# **Attachments**

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| 1 | **File Type:**  MoH Signature (or delegated authority) of Proposal \*  **File Desc:**  MoH and MoF Signature | **File name:**  [F:\SUBMISSÃO 2011\Signatures MINFIN et MINSAN.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=15225571&propertyName=FormAttachments%5b0%5d.FileData)  **Date/Time:**  03.06.2011 11:24:24  **Size:**  157 KB | |  |  |
| 2 | **File Type:**  MoF Signature (or delegated authority) of Proposal \*  **File Desc:**  Signature Minister of Finance | **File name:**  [F:\SUBMISSÃO 2011\Signatures MINFIN et MINSAN.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=15225571&propertyName=FormAttachments%5b1%5d.FileData)  **Date/Time:**  03.06.2011 07:36:28  **Size:**  157 KB | |  |  |
| 3 | **File Type:**  Signatures of ICC or HSCC or equivalent in Proposal \*  **File Desc:**  Signature of IACC in the Proposal | **File name:**  [F:\SUBMISSÃO 2011\Signatures CCIA.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=15225571&propertyName=FormAttachments%5b2%5d.FileData)  **Date/Time:**  03.06.2011 07:41:25  **Size:**  149 KB | |  |  |
| 4 | **File Type:**  Minutes of ICC/HSCC meeting endorsing Proposal \*  **File Desc:**  Minutes of ICC meeting endorsing the Proposal | **File name:**  [F:\SUBMISSÃO 2011\Compte rendu CCIA.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=15225571&propertyName=FormAttachments%5b3%5d.FileData)  **Date/Time:**  03.06.2011 07:44:10  **Size:**  190 KB | |  |  |
| 5 | **File Type:**  comprehensive Multi Year Plan - cMYP \*  **File Desc:**  Comprehensive Multi Year Plan | **File name:**  [H:\PEER REVIEW WORKSHOP 2011\PPAC-DOC N2\_actualizado\_2011.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=15225571&propertyName=FormAttachments%5b4%5d.FileData)  **Date/Time:**  03.06.2011 07:53:43  **Size:**  1 MB | |  |  |
| 6 | **File Type:**  cMYP Costing tool for financial analysis \*  **File Desc:**  cMYP Costing tool for financial analysis | **File name:**  [H:\PEER REVIEW WORKSHOP 2011\DOCUMENTOS ENVIADOS\_GAVI-Maio 2011\cMYP\_Costing\_Tool\_Vs 2 5\_Fr\_01 06 2011.xls](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=15225571&propertyName=FormAttachments%5b5%5d.FileData)  **Date/Time:**  03.06.2011 08:06:37  **Size:**  3 MB | |  |  |
| 7 | **File Type:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:**  Minutes of the last three ICC meetings | **File name:**  [H:\PEER REVIEW WORKSHOP 2011\DOCUMENTOS ENVIADOS\_GAVI-Maio 2011\Reunião extraodinaria do CCIA SETEMBRO2010.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=15225571&propertyName=FormAttachments%5b6%5d.FileData)  **Date/Time:**  03.06.2011 08:09:52  **Size:**  45 KB | |  |  |
| 8 | **File Type:**  Improvement plan based on EVM \*  **File Desc:**  EVM Report | **File name:**  [H:\PEER REVIEW WORKSHOP 2011\DOCUMENTOS ENVIADOS\_GAVI-Maio 2011\EVMBissauV3a.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=15225571&propertyName=FormAttachments%5b7%5d.FileData)  **Date/Time:**  03.06.2011 08:34:59  **Size:**  3 MB | |  |  |