

*GAVI Alliance*

**Application Form for Country Proposals**

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

Submitted by

The Government of

***Haiti***

Date of submission: **30.05.2011 19:37:19**

**Deadline for submission: 1 Jun 2011**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Start Year | 2011 | End Year | 2015 |

**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 COMMR.CIAL BANK ACCOUNTS**  The Country is responsible for undertaking the necessary due diligence on all comMr.cial 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 | DTP-HepB-Hib, 1 dose/vial, Liquid | 2012 | 2015 |  |  |
| New Vaccines Support | Pneumococcal (PCV13), 1 doses/vial, Liquid | 2013 | 2015 |  |  |
| New Vaccines Support | Rotavirus 2-dose schedule | 2013 | 2015 |  |  |

**[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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# **Executive Summary**

1. Background

the Republic of Haiti occupies the western third of the Quisqueya Island it shares with the Dominican Republic. It has an area of 27,750 square kilometers. The last general Population and Housing Census (PHC), conducted by the Haitian Institute of Statistics and Informatics (IHSI) in 2003, counted a population of 8,938,655. This is estimated to be 10,363,566 in 2011 considering a growth rate of 2.76%. This is a very young population with 12% under the age of 5 years, more than 50% under the age of 21 years. Distribution by sex shows that there are slightly more women (52%) than men (48%).

The population density of 373 inhabitants per km2 is very high. About 60% of the population lives in rural areas (2003). Two-thirds of this rural population lives in isolated villages in mountainous areas. This situation, added to the dispersion of rural housing makes the delivery of basic health services extremely difficult, in view of the advanced immunization strategy.

Since the late '60s, the country has experienced a large movement of its rural population towards the capital Port-au-Prince and larger cities. This rural exodus aggravated from the 90s, has resulted in a steep decline in agricultural production, the impoverishment of the peasantry and the growing formation of poverty belts around the main cities of the country.

The Republic of Haiti is divided into 10 departments, 140 municipalities and 553 communal sections. The distribution of as many health institutions across the territory as of human resources reflects the acuteness of social inequalities in health. Indeed the country has 2.5 doctors, 1 nurse and 2.5 auxiliary nurses per 10,000 inhabitants, being 6 human resources against 25/ 10,000 by PAHO/ WHO standards. On the other hand, a little over 50% of the population lives more than 1 hours walking distance of a health institution. About 74% of women deliver at home (EMMUS IV)

The Haitian health system is divided into ten health departments whose 140 municipalities are grouped into 58 municipal health units (MHU) which form the organizational basis of health decentralization advocated by the national health policy. The hybrid system consists of public health institutions, private philanthropy, mixed and private for profit institutions, added to the over-reliance of its funding from the international community, does not facilitate the coordination of multiple stakeholders through a Department whose management capabilities need to be strengthened.

Finally health decentralization is supposed to realization through three levels of care: a primary level, where first line Health Services will be networked with and around a Reference Community Hospital, a secondary level represented by a County hospital and a tertiary level by university hospitals and specialized hospitals. The decentralization process initiated in the 80s has not evolved much. To date, the county health departments have very little power and few resources to perform the duties assigned to them. On the other hand, the MOPHP, have not yet taken concrete measures to make the of UCS the health decentralization approach par excellence, it follows that despite the plans developed for this purpose and the resources invested, very few Communal Health units are functional.   
Routine vaccine coverage for 0-11 months is insufficient (DTP 3: 70% and RR 45% in 2010) lead to the accumulation of unvaccinated people. Routine covers estimated for 2010 by the Health Information System (administrative covers) must be interpreted keeping in mind:

• Firstly, the completeness of national institutions monthly reporting is 56%;

• On the other hand, the Measles Rubella (MR) was generally only administered after the first year, the MOPHP's CEO's circular requiring the administration of the MR at 9 months has not been followed in many service delivery sites.

• Finally, the catch up made ​​during the infancy week was not taken into account.  
  
The EPI Multi-Year Plan, covering the period 2011-15 which underlies the present application, provides not only the introduction of new vaccines and the development of measures to control and reduce vaccine wastage, but also the implementation of strategies aimed at improving immunization coverage. This Plan, developed as the National Health Sector Plan expired (2010), should be revised as the new National Health Sector Plan will be made available and validated by the new government.

2. Nature of the proposal.-

The Department of Public Health and Population (MOPHP) in Haiti seeks support from the GAVI Alliance to introduce 3 new vaccines into the national schedule: the pentavalent vaccine, DTP-HepB-Hib, the anti-pneumococcal vaccine and the anti rotavirus vaccine. The MOPHP has planned a national introduction of these vaccines, from the beginning of 2012 for the pentavalent and 2013 for the two others, capitalizing on the experience of introducing the pentavalent. The support requested from GAVI is for a period of 5 years from the year of introduction of the vaccine in question.

3. Justification of the proposal

a) Pentavalent vaccine (DTP-HepB-Hib).-

Acute respiratory infections are the most common causes of mortality in underdeveloped countries. Pneumonia kills more children less than 5 years old than other diseases. In 2008, the WHO and UNICEF reported that globally pneumonia was responsible for 14% of all deaths of children less than 5 years old (being 1.6 million deaths) and in the Americas, it was 10%. The introduction of the pentavalent vaccine in the immunization schedule in countries like Gambia and Kenya in Africa has resulted in a substantial reduction in infant and child mortality due to pneumonia. Similar results were obtained in South American countries like Colombia, Chile, Brazil and Uruguay. On the other hand the introduction of the pentavalent vaccine in the Dominican Republic was followed by a drastic reduction in the incidence of childhood meningitis.

In Haiti, it is estimated that pneumonia is responsible for approximately 20% of deaths in this age group. This rate is 2 times that of other Latin American and Caribbean countries, with the exception of the Dominican Republic where it is 18%. As we know, the type B Haemophilus influenza is placed as the second leading cause of pneumonia and is the leading cause of death in infants and children in underdeveloped countries, primarily affecting the group of 6 to 18 months.Haiti is currently the only country in Latin America and the Caribbean that has not yet introduced the conjugates type B Haemophilus influenza and anti-hepatitis B into its program.

The MOPHP taking into account the importance of ARI in infant/ child mortality and the contribution of the type B haemophilus influenza in the etiology of the latter, has decided to benefit Haitian children with the pentavalent vaccine that in addition, prevents cases of hepatitis B in which seroprevalence in blood donors shows a high rate of 4 to 6%. (Ref PNST -2009). The MOPHP gives higher priority to the pentavalent vaccine considering the fact that it avoids the deaths of children at minimal cost.

b) Pneumococcal and rotavirus vaccines

Regionally, in Latin America and the Caribbean, it was estimated that pneumococcal infections annually caused 1.3 million of low profile otitis, 327,000 cases of pneumonia, 1229 cases of pneumococcal septicemia and 3918 cases of pneumococcal meningitis. Immunization with the anti-pneumococcal conjugate vaccine would probably have prevented many of these cases being, 0.9 lives saved per 1000 children vaccinated, and 1 case of pneumococcal disease prevented for every 80 children vaccinated.   
On the other hand, it is estimated that in Latin America and the Caribbean the rotavirus causes about 111 million cases of gastroenteritis requiring home care, 25 million doctor visits, 2 million hospitalizations and between 352,000 and 592,000 deaths in children under 5 years of age.

In Haiti, the most recent estimate of the rate of infant and child mortality rates (ICMR) goes back to the EMMUS-IV (2005-2006). It was 86 per 1000 live births. It is a very high ICMR: it means that the 282,386 expected births in 2010 will be followed by the death of 2428 children aged 0-5 years and that a Haitian child has a 1 in 12 child risk of death before their fifth birthday.

The causes of infant deaths as well as those of child deaths are dominated by the so-called poverty diseases, namely: infectious diseases and malnutrition that respectively hold 1st and 2nd place and total more than half (56%) of deaths under one year and three quarters (81%) thereafter. Among the common fatal infections under 1 year, 31% are ARI, 26% are diarrhea and 13% meningitis. Whilst from 1 year to 4 years, among the common fatal infections, 37% are diarrhea diseases, 21% acute respiratory infections and 9% are meningitis. There is evidence that the pneumococcus, like type B Haemophilus influenza, is a predominant etiology of serious ARI and potentially fatal in those under 5 years of age. It is the same for meningitis in this age group. It is also established that the rotavirus is a predominant etiology of deaths from diarrhea in children less than 5 years of age.

The Department of Public Health and Population (MOPHP) taking into account the importance of ARI and diarrhea diseases in infant/ child mortality and estimates of the respective contribution of the pneumococcus and rotavirus in the etiology of these has decided to give Haitian children anti-pneumococcal and anti-rotavirus vaccines.

4. Selected formulations

Haiti has chosen to introduce the following forms of new vaccines:

• The vial of 1 dose of Pentavalent vaccine DTP-HepB-Hib (liquid form) to be given to children under one year following the same schedule as the DTC vaccine being three doses of primary vaccination at 6, 10 and 14 weeks. This form provides three advantages: it requires no dilution or reconstitution syringes, reduces the risks associated with handling by unskilled workers and significantly reduces the risk of losses. For the booster set in the national calendar, because of the limited impact of Haemophilus influenza observed between 12 and 24 months and the high cost of the DTP-HepB-Hib vaccine, one dose of DPT is administered 1 year after the third dose of the pentavalent vaccine.

• The Vial of 1 dose of anti-pneumococcal vaccine liquid. This vaccine will be administered as 3 doses on the same schedule as DTP-Hep B-Hib, being 6, 10 and 14 weeks.

• The vial of a liquid dose of anti-rotavirus vaccine for 2 scheduled doses. This vaccine will be administered as 2 doses at 6 and 10 weeks.

5. Cold chain

An external evaluation of the cold chain and vaccine management has just been carried out by an international consultant. This allowed the estimation of existing storage capacity on the three operational levels. This data was compared with the storage capacities that are necessary in view of the introduction of the new vaccines.   
The assessment has identified gaps in the storage volume at operational level and allowed for the proposal of adequate measures to meet the needs of additional storage space. Accompanying measures in the short term and budget projections are also proposed for improving the cold chain management, as well as the distribution of vaccines and inputs at all levels.

At a central level, the necessary capacity in preparation for the introduction of 3 new vaccines is estimated at 40 M3, against a current capacity of 17 M3 in positive temperature. It is intended to complete the storage capacity in 2011, by installing two additional cold rooms of 20 m3 capacity each.

At departmental level, the overall storage capacity necessary for the introduction of 3 new vaccines is estimated at almost 10 M3. The total consolidated existing capacity is 3.8 m3. These gaps in storage capacity will be filled within the 21 departmental and sub departmental depots in 2011/12. These depot's equipment parks will be reconfigured to gradually replace the existing small gas refrigerators by the use of larger electrical refrigerators. Priority use of solar energy is also planned to continually satisfy the energy needs of this new cold chain intermediary. Subsequently, the substitution of certain departmental depot's refrigerator pools with cold rooms will be considered amongst the support opportunities and feasibility studies results.

At institutional level, providers whose storage capacity is usually sufficient, reinforcements will be made ​​according to needs identified by detailed physical inventories. Preference will be given to solar units while ensuring retention of the panels. The recommendations of the external vaccine management and cold chain evaluation will be implemented from 2011 and assessed at the end of 2012, to control and reduce losses.

6. Plan for the introduction of new vaccines

The introduction of pentavalent as concomitant of the anti pneumococcal and anti Rotavirus vaccine will be preceded by preparatory measures to: a) supplement the storage capacity and improve cold chain and vaccine management to control and reduce losses, set up the target disease monitoring devices and suspected Adverse Events Following Immunization (AEFI), capacity of health personnel and inform and educate the public as well as professional bodies, the media and authorities/ leaders

7. Expected Results

The objectives of vaccination coverage of 281,192 survivors at one year in 2012 (which will be 305,124 in 2015) are: for the third dose of Pentavalent: 75% in 2012, 80% in 2013, 85% in 2014, and 90% in 2015. For the anti pneumococcal vaccines, they are for the third dose, 80% in 2013, 85% in 2014, 90% in 2015; for the anti rotavirus vaccine, the objectives are for the second dose of 80% in 2013 85% in 2014 and 90% in 2015. Meanwhile, the rate of loss of all these vaccines should not exceed the minimum loss rate of 5%.   
  
8. The Partners:

The national vaccination program is approved by several partners who are all part of the Interagency Coordinating Committee/ EPI (ICC/ EPI). They are:

• the traditional partners: PAHO/ WHO (technical and financial support), UNICEF (financial, technical and logistic support)

• the other partners: ACDI (financial support), the Japanese Cooperation (logistics), The Center for Disease Control (CDC/ USA) (technical and financial), Brazil and Cuba through the tripartite project (financial and technical)

9. Financing

The amount of support requested from GAVI for the acquisition of pentavalent and related inputs is estimated by the country application form at: USD 7,299,000.00 for co-financing expected from the country of USD 694,000.00. For pneumococcus, the co-financing amounts are respectively USD 9,774,000.00 and USD 552,000.00. For rotavirus, they amounted to USD 7,783,000.00 and USD 368,500.00. The operational costs of the introduction, which will be financed through the "One Time New Vaccine Introduction Grant from GAVI Alliance" is US$ 300,000.00 (being 100,000.00 per new vaccine.)   
On the other hand, the cold chain adjustment costs by level will be supported by the tripartite project (Haiti-Brazil-Cuba) as well as by JICA probably.

# **Signatures**

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

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

The Government of Haiti 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 DTP-HepB-Hib 1 dose/vial Liquid , Pneumococcal (PCV13) 1 doses/vial Liquid , Rotavirus 2-dose schedule introduction.

The Government of Haiti 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 October.

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** | Dr Alex LARSEN | **Name** | Mr. Ronald BAUDIN |
| **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** |
| --- | --- | --- | --- | --- |
| Dr Jean Ronald Cadet | National Director EPI | (509) 34595601 / ( 509 )36615091 | janwonal@yahoo.fr |  |

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

We the members of the ICC, HSCC, or equivalent committee**[1]** met on the 10.05.2011 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: 1.

**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** |
| --- | --- | --- | --- |
| Dr Alex LARSEN / Minister | Ministry of Public Health and Population |  |  |
| Dr Gabriel THIMOTHE/ Director General | Ministry of Public Health and Population |  |  |
| Mme Gabrielle MATHIEU/ First Secretary, Development | Canadian Embassy |  |  |
| Dr Peter GRAAFF / Representative in Haiti | Representative of PAHO/WHO |  |  |
| Ms. Francoise GRULOOS-ACKERMANS / Representative in Haiti | UNICEF |  |  |
| Mr. Koïchiro ISHIYAMA / Attaché | Japan Embassy |  |  |
| Mr. Carlos FELIPE ALMEIDA / Coordinator | Tripatrite project Haiti/ Brazill/ Cuba |  |  |
| Mr. Jorge VELASCO / Director | Health /Nutrition Project USAID |  |  |
| Sr Estivez GONZALO / Coordinator | Cuban Medical Brigade |  |  |
| Dr Elsie OVILE POTHEL | Haitian Pediatric Society (HPS) |  |  |

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

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Dr Jean Ronald CADET | **Title** | National EPI Director |
| **Tel no** | (509) 34595601 / ( 509 )36615091 |
| **Fax no** |  | **Address** | EPI Office  Ministère de la Sante Publique et de la Population Ancien local de l'hôpital Militaire Rue St Honore # 111  Port-au-Prince , Haiti |
| **Email** | janwonal@yahoo.fr |

# **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 Coordination Committee EPI (ICC/EPI ) |
| **Year of constitution of the current committee** | 1987 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | The ICC is not part of the committee. It is an ad hoc Committee formed by the MOPHP for ensuring the development of EPI |
| **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/MOPHP or Director General MOPHP | Dr Alex LARSEN or Dr Gabriel THIMOTHE |
| **Secretary** | National Director EPI | Dr Jean Ronald CADET |
| **Members** | Representative/ PAHO/WHO | Mr.Peter GRAAFF | **Action** |
|  | First Secretary, Development// Canadian Embassy | Mrs. Gabrielle MATHIEU |  |
|  | Representative/ UNICEF | Mrs.Françoise GRULOOS |  |
|  | Attaché to the Japanese Embassy | Mr. Koïchiro ISHYAMA |  |
|  | Coordinator / Tripatrite Project Haiti /Brazil / Cuba | Mr. Carlos FELIPE ALMEIDA |  |
|  | –Director/ Health/Nutrition Project USAID | Mr. Jorge VELASCO |  |
|  | Coordinator/ Cuban Medical Brigade | Mr. Estivez GONZALO |  |
|  | Dr Elsie OVILE POTHEL | Haitian Pediatric Society (HPS) |  |

Major functions and responsibilities of the committee

|  |
| --- |
| **The ICC/ EPI are the consultative bodies between the MOPHP and its partners. This consultation covers the program guidelines, within the following interventions:**   * **development of the EPI Strategic Multi-Year Plan (EPI-SMYP).** * **Reconciliation of the needs and resources available or mobilizable at local or international level**. * **monitoring and evaluation of the implementation of EPI-SMYP.** **The functionality of the ICC-EPI can be assessed on the level of adequacy according to the following five criteria:**   **1. Official existence and formal regulatory framework.** **2. Integration of all institutions amenable to be members, namely the major international and national agencies involved in supporting the EPI**   **3. Regular Meeting**  **4. It is systematically taken from the strategic guidelines and key events (and adoption of strategic plans, action plan, negotiations with any new partner, and milestones for monitoring/ evaluation and validation of the implementation report of the annual action plan** **5. Its deliberations are supported by the preliminary work of the CT and are promulgated officially.** |
|  |

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

|  |  |
| --- | --- |
| **1.** | **Evaluate, in light of these roles and functions, the actions conducted by the ICC/ EPI in the past 2 years.** |
| **2.** | **On the basis of the assessment results, develop an Action Plan jointly with the Committee addressing the issues or weaknesses that have been identified** |
| **3.** | **Strengthen the management of ICC/ EPI with emphasis on the following:** **a) Formalizing the Committee's operation structure and method in a document**  **b) Developing a schedule of meetings covering the whole year**  **c) Organizing the ICC/ EPI archives** |

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

(If it has been established in the country)

We the members of the NITAG met on the 05.05.2011 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: 2.

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

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Dr Jean Ronald CADET | **Title** | Director EPI |
| **Tel no** | (509) 34595601 / ( 509 ) 36615091 |
| **Fax no** |  | **Address** | Ministère de la Sante Publique et de la Population - Bureau de la DPEV--Ancien local de l'hôpital Militaire , Rue .............. |
| **Email** | janwonal@yahoo.fr |

# **The NITAG Group for Immunisation**

**Profile of the NITAG**

|  |  |
| --- | --- |
| **Name of the NITAG** | EPI Technical Committee |
| **Year of constitution of the current NITAG** | 1987 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Subcommittees are formed only when there are works to be done. In such cases, work groups are formed. |
| **Frequency of meetings** | Monthly |

**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 or Assistant Director / National Directorate EPI | Dr Jean Ronald CADET or Dr François JEANNOT |
| **Secretary** | Head of Operations / EPI Directorate | Mme Marie Nicole NOEL |
| **Members** | Senior Officer for Health / USAID | Dr Zolberg DESINOR | **Action** |
|  | Director General / Association of Private Health Care services. | Dr Philippe HIRSH |  |
|  | Expert on Health / United Support for Canadian Projects (USCP) | Dr André Paul VENOR |  |
|  | Head of EPI /UNICEF | Dr Clement DJUMO |  |
|  | Consultant EPI/PAHO/WHO | Dr François LACAPERE |  |
|  | Director of Project / SDSH | Dr Florence GUILLAUME |  |
|  | Director DSF / MOPHP | Dr Guylaine RAYMOND |  |
|  | Director UPE/ MOPHP | Dr Antoine ALCEUS |  |

Major functions and responsibilities of the NITAG

|  |
| --- |
| **It is a body that brings the country's technical expertise together, including other branches of the MOPHP regarding public health and vaccination, in the view of:**  **1. Bringing technical assistance to the DPEV in the development of policy decisions and the steering of the program.**  **2. Assist the DPEV in developing the supporting arguments and documents for the decisions it is submitting to the ICC-EPI for deliberation.** |

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

|  |  |
| --- | --- |
| **1.** | **Evaluate the actions conducted by the CTPEV over the past 2 years regarding their consistency with the functions assigned to this structure.** |
| **2.** | **Based on evaluation results, correct Committee functions or possibly enhance them** |
| **3.** | **Strengthen the management of CTC/ EPI by:**  **a) Formalizing the Committee's operation method in a document**  **b) Developing a schedule of meetings covering the whole year**  **c) Organizing the ICC/ EPI archives** |

# **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 3
* 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 (most recent; specify dates of data provided)

|  | **Figure** | | **Year** | **Source** |
| --- | --- | --- | --- | --- |
| Total population | 10,363,566 |  | 2011 | IHSI |
| Infant mortality rate (per 1000) | 57 |  | 2005 | EMMUS IV |
| Surviving Infants**[1]** | 266,290 |  | 2011 | Calculated from data from EMMUS IV and IHSI |
| GNI per capita (US$) | 450 |  | 2006 | Internal Monetary Agency |
| Total Health Expenditure (THE) as a percentage of GDP | 2.70 | % | 2006 | PAHO/WHO |
| General government expenditure on health (GGHE) as % of General government expenditure | 5.00 | % | 2010 | MOPHP/UPE |

**[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

|  |
| --- |
| **Planning and budgeting** **.-** **refers** **to the 1987 Constitution which for example upholds the rights to health for all citizens for example:**  **-** to the General Government Policy in place that offers specific intervention.  .-to the sector's National Policy.  and Strategic Plan of the area.  In the health sector, until 2010, the reference document was the National Strategic Plan for the Reform of the Health Sector 2006-2010.  For the five year plan that started in 2011, the Plan will be developed by the new government that will take office in May 2011. |

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

|  |
| --- |
| The CMYP is in accordance with the guidelines of the National Strategic Health Plan which has just ended in 2010.The absence of the New Strategic Health Plan 2011-201...is not a serious problem as the new authorities will make contact with the sectors to learn about the different dossiers. The new government will also make contact with the international cooperation of which the members of the ICC/ EPI are a part.  Therefore, given the support of the EPI, there is no risk that the new authorities do not continue to provide the same support to the EPI and disagree with the decisions taken by the previous government. |

Please indicate the national planning budgeting cycle for health

|  |
| --- |
| The fiscal year begins October 1st and ends September 30th.  With regard to Planning, from the month of May each year, the Ministry of Planning requires public institutions and departments to prepare their operational plans for the coming year so that they are ready to be submitted before the start of the next fiscal year.  The Ministry of Health carries out this exercise first with the health municipalities that develop the Integrated Community Plans (CIP) from which the integrated departmental plans are prepared (IDP). Finally the synthesis of the IDPs provides the national integrated operational plan or POI.  The budgeting process follows that of the planning that goes through the following steps:  a) The prime minister issues a budget circular or framework letter requesting sectors to initiate the budgeting process focusing on priority government areas.  b) On this basis, the Minister of Finance prepares a budget outline that is sent to public institutions and ministers.  c) The public institutions and ministers each propose a draft budget on the basis of their developed operational plans and send it to the Minister of Finance) The Minister of Finance carries out a first arbitration and prepares a preliminary draft budget that is submitted to the Cabinet.  e) The Council of Ministers after discussion adopt the draft or suggest changes, f) Once adopted, the preliminary draft is sent to the National Assembly for adoption.  g) Then sent to the President for budget law promulgation for the year ahead.  It is at the result of this process that the MOPHP will know the amount that is granted and the necessary changes to its budget.  Of this transaction, the MOPHP fills the program Operation Form and the program Projects Operational Identification Sheet (POIS) that is submitted to the Planning Minister to request the disbursement of funds for the first quarter.  The POIS also contains a chapter devoted to the evaluation of activities financed with public funds and with external funds.  The disbursement of the next portion of the allocated budget is conditioned by the submission of the results of this evaluation... |

Please indicate the national planning cycle for immunisation

|  |
| --- |
| The National Expanded Program on Immunization develops its plan within the framework of the MOPHP's planning cycle. However, whether its municipality health schemes, or health departments, they all refer to the CMYP to develop their operational plans. |

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

|  |
| --- |
| The vaccination statistics are not disaggregated by sex. Disaggregating by sex would complicate the collection of data too much, which is already is by age, by antigen and by dose.  This already presents data reliability problems when it concerns the level of service personnel.  Therefore, data monitoring by gender is performed only by surveys which show no negative discrimination against females (Ref: EMMUS I-IV) |

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

|  |
| --- |
| There is no reason to believe that the introduction of these new vaccines is likely to lead to gender discrimination. |

# **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 |  |  |
| Polimylite | At birth 6 weeks - 10 weks | Yes | 1 dose de renforcement 1 an après la 3ème dose |  |
| DTC | 1 dose for strenthening 1 year ager the 3rd dose. | Yes | A partir de 2012 |  |
| RR | 9 mois | Yes | 1 dose a 15 mois ( Sera remplace par ROR en 2012) |  |
| Pentavalent | 6 weeks-10 weeks-14 weeks | Yes |  |  |
| Antirotavirus | 6,10 weeks | Yes |  |  |
| Anti pneumococcus | 6,10 , 14 sweeks | Yes |  |  |
| Td | 5 does of vaccinnes 2 doses at FE and 5 doses at FEAP | Yes | 1 dose at 15 years after 4th; 3rd after 6 months |  |
|  |  |  | 4th dose after 1 yrear; 5th doese after 1 year |  |
| **Vitamin A** | each six months ( 100,000 ui before one year and 200,000 ui after) | Yes | From 6 months to 6 eyars 11 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 | 2009 |  |  | **2009** | **2010** |
| **BCG** | | 61 | 64 | 88 |  | **Tuberculosis** | 10,155 |  |
| **DTP** | **DTP1** | 59 | 75 | 92 |  | **Diphtheria** | 17 |  |
| **DTP3** | 53 | 79 | 75 |  | **Pertussis** |  |  |
| **Polio 3** | | 52 | 62 | 73 |  | **Polio** | 0 | 0 |
| **Measles (first dose)** | |  | 45 | 45 |  | **Measles** | 0 | 0 |
| **TT2+ (Pregnant women)** | |  |  |  |  | **NN Tetanus** |  |  |
| **Hib3** | |  |  |  |  | **Hib[2]** |  |  |
| **Yellow Fever** | |  |  |  |  | **Yellow fever** |  |  |
| **HepB3** | |  |  |  |  | **HepBsero-prevalence[1]** |  |  |
| **Vitamin A supplement**  **Mothers (< 6 weeks post-delivery)** | |  |  |  |  |  | | |
| **Vitamin A supplement**  **Infants (>6 months)** | |  |  |  |  |

**[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

|  |
| --- |
| This is a survey that was conducted with technical assistance from CDC in 2009 The survey was conducted in each of the 10 departments of Haiti. . - The objectives were to evaluate immunization coverage against measles and rubella among children aged 1-19 years during the last campaign.  . - to evaluate the routine immunization coverage among children 12 to 23 months. |

# **Baseline and Annual Targets**

(refer to cMYP pages)

**Table 1:** baseline figures

| **Number** | **Base Year** | **Baseline and Targets** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2010** | **2012** | **2013** | **2014** | **2015** |  |  |
| **Total births** | 282,386 | 298,189 | 306,419 | 314,876 | 323,567 |  |  |
| **Total infants' deaths** | 16,096 | 16,997 | 17,466 | 17,948 | 18,443 |  |  |
| **Total surviving infants** | 266,290 | 281,192 | 288,953 | 296,928 | 305,124 |  |  |
| **Total pregnant women** | 282,386 | 298,189 | 306,419 | 314,876 | 323,567 |  |  |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 184,680 | 193,823 | 214,493 | 236,157 | 258,854 |  |  |
| **BCG coverage (%)[1]** | 65% | 65% | 70% | 75% | 80% |  |  |
| **Number of infants vaccinated (to be vaccinated) with OPV3** | 176,284 | 196,834 | 216,715 | 237,542 | 274,611 |  |  |
| **OPV3 coverage (%)[2]** | 66% | 70% | 75% | 80% | 90% |  |  |
| **Number of infants vaccinated (or to be vaccinated) with DTP1[3]** | 214,896 | 224,954 | 245,610 | 267,235 | 289,867 |  |  |
| **Number of infants vaccinated (to be vaccinated) with DTP3[3]** | 193,859 | 210,894 | 231,162 | 252,389 | 274,611 |  |  |
| **DTP3 coverage (%)[2]** | 73% | 75% | 80% | 85% | 90% |  |  |
| **Wastage[1] rate in base-year and planned thereafter for DTP (%)** | 30% | 25% | 20% | 15% | 10% |  |  |
| **Wastage[1] factor in base-year and planned thereafter for DTP** | 1.43 | 1.33 | 1.25 | 1.18 | 1.11 |  |  |
| **Infants vaccinated (to be vaccinated) with 1st dose of HepB and/or Hib** | 214,896 | 224,954 | 245,610 | 267,235 | 289,867 |  |  |
| **Infants vaccinated (to be vaccinated) with 3rd dose of HepB and/or Hib** | 193,859 | 210,894 | 231,162 | 252,389 | 274,611 |  |  |
| **HepB and/or Hib 3rd dose coverage (%)[2]** | 73% | 75% | 80% | 85% | 90% |  |  |
| **Target population vaccinated with 1st dose of Pneumococcal** |  |  | 245,610 | 267,235 | 289,867 |  |  |
| **Target population vaccinated with 3rd dose of Pneumococcal** |  |  | 231,162 | 252,389 | 274,611 |  |  |
| **Pneumococcal coverage (%)[2]** | 0% | 0% | 80% | 85% | 90% |  |  |
| **Target population vaccinated with 1st dose of Rotavirus** |  |  | 245,610 | 267,235 | 289,867 |  |  |
| **Target population vaccinated with last dose of Rotavirus** |  |  | 231,162 | 252,389 | 274,611 |  |  |
| **Rotavirus coverage (%)[2]** | 0% | 0% | 80% | 85% | 90% |  |  |
| **Infants vaccinated (to be vaccinated) with 1st dose of Measles** | 119,158 | 168,715 | 202,267 | 237,542 | 274,611 |  |  |
| **Measles coverage (%)[2]** | 45% | 60% | 70% | 80% | 90% |  |  |
| **Pregnant women vaccinated with TT+** | 159,599 | 178,913 | 199,172 | 220,413 | 258,853 |  |  |
| **TT+ coverage (%)[4]** | 57% | 60% | 65% | 70% | 80% |  |  |
| **Vit A supplement to mothers within 6 weeks from delivery** |  |  |  |  |  |  |  |
| **Vit A supplement to infants after 6 months** | 844,734 | 934,822 | 1,029,239 | 1,128,156 | 1,231,749 |  |  |
| **Annual DTP Drop-out rate[ ( DTP1 - DTP3 ) / DTP1 ] x 100[5]** | 10% | 6% | 6% | 6% | 5% |  |  |

**[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** | |
| 2006 | 2012 | 2013 | 2014 | 2015 |  |  |  |  | |
| **Routine Recurrent Cost** | | | | | | | | | | |
| **Vaccines (routine vaccines only)** | **534,100** | **4,268,867** | **12,597,116** | **11,927,594** | **12,917,881** |  |  |  |  | |
| **Traditional vaccines** | 534,100 | 360,284 | 369,556 | 378,718 | 411,006 |  |  |  |  | |
| **New and underused vaccines** |  | 3,908,583 | 12,227,560 | 11,548,876 | 12,506,875 |  |  |  |  | |
| **Injection supplies** | 82,591 | 176,644 | 266,576 | 279,842 | 310,864 |  |  |  |  | |
| **Personnel** | **2,361,285** | **2,488,985** | **2,538,765** | **2,589,540** | **2,641,332** |  |  |  |  | |
| **Salaries of full-time NIP health workers (immunisation specific)** | 201,285 | 241,721 | 246,556 | 251,487 | 256,517 |  |  |  |  | |
| **Per-diems for outreach vaccinators / mobile teams** | 2,160,000 | 2,247,264 | 2,292,209 | 2,338,053 | 2,384,815 |  |  |  |  | |
| **Transportation** | 349,341 | 363,551 | 399,670 | 408,879 | 713,693 |  |  |  |  | |
| **Maintenance and overheads** | 410,848 | 968,501 | 1,056,034 | 1,154,155 | 1,262,262 |  |  |  |  | |
| **Training** | 103,280 | 894,744 | 912,639 | 930,892 | 949,509 |  |  |  |  | |
| **Social mobilisation and IEC** | 847 | 104,040 | 159,181 | 162,365 | 165,612 |  |  |  |  | |
| **Disease surveillance** | 926,250 | 1,440,902 | 1,469,720 | 1,499,114 | 1,529,097 |  |  |  |  | |
| **Program management** | 5,987 | 1,252,642 | 1,277,694 | 1,303,248 | 1,329,313 |  |  |  |  | |
| **Other** |  | 10,404 | 10,612 | 10,824 | 11,041 |  |  |  |  | |
| ***Subtotal Recurrent Costs*** | ***4,774,529*** | ***11,969,280*** | ***20,688,007*** | ***20,266,453*** | ***21,830,604*** |  |  |  |  | |
|  | | | | | | | | | | |
| **Routine Capital Costs** | | | | | | | | | | |
| **Vehicle** | 192,000 | 27,467 | 28,016 |  | 241,794 |  |  |  |  | |
| **Cold chain equipment** |  | 369,997 | 231,874 | 236,511 | 241,242 |  |  |  |  | |
| **Other capital equipment** |  | 305,878 | 301,383 | 307,411 | 313,559 |  |  |  |  | |
| ***Subtotal Capital Costs*** | ***192,000*** | ***703,342*** | ***561,273*** | ***543,922*** | ***796,595*** |  |  |  |  | |
|  | | | | | | | | | | |
| **Campaigns** | | | | | | | | | | |
| **Polio** |  |  |  | 1,163,409 |  |  |  |  | |  |
| **Measles** |  |  |  | 2,426,390 |  |  |  |  | |  |
| **Yellow Fever** |  |  |  |  |  |  |  |  | |  |
| **MNT campaigns** |  | 706,117 | 732,544 | 1,948,379 | 3,749,463 |  |  |  | |  |
| **Other campaigns** |  |  | 6,878,599 |  |  |  |  |  | |  |
| ***Subtotal Campaign Costs*** | ***0*** | ***706,117*** | ***7,611,143*** | ***5,538,178*** | ***3,749,463*** |  |  |  | |  |
| **GRAND TOTAL** | **4,966,529** | **13,378,739** | **28,860,423** | **26,348,553** | **26,376,662** |  |  |  | |  |

# **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** |
| **2006** | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| **Routine Recurrent Cost** | | | | | | | | | | |
| Traditional Vaccines | UNICEF/ JICA ;Bresil(Tripartite) | 534,100 | 360,284 | 369,556 | 378,778 | 411,006 |  |  |  |  |  |
| Under Used and New Vaccines | MOPHP, GAVI, CDC |  | 39,085,583 | 12,227,560 | 11,548,876 | 12,506,875 |  |  |  |  |  |
| Mtrls Injection | JICA, UNICEF | 82,591 | 176,664 | 266,576 | 279,842 | 310,864 |  |  |  |  |  |
| Salaries and per idem | MOPHP, ACDI, WHO | 2,361,285 | 2,488,985 | 2,538,765 | 2,589,540 | 2,641,331 |  |  |  |  |  |
| Surveillance/Monitoring (inc per diem) | WHO, ACDI, GAVI | 926,250 | 1,440,902 | 1,469,720 | 1,499,114 | 1,529,097 |  |  |  |  |  |
| Transport | PAHO/WHO/ACDI | 349,341 | 363,551 | 399,670 | 408,879 | 713,693 |  |  |  |  |  |
| Maintenance | MOPHP, UNICEF/ACDI | 410,848 | 968,501 | 1,056,034 | 1,154,155 | 1,262,262 |  |  |  |  |  |
| Formation | CDC, GAVI, WHO/PAHO/ACDI | 103,280 | 894,744 | 912,639 | 930,892 | 949,509 |  |  |  |  |  |
| Social Mobilization/IEC | WHO/PAHO/ACDI, B.Mondiale | 847 | 104,040 | 159,181 | 162,365 | 165,612 |  |  |  |  |  |
| Program Management | WHO/PAHO/ACDI, | 5,987 | 1,252,642 | 1,277,694 | 1,303,248 | 1,329,313 |  |  |  |  |  |
| Others | To be finalized |  | 10,404 | 10,612 | 10,824 | 11,041 |  |  |  |  |  |
|  | | | | | | | | | | |  |
| **Routine Capital Costs** | | | | | | | | | | |  |
| Vehicles, CDF and others | MOPHP, UNICEF/JICA;Bresil(Tripartite) | 192,000 | 703,342 | 561,273 | 543,922 | 796,594 |  |  |  |  |  |
|  | | | | | | | | | | |  |
| **Campaigns** | | | | | | | | | | |  |
| All Campaigns | UNICEF et WHO (50 /50) |  | 706,117 | 7,611,142 | 6,298,211 | 4,538,096 |  |  |  |  |  |
| **GRAND TOTAL** | | **4,966,529** | **48,555,759** | **28,860,422** | **27,108,646** | **27,165,293** |  |  |  |  |  |

# **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.

|  |
| --- |
| At a central level, the necessary capacity with regard to the introduction of 3 new vaccines is estimated at 40 M3, against a current capacity of 17 M3 in positive temperature. It is intended to complete the storage capacity in 2011, by installing two additional cold rooms of 20 m3 capacity.... each. These cold rooms are already purchased by UNICEF with JICA funds and are ready to be installed.  At departmental level, the overall storage capacity necessary for the introduction of 3 new vaccines is estimated at almost 10 M3. The total consolidated existing capacity is 3.8 m3. These gaps in storage capacity will be filled within the 21 departmental and sub departmental depots in 2011/12. These depots equipment parks will be reconfigured to gradually replace the existing small gas refrigerators by the use of larger electrical refrigerators. Priority use of solar energy is also planned to continually satisfy the energy needs of this new cold chain intermediary. Subsequently, the substitution of certain departmental depot's refrigerator pools with cold rooms will be considered amongst the support opportunities and feasibility studies results Departmental level solar units will be purchased with the Brazil/ Cuba/ Haiti project funds.  At institutional level, providers whose storage capacity is usually sufficient, reinforcements will be made ​​according to needs identified by detailed physical inventories. Preference will be given to solar units while ensuring retention of the panels. The recommendations of the external vaccine management and cold chain evaluation will be implemented from 2011 and assessed at the end of 2012, to control and reduce losses. |

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)

|  |
| --- |
| From 2012, the program will introduce the pentavalent vaccine, liquid form (DTP-HepB-Hib1) downstream of 10 doses which will be administered as 3 doses according to the DTC implementation schedule (6, 10.14 weeks). In 2013 two new vaccines will be introduced namely:  . -- anti-pneumococcal (PCV13) downstream of 1 liquid dose still to be administered at 6, 10 and 14 weeks.  . -- oral anti-rotavirus downstream of 1 liquid dose to be administered in 2 doses at 6 and 14 weeks.  The introduction of these new vaccines is carried out simultaneously throughout the 10 health departments.  In preparation for the introduction of these new vaccines, a cold chain capacity and functionality evaluation is achieved. The results will allow for the adaptation of existing capacity to the need for additional storage that will require new vaccines.On the other hand, this introduction requires a readiness on the one hand of staff training to ensure the administration of these new services, on the other, beneficiary's information and awareness (public or community).To this end, an introduction plan is developed for the introduction of pentavalent in early 2012 and of this plan are expected the following results:  . -- A staff training and information program is developed.  -- Didactic training materials are designed, reproduced and distributed.  -- A Communication Plan for the introduction of the pentavalent vaccine is developed and executed.  . -- The personnel at central, departmental and operational levels are informed of the characteristics of the new vaccine and are trained in the standards of its administration.  -- The health departments develop their operational plan for the introduction of the new vaccine.  -- A promotional campaign for the introduction of the new vaccine is launched (the general public and institutions are informed of the benefits of the new vaccine - and its inclusion in the national schedule.  . -- The introduction of the new vaccine is officially launched by the national authorities and partners.  . -- The new vaccine is administered in all health departments.  . -- The monitoring component of ARI and meningitis due to Haemophilus influenza is added to the number of diseases controlled by vaccination under epidemiology surveillance.  .-- The monitoring component of the seroprevalence of hepatitis B is added to the number of immune diseases controlled under surveillance epidemiology  It is important to note that the preparation of materials and documents necessary for the execution of said plan will begin in the month of June 2011.Regarding the two other new vaccines, namely: the anti pneumococcal and the anti rotavirus, to be introduced in 2013, their introduction plan will be a replication of that of the pentavalent vaccine. As for the pentavalent, the preparation of materials and documents necessary to execute the Introduction plan begins in June 2012. The decision process goes through the following stages namely:  . - Filling the application form addressed to GAVI.  - The development of the Financial Sustainability Plan.  - The presentation of the proposal to the ICC.  - The validation of the proposal by the ICC. - The sending of the proposal to GAVI. |

# **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** | **2015** |  |  |  |  |
| **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** | 16,467 | 34,860 | 35,290 | 38,097 |  |  |  |  |
| **B** | **Existing net positive cold chain capacity (litres or m3)**  **Liters** | **#** | 17,000 |  |  |  |  |  |  |  |
| **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** | 3 | 3 | 3 | 3 |  |  |  |  |
| **E** | **Gap (if any)** | **((A / D) - B)** | -11,511 |  |  |  |  |  |  |  |
| **F** | **Estimated additional cost of cold chain** | **US$** | **270,000** | **20,250** | **20,250** | **20,250** |  |  |  |  |

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)

|  |
| --- |
| The resource mobilization/ securing strategies will revolve around three axes:  1) The mobilization of additional resources at national and international levels:  • Strategy 1:  Strengthening the participation of the Haitian state in the financing:  The government has so far only funded the salaries of workers in the program.   * The commitment of the state to take over the propane gas refrigerator that has been made by the successive MOPHPs is a great step forward. It is essential that this commitment is kept, with regard to the fact that there is no cold chain without propane and that external agencies refuse to fund this section. * To qualify for support from GAVI for the financing of new vaccines, the Haitian state should provide a financial contribution of $ 0.20 per dose. Even if it is a relatively symbolic contribution compared to the actual price it will represent a substantial fiscal effort (US$ 1.6 million).   Table 18: Financial viability  • Strategy 2:  Establishment of contracts with NGOs to support staff salaries ensuring the availability of community services (outreach) and institution's supply costs.  • Strategy 3:  Mobilizing international resources available at GAVI level, through:   * Preparation and submission of an application for funding from Health system reinforcement (GAVI-HSR) * Preparation and submission of an application for funding for the introduction of new vaccines (GAVI-INV) ] * Implementation of recommendations from the Data Quality Audit (DQA) to reach a score at the next DQA rendering Haiti litigant of financial support from GAVI for immunization services support (GAVI-ISS).   • Strategy 4:  Renegotiate some funding categories with certain partners. This is a corollary with Strategy point 1, knowing that the two financial gap tables clearly identify that there are some budget categories that are under- and over-funded. The Haiti state and partners should agree to better cover the unfunded needs.  2) Improving the reliability of resources:  • Strategy 5:  Program performance improvement in terms of vaccine coverage, vaccine wastage reduction and cost control. This is in fact essential in order for the program to strengthen credibility without which it will have no long term donor commitment; • Strategy 6: revitalization of the Inter Agency Coordination Committee to resume links and restore confidence equally indispensable between the program and the donors.  3) Improved resource efficiency:  Two strategies are to be implemented to improve the efficiency and effectiveness of the program:  • Strategy 6:  Improved management of financial resources, by 1) the use of budgeting programming tools that have been introduced since 2010, and 2) the development and introduction of transparent and effective management and accounting tools.  • Strategy 7:  Reducing vaccine wastage by improving the cold chain and vaccine management at all levels by implementing the recommendations of the external vaccine management and cold chain evaluation |

# **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** |
| --- | --- |
| The only experience of introducing a new vaccine has been that of the measles/ rubella (MR), introduced into the routine in 2009 after its use in the 2007-2008 national vaccination campaign.  This introduction was preceded by a cold chain evaluation which highlighted a need for increased storage capacity at central level only. Action was given to this recommendation. | The program took the opportunity to update the vaccination standards and procedures.  This is followed by a circular from MOPHP senior management addressed to all health staff officially announcing the introduction of the new vaccine, a change in the immunization schedule.  Indeed, the age of administration of MR has been a change compared to that of the measles vaccine.  It was agreed for the age of 9 months for the primary vaccination with a booster at 12 months. |  |

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

|  |
| --- |
| The following vaccines will be introduced respectively in 2012 and 2013:  1). - The DTP-HepB-Hib liquid vaccine in 1 dose vials.  2). - The anti pneumococcal (PCV 13) liquid vaccine, in 1 dose vials.  3). - The oral anti rotavirus vaccine, liquid form in 1 dose vials. |

# **6.****3.1. Requested vaccine ( DTP-HepB-Hib, 1 dose/vial, Liquid )**

As reported in the cMYP, the country plans to introduce DTP-HepB-Hib, 1 dose/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 | 2015 |  |  |  |  |
| **Minimum co-financing** | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |  |
| **Your co-financing (please change if higher)** | 0.20 | 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 | 2015 |  |  |  |  |
| **Vaccine wastage rate in %** | 5% | 5% | 5% | 5% |  |  |  |  |
| **Equivalent wastage factor** | 1.05 | 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** | **2015** |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | Table 1 | # | 224,954 | 245,610 | 267,235 | 289,867 |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 210,894 | 231,162 | 252,389 | 274,611 |  |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 75.00% | 80.00% | 85.00% | 90.00% |  |  |  |  |
| **Estimated vaccine wastage factor** | Table 6.(n).3**[3]** | # | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |  |
| **Country co-financing per dose[2]** | Table 6.(n).2**[3]** | $ | 0.20 | 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** | **2015** |  |  |  |  |
| **Number of vaccine doses** | # | 67,500 | 64,000 | 79,200 | 93,900 |  |  |  |  |
| **Number of AD syringes** | # | 72,100 | 67,700 | 83,800 | 99,300 |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 800 | 775 | 950 | 1,125 |  |  |  |  |
| **Total value to be co-financed by country** | $ | **177,500** | **158,000** | **172,000** | **186,500** |  |  |  |  |

# **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** | **2015** |  |  |  |  |
| **Number of vaccine doses** | # | 818,400 | 726,100 | 779,800 | 837,100 |  |  |  |  |
| **Number of AD syringes** | # | 873,800 | 768,300 | 825,100 | 885,800 |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 9,700 | 8,550 | 9,175 | 9,850 |  |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **2,150,000** | **1,794,500** | **1,693,000** | **1,661,500** |  |  |  |  |

# **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 DTP-HepB-Hib, 1 dose/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 | 298,189 | 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 DTP-HepB-Hib, 1 dose/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** | 79,000 | 50,000 |
| **Social Mobilization, IEC and Advocacy** | 65,000 | 50,000 |
| **Cold Chain Equipment & Maintenance** | 330,750 |  |
| **Vehicles and Transportation** | 560,750 |  |
| **Programme Management** |  |  |
| **Surveillance and Monitoring** |  |  |
| **Human Resources** |  |  |
| **Waste Management** |  |  |
| **Technical assistance** |  |  |
|  |  |  |  |
| **Totals** | 1,035,500 | 100,000 |

# **6.4.1. Requested vaccine ( Pneumococcal (PCV13), 1 doses/vial, Liquid )**

As reported in the cMYP, the country plans to introduce Pneumococcal (PCV13), 1 doses/vial, Liquid 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 | 2015 |  |  |  |  |  |
| **Minimum co-financing** | 0.20 | 0.20 | 0.20 |  |  |  |  |  |
| **Your co-financing (please change if higher)** | 0.20 | 0.20 | 0.20 |  |  |  |  |  |

# **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 | 2015 |  |  |  |  |  |
| **Vaccine wastage rate in %** | 5% | 5% | 5% |  |  |  |  |  |
| **Equivalent wastage factor** | 1.05 | 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** | **2015** |  |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | Table 1 | # | 245,610 | 267,235 | 289,867 |  |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 231,162 | 252,389 | 274,611 |  |  |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 80.00% | 85.00% | 90.00% |  |  |  |  |  |
| **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

# **6.4.5. 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** | **2015** |  |  |  |  |  |
| **Number of vaccine doses** | # | 51,700 | 45,900 | 49,800 |  |  |  |  |  |
| **Number of AD syringes** | # | 55,200 | 48,600 | 52,700 |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 625 | 550 | 600 |  |  |  |  |  |
| **Total value to be co-financed by country** | $ | **193,500** | **172,000** | **186,500** |  |  |  |  |  |

# **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** | **2015** |  |  |  |  |  |
| **Number of vaccine doses** | # | 915,500 | 813,000 | 881,200 |  |  |  |  |  |
| **Number of AD syringes** | # | 977,500 | 860,300 | 932,500 |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 10,850 | 9,550 | 10,350 |  |  |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **3,429,000** | **3,044,500** | **3,300,500** |  |  |  |  |  |

# **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 Pneumococcal (PCV13), 1 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$** | **Total in US$** |
| --- | --- | --- | --- |
| 2013 | 306,419 | 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 (PCV13), 1 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** | 50,000 | 50,000 |
| **Social Mobilization, IEC and Advocacy** | 50,000 | 50,000 |
| **Cold Chain Equipment & Maintenance** |  |  |
| **Vehicles and Transportation** |  |  |
| **Programme Management** |  |  |
| **Surveillance and Monitoring** |  |  |
| **Human Resources** |  |  |
| **Waste Management** |  |  |
| **Technical assistance** |  |  |
|  |  |  |  |
| **Totals** | 100,000 | 100,000 |

# **6.5.1. Requested vaccine ( Rotavirus 2-dose schedule )**

As reported in the cMYP, the country plans to introduce Rotavirus 2-dose schedule vaccine.

# **6.5.2. 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 | 2015 |  |  |  |  |  |
| **Minimum co-financing** | 0.20 | 0.20 | 0.20 |  |  |  |  |  |
| **Your co-financing (please change if higher)** | 0.20 | 0.20 | 0.20 |  |  |  |  |  |

# **6.5.3. 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 | 2015 |  |  |  |  |  |
| **Vaccine wastage rate in %** | 5% | 5% | 5% |  |  |  |  |  |
| **Equivalent wastage factor** | 1.05 | 1.05 | 1.05 |  |  |  |  |  |

# **6.5.4. 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** | **2015** |  |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | Table 1 | # | 245,610 | 267,235 | 289,867 |  |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 231,162 | 252,389 | 274,611 |  |  |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 80.00% | 85.00% | 90.00% |  |  |  |  |  |
| **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

# **6.5.5. 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** | **2015** |  |  |  |  |  |
| **Number of vaccine doses** | # | 24,600 | 27,300 | 32,800 |  |  |  |  |  |
| **Number of AD syringes** | # |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 275 | 325 | 375 |  |  |  |  |  |
| **Total value to be co-financed by country** | $ | **129,000** | **115,000** | **124,500** |  |  |  |  |  |

# **6.5.6. 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** | **2015** |  |  |  |  |  |
| **Number of vaccine doses** | # | 620,300 | 545,400 | 587,900 |  |  |  |  |  |
| **Number of AD syringes** | # |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 6,900 | 6,075 | 6,525 |  |  |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **3,261,000** | **2,295,000** | **2,227,000** |  |  |  |  |  |

# **6.5.7. 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 2-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 | 306,419 | 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 2-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** | 50,000 | 50,000 |
| **Social Mobilization, IEC and Advocacy** | 50,000 | 50,000 |
| **Cold Chain Equipment & Maintenance** |  |  |
| **Vehicles and Transportation** |  |  |
| **Programme Management** |  |  |
| **Surveillance and Monitoring** |  |  |
| **Human Resources** |  |  |
| **Waste Management** |  |  |
| **Technical assistance** |  |  |
|  |  |  |  |
| **Totals** | 100,000 | 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)

|  |
| --- |
| Funds intended to finance activities relating to the introduction of new vaccines will be donated to the Minister for Public Health and Population, which will manage it. The CCIAG will support the program in the monitoring of budget execution and expenditure control.  While the amount corresponding to the GAVI contribution for the purchase of vaccines and vaccination equipment will be paid to the PAHO/ WHO Revolving Fund. |

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.

|  |
| --- |
| Non applicable |

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

|  |
| --- |
| The introduction of new vaccines:   * Substitution of bivalent vaccine against Measles-Rubella (MR), with the trivalent measles-mumps-rubella (MMR) * Substitution of Diphtheria Tetanus Pertussis (DTP) vaccine with Pentavalent (DTP + anti Haemophilus influenza B + anti Hepatitis B) * o Introduction of new vaccines: pneumococcal vaccine, and anti rotavirus vaccine. Table 10: Comparisons of vaccine prices The chronology of substitutions and introductions will affect funding needs throughout the 2011-2015 fiscal year.   The proposed time line is as follows:   * ? The substitution of the DT Per with the Pentavalent DTP-Hib-HepB is predicted for 2012 throughout the territory * ? The substitution of the RR with the ROR is equally predicted for 2012 throughout the territory * ? The substitution of the anti pneumococcal vaccine and anti rotavirus vaccine is predicted for 2013 throughout the territory * ? The choice of pentavalent formulation: the liquid 1 dose form will be chosen, to minimize the risks involved in low-skilled workers handling the reconstitution, the choice between 10 doses and 1 dose(s) is made according the financial impact given the level of expected loss, unit price and volume storage needs of each option.   Interventions preparatory to the introduction will target adequacy of storage space with additional biological volumes, cold chain and vaccine management strengthening, strengthening epidemiological surveillance and information system strengthening In addition, an information campaign will be planned and carried out in which the targets will be health personnel and the general public Finally with the effect of introducing these new vaccines, medical personnel will be trained in their identification, preparation and administration.  These staff will also prepare to inform parents and caregivers about the new immunization schedule, the possible side effects and especially on the benefits of the new vaccines. |

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

|  |
| --- |
| On the MOPHP's request, the funds for the introduction of new vaccines will be transferred to an MOPHP account which will be opened for this purpose. |

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

|  |
| --- |
| In the case where the Haitian government is to pay the assessments, it will be paid on documents application from the Minister of Public Health and Population to the Minister of Economy and Finance who will make a transfer to the account of FOND ROTATOIRE DE PAHO. |

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

|  |
| --- |
| a) At fixed service point level, officials use graphical monitoring of vaccination coverage, collect service statistics, prepare monthly reports and retro inform the community.  b) .- At municipal level, the focal point, ensuring that the delivery institutions are able to provide services to pregnant women and women of childbearing age, that target children receive the vaccine doses needed to protect them in the conditions and within the proposed strategies, according to the required standards, enforces these and relates to the need at departmental level.  c) .- The Departmental Management is responsible for the coordination and monitoring of the provision of immunization services, communication on the subject, the supply of institutions, epidemiological monitoring of EPI diseases, collection of immunization data processing and analysis and DPEV communications, with respect to its jurisdiction.  d) .- The DPEV, at national level is responsible for monitoring the implementation of this plan in all its components, is accountable to the Senior Management according to the mechanisms established at MOPHP level.  All supervisory or technical supervisory activities are reported and recommended and the quarterly reports indicate corrections to problems, constraints and potential threats to remove for the smooth running of the program, in this respect the EPI Technical Committee and ICC/ EPI can be particularly useful.  e) .- Two evaluations are planned in the framework of the implementation of this plan: a formative evaluation will be conducted at the end of the first stage which is at the end of 2012, to identify possible bottlenecks and to realign the plan in accordance with the guidelines of new strategic health sector plan.  A summary evaluation planned in the second quarter of the fifth year is to prepare for the next multi-year plan for Haiti's EPI. |

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

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

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

If your country conducted either EVSM, EVM, or VMA in the past three years, please attach relevant reports. (Document N°4)

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.

|  |
| --- |
| Activities that will be conducted within the framework of the cold chain and vaccine management improvement plan:  a). - Increase storage capacity at the central level by 33 cubic meters.  b). - At the same time, the energy source power should be increased according to the increase in cold chain units.  c). - The new rooms will be installed at PROMESS (Depot managed by PAHO), pending the construction of the Minister of Public Health and Population Depots.  Maintenance.  a). - Provide for new cold chain units, the same maintenance regime as the old units at PROMESS. b). - The maintenance budget will also be increased perhaps annually by 10% of the cost of new equipment  Waste Management  a). - Installation of an incinerator in each of the 29 peripheral depots. The incinerator choice criterion:  (They must not generate any situation that may constitute a danger to the environment)  Training / -  a). - Revision, harmonization, testing and adoption of management tools for cold chain and vaccines in use.  b). - Review and adoption of computerized stock management system.  c) .- Training of EPI staff at all levels to use the stock management system)  d). - Implementation of an incentives system to encourage the conscious adoption and use of the parley personnel stock management system. |

When is the next Effective Vaccine Management (EVM) Assessment planned? May - 2012

*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)

|  |
| --- |
| The minutes of the CCIAG meeting held on 10 May annexed to the proposal includes the recommendations made by the partners. |

# **Annexes**

# **Annex 1**

# **Annex 1.1 – DTP-HepB-Hib, 1 dose/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** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 67,500 | 64,000 | 79,200 | 93,900 |  |  |  |  |
| **Number of AD syringes** | *#* | 72,100 | 67,700 | 83,800 | 99,300 |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 800 | 775 | 950 | 1,125 |  |  |  |  |
| **Total value to be co-financed by the country** | *$* | 177,500 | 158,000 | 172,000 | 186,500 |  |  |  |  |

**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** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 818,400 | 726,100 | 779,800 | 837,100 |  |  |  |  |
| **Number of AD syringes** | *#* | 873,800 | 768,300 | 825,100 | 885,800 |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 9,700 | 8,550 | 9,175 | 9,850 |  |  |  |  |
| **Total value to be co-financed by the country** | ***$*** | **2,150,000** | **1,794,500** | **1,693,000** | **1,661,500** |  |  |  |  |

**Table 1.1 C** - Summary table for DTP-HepB-Hib, 1 dose/vial, Liquid

|  | **Data from** |  | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # | 281,192 | 288,953 | 296,928 | 305,124 |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # | 210,894 | 231,162 | 252,389 | 274,611 |  |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # | 75.00% | 80.00% | 85.00% | 90.00% |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # | 224,954 | 245,610 | 267,235 | 289,867 |  |  |  |  |
| **Number of doses per child** |  | # | 3 | 3 | 3 | 3 |  |  |  |  |
| **Estimated vaccine wastage factor** | *Table 6.(n).3***[2]** | # | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |  |
| **Number of doses per vial** |  | # | 1 | 1 | 1 | 1 |  |  |  |  |
| **AD syringes required** |  | # | Yes | Yes | Yes | Yes |  |  |  |  |
| **Reconstitution syringes required** |  | # | No | No | No | No |  |  |  |  |
| **Safety boxes required** |  | # | Yes | Yes | Yes | Yes |  |  |  |  |
| **Vaccine price per dose** |  | $ | 2.470 | 2.320 | 2.030 | 1.850 |  |  |  |  |
| **Country co-financing per dose** | *Table 6.(n).2***[2]** | $ | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |  |
| **AD syringe price per unit** |  | $ | 0.053 | 0.053 | 0.053 | 0.053 |  |  |  |  |
| **Reconstitution syringe price per unit** |  | $ |  |  |  |  |  |  |  |  |
| **Safety box price per unit** |  | $ | 0.640 | 0.640 | 0.640 | 0.640 |  |  |  |  |
| **Freight cost as % of vaccines value** |  | % | 3.50 | 3.50 | 3.50 | 3.50 |  |  |  |  |
| **Freight cost as % of devices value** |  | % | 10.00 | 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 DTP-HepB-Hib, 1 dose/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** |  | 7.61% |  |  | 8.09% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 224,954 | 17,127 | 207,827 | 245,610 | 19,879 | 225,731 |
| C | **Number of doses per child** | Vaccine parameter | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 674,862 | 51,379 | 623,483 | 736,830 | 59,635 | 677,195 |
| 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 | 708,606 | 53,948 | 654,658 | 773,672 | 62,616 | 711,056 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 177,152 | 13,487 | 163,665 | 16,267 | 1,317 | 14,950 |
| I | **Total vaccine doses needed** | F + G | 885,758 | 67,434 | 818,324 | 789,939 | 63,933 | 726,006 |
| 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 | 945,736 | 72,001 | 873,735 | 835,938 | 67,656 | 768,282 |
| 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 | 10,498 | 800 | 9,698 | 9,279 | 751 | 8,528 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 2,187,823 | 166,562 | 2,021,261 | 1,832,659 | 148,324 | 1,684,335 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 50,125 | 3,817 | 46,308 | 44,305 | 3,586 | 40,719 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 6,719 | 512 | 6,207 | 5,939 | 481 | 5,458 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 76,574 | 5,830 | 70,744 | 64,144 | 5,192 | 58,952 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 5,685 | 433 | 5,252 | 5,025 | 407 | 4,618 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 2,326,926 | 177,152 | 2,149,774 | 1,952,072 | 157,988 | 1,794,084 |
| U | **Total country co-financing** | I \* country co-financing per dose | 177,152 |  |  | 157,988 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 7.61% |  |  | 8.09% |  |  |

**[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 DTP-HepB-Hib, 1 dose/vial, Liquid associated injection safety material and related co-financing budget (page 2)

|  |  | **Formula** | **2014** | | | **2015** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 9.21% |  |  | 10.08% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 267,235 | 24,619 | 242,616 | 289,867 | 29,210 | 260,657 |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 801,705 | 73,856 | 727,849 | 869,601 | 87,630 | 781,971 |
| 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 | 841,791 | 77,549 | 764,242 | 913,082 | 92,012 | 821,070 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 17,030 | 1,569 | 15,461 | 17,823 | 1,797 | 16,026 |
| I | **Total vaccine doses needed** | F + G | 858,821 | 79,118 | 779,703 | 930,905 | 93,808 | 837,097 |
| 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 | 908,796 | 83,722 | 825,074 | 985,041 | 99,263 | 885,778 |
| 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 | 10,088 | 930 | 9,158 | 10,934 | 1,102 | 9,832 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 1,743,407 | 160,609 | 1,582,798 | 1,722,175 | 173,545 | 1,548,630 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 48,167 | 4,438 | 43,729 | 52,208 | 5,262 | 46,946 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 6,457 | 595 | 5,862 | 6,998 | 706 | 6,292 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 61,020 | 5,622 | 55,398 | 60,277 | 6,075 | 54,202 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 5,463 | 504 | 4,959 | 5,921 | 597 | 5,324 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 1,864,514 | 171,765 | 1,692,749 | 1,847,579 | 186,181 | 1,661,398 |
| U | **Total country co-financing** | I \* country co-financing per dose | 171,765 |  |  | 186,181 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 9.21% |  |  | 10.08% |  |  |

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

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

# **Annex 1.2 – Pneumococcal (PCV13), 1 doses/vial, Liquid**

**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** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 51,700 | 51,700 | 45,900 | 49,800 |  |  |  |  |
| **Number of AD syringes** | *#* | 55,200 | 55,200 | 48,600 | 52,700 |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 625 | 625 | 550 | 600 |  |  |  |  |
| **Total value to be co-financed by the country** | *$* | 193,500 | 193,500 | 172,000 | 186,500 |  |  |  |  |

**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** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 915,500 | 915,500 | 813,000 | 881,200 |  |  |  |  |
| **Number of AD syringes** | *#* | 977,500 | 977,500 | 860,300 | 932,500 |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 10,850 | 10,850 | 9,550 | 10,350 |  |  |  |  |
| **Total value to be co-financed by the country** | ***$*** | **3,429,000** | **3,429,000** | **3,044,500** | **3,300,500** |  |  |  |  |

**Table 1.2 C** - Summary table for Pneumococcal (PCV13), 1 doses/vial, Liquid

|  | **Data from** |  | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # | 288,953 | 288,953 | 296,928 | 305,124 |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # | 231,162 | 231,162 | 252,389 | 274,611 |  |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # | 80.00% | 80.00% | 85.00% | 90.00% |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # | 245,610 | 245,610 | 267,235 | 289,867 |  |  |  |  |
| **Number of doses per child** |  | # | 3 | 3 | 3 | 3 |  |  |  |  |
| **Estimated vaccine wastage factor** | *Table 6.(n).3***[2]** | # | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |  |
| **Number of doses per vial** |  | # | 1 | 1 | 1 | 1 |  |  |  |  |
| **AD syringes required** |  | # | Oui | Yes | Yes | Yes |  |  |  |  |
| **Reconstitution syringes required** |  | # | Non | No | No | No |  |  |  |  |
| **Safety boxes required** |  | # | Oui | Yes | Yes | Yes |  |  |  |  |
| **Vaccine price per dose** |  | $ | 3.500 | 3.500 | 3.500 | 3.500 |  |  |  |  |
| **Country co-financing per dose** | *Table 6.(n).2***[2]** | $ | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |  |
| **AD syringe price per unit** |  | $ | 0.053 | 0.053 | 0.053 | 0.053 |  |  |  |  |
| **Reconstitution syringe price per unit** |  | $ |  |  |  |  |  |  |  |  |
| **Safety box price per unit** |  | $ | 0.640 | 0.640 | 0.640 | 0.640 |  |  |  |  |
| **Freight cost as % of vaccines value** |  | % | 5.00 | 5.00 | 5.00 | 5.00 |  |  |  |  |
| **Freight cost as % of devices value** |  | % | 10.00 | 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 1.2 D** - Estimated number of doses for Pneumococcal (PCV13), 1 doses/vial, Liquid associated injection safety material and related co-financing budget (page 1)

|  |  | **Formula** | **2013** | | | **2014** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **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) | 245,610 | 13,115 | 232,495 | 267,235 | 14,272 | 252,963 |
| C | **Number of doses per child** | Vaccine parameter | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 736,830 | 39,344 | 697,486 | 801,705 | 42,816 | 758,889 |
| 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 | 773,672 | 41,312 | 732,360 | 841,791 | 44,957 | 796,834 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 193,418 | 10,328 | 183,090 | 17,030 | 910 | 16,120 |
| I | **Total vaccine doses needed** | F + G | 967,090 | 51,639 | 915,451 | 858,821 | 45,866 | 812,955 |
| 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 | 1,032,576 | 55,136 | 977,440 | 908,796 | 48,535 | 860,261 |
| 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 | 11,462 | 613 | 10,849 | 10,088 | 539 | 9,549 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 3,384,815 | 180,736 | 3,204,079 | 3,005,874 | 160,530 | 2,845,344 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 54,727 | 2,923 | 51,804 | 48,167 | 2,573 | 45,594 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 7,336 | 392 | 6,944 | 6,457 | 345 | 6,112 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 169,241 | 9,037 | 160,204 | 150,294 | 8,027 | 142,267 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 6,207 | 332 | 5,875 | 5,463 | 292 | 5,171 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 3,622,326 | 193,418 | 3,428,908 | 3,216,255 | 171,765 | 3,044,490 |
| U | **Total country co-financing** | I \* country co-financing per dose | 193,418 |  |  | 171,765 |  |  |
| 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 1.2 D -** Estimated number of doses for Pneumococcal (PCV13), 1 doses/vial, Liquid associated injection safety material and related co-financing budget (page 2)

|  |  | **Formula** | **2015** | | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **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) | 289,867 | 15,481 | 274,386 |  |  |  |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 869,601 | 46,442 | 823,159 |  |  |  |
| 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 | 913,082 | 48,764 | 864,318 |  |  |  |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 17,823 | 952 | 16,871 |  |  |  |
| I | **Total vaccine doses needed** | F + G | 930,905 | 49,716 | 881,189 |  |  |  |
| 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 | 985,041 | 52,607 | 932,434 |  |  |  |
| 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 | 10,934 | 584 | 10,350 |  |  |  |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 3,258,168 | 174,003 | 3,084,165 |  |  |  |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 52,208 | 2,789 | 49,419 |  |  |  |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 6,998 | 374 | 6,624 |  |  |  |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 162,909 | 8,701 | 154,208 |  |  |  |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 5,921 | 317 | 5,604 |  |  |  |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 3,486,204 | 186,181 | 3,300,023 |  |  |  |
| U | **Total country co-financing** | I \* country co-financing per dose | 186,181 |  |  |  |  |  |
| 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 1.3 – Rotavirus 2-dose schedule**

**Table 1.3 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** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 24,600 | 24,600 | 27,300 | 32,800 |  |  |  |  |
| **Number of AD syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 275 | 275 | 325 | 375 |  |  |  |  |
| **Total value to be co-financed by the country** | *$* | 129,000 | 129,000 | 115,000 | 124,500 |  |  |  |  |

**Table 1.3 B** - Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.

| **Required supply item** |  | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 620,300 | 620,300 | 545,400 | 587,900 |  |  |  |  |
| **Number of AD syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 6,900 | 6,900 | 6,075 | 6,525 |  |  |  |  |
| **Total value to be co-financed by the country** | ***$*** | **3,261,000** | **3,261,000** | **2,295,000** | **2,227,000** |  |  |  |  |

**Table 1.3 C** - Summary table for Rotavirus 2-dose schedule

|  | **Data from** |  | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # | 288,953 | 288,953 | 296,928 | 305,124 |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # | 231,162 | 231,162 | 252,389 | 274,611 |  |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # | 80.00% | 80.00% | 85.00% | 90.00% |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # | 245,610 | 245,610 | 267,235 | 289,867 |  |  |  |  |
| **Number of doses per child** |  | # | 2 | 2 | 2 | 2 |  |  |  |  |
| **Estimated vaccine wastage factor** | *Table 6.(n).3***[2]** | # | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |  |
| **Number of doses per vial** |  | # | 1 | 1 | 1 | 1 |  |  |  |  |
| **AD syringes required** |  | # | Non | No | No | No |  |  |  |  |
| **Reconstitution syringes required** |  | # | Non | No | No | No |  |  |  |  |
| **Safety boxes required** |  | # | Oui | Yes | Yes | Yes |  |  |  |  |
| **Vaccine price per dose** |  | $ | 5.000 | 5.000 | 4.000 | 3.600 |  |  |  |  |
| **Country co-financing per dose** | *Table 6.(n).2***[2]** | $ | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |  |
| **AD syringe price per unit** |  | $ | 0.053 | 0.053 | 0.053 | 0.053 |  |  |  |  |
| **Reconstitution syringe price per unit** |  | $ |  |  |  |  |  |  |  |  |
| **Safety box price per unit** |  | $ | 0.640 | 0.640 | 0.640 | 0.640 |  |  |  |  |
| **Freight cost as % of vaccines value** |  | % | 5.00 | 5.00 | 5.00 | 5.00 |  |  |  |  |
| **Freight cost as % of devices value** |  | % | 10.00 | 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 1.3 D** - Estimated number of doses for Rotavirus 2-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** |  | 3.80% |  |  | 4.75% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 245,610 | 9,343 | 236,267 | 267,235 | 12,702 | 254,533 |
| C | **Number of doses per child** | Vaccine parameter | 2 | 2 | 2 | 2 | 2 | 2 |
| D | **Number of doses needed** | B \* C | 491,220 | 18,686 | 472,534 | 534,470 | 25,404 | 509,066 |
| 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 | 515,781 | 19,620 | 496,161 | 561,194 | 26,674 | 534,520 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 128,946 | 4,905 | 124,041 | 11,354 | 540 | 10,814 |
| I | **Total vaccine doses needed** | F + G | 644,727 | 24,525 | 620,202 | 572,548 | 27,214 | 545,334 |
| 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 | 7,157 | 273 | 6,884 | 6,356 | 303 | 6,053 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 3,223,635 | 122,624 | 3,101,011 | 2,290,192 | 108,855 | 2,181,337 |
| 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 | 4,581 | 175 | 4,406 | 4,068 | 194 | 3,874 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 161,182 | 6,132 | 155,050 | 114,510 | 5,443 | 109,067 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 459 | 18 | 441 | 407 | 20 | 387 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 3,389,857 | 128,946 | 3,260,911 | 2,409,177 | 114,510 | 2,294,667 |
| U | **Total country co-financing** | I \* country co-financing per dose | 128,946 |  |  | 114,510 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 3.80% |  |  | 4.75% |  |  |

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

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

# **Table 1.3 D -** Estimated number of doses for Rotavirus 2-dose schedule associated injection safety material and related co-financing budget (page 2)

|  |  | **Formula** | **2015** | | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 5.28% |  |  |  |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 289,867 | 15,306 | 274,561 |  |  |  |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 2 | 2 | 2 | 2 | 2 | 2 |
| D | **Number of doses needed** | B \* C | 579,734 | 30,611 | 549,123 |  |  |  |
| 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 | 608,721 | 32,142 | 576,579 |  |  |  |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 11,882 | 628 | 11,254 |  |  |  |
| I | **Total vaccine doses needed** | F + G | 620,603 | 32,769 | 587,834 |  |  |  |
| 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 | 6,889 | 364 | 6,525 |  |  |  |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 2,234,171 | 117,967 | 2,116,204 |  |  |  |
| 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 | 4,409 | 233 | 4,176 |  |  |  |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 111,709 | 5,899 | 105,810 |  |  |  |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 441 | 24 | 417 |  |  |  |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 2,350,730 | 124,121 | 2,226,609 |  |  |  |
| U | **Total country co-financing** | I \* country co-financing per dose | 124,121 |  |  |  |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 5.28% |  |  |  |  |  |

**[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** | **2015** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DTP-HepB-Hib, 1 dose/vial, Liquid** | 0.20 | 0.20 | 0.20 | 0.20 |  |  |  |
| **Pneumococcal(PCV13), 1 doses/vial, Liquid** |  | 0.20 | 0.20 | 0.20 |  |  |  |
| **Rotavirus 2-dose schedule** |  | 0.20 | 0.20 | 0.20 |  |  |  |

**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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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)** |  | **9** |  |
| **Banking details** |  |  |  |

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

# **Attachments**

List of all the mandatory and optional documents attached to this form

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID** | **File type** | **File name** | | **New file** | **Actions** |
| **Description** | **Date and Time** | **Size** |
| 1 | **File Type:**  MoH Signature (or delegated authority) of Proposal \*  **File Desc:**  Page 2 du document ( correspondant au Point 4.1.2, de la soumission ) | **File name:**  [doccu150.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=30491912&propertyName=FormAttachments%5b0%5d.FileData)  **Date/Time:**  30.05.2011 18:16:53  **Size:**  7 MB | |  |  |
| 2 | **File Type:**  MoF Signature (or delegated authority) of Proposal \*  **File Desc:**  Page 2 du document ( correspondant au point 4.1.2 de la Soumission ) | **File name:**  [doccu150.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=30491912&propertyName=FormAttachments%5b1%5d.FileData)  **Date/Time:**  30.05.2011 18:37:16  **Size:**  7 MB | |  |  |
| 3 | **File Type:**  Signatures of ICC or HSCC or equivalent in Proposal \*  **File Desc:**  Page 1 du document ( correspondant au Point 4.1.2.de la soumission) | **File name:**  [doccu150.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=30491912&propertyName=FormAttachments%5b2%5d.FileData)  **Date/Time:**  30.05.2011 18:40:20  **Size:**  7 MB | |  |  |
| 4 | **File Type:**  Minutes of ICC/HSCC meeting endorsing Proposal \*  **File Desc:**  Document de 6 pages avec au bas la liste des participants a la rencontre qui eut lieu le 10 mai . Cette version du rapport est du 15 mai 2011. | **File name:**  [Minutes de reunion CCIA\_PEV vers du 15 mai\_vf.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=30491912&propertyName=FormAttachments%5b3%5d.FileData)  **Date/Time:**  30.05.2011 18:54:26  **Size:**  50 KB | |  |  |
| 5 | **File Type:**  comprehensive Multi Year Plan - cMYP \*  **File Desc:**  C'est le Plan pluriannuel complet 2011-2015 | **File name:**  [PPAc-PEV-2011-2015 29 Mai.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=30491912&propertyName=FormAttachments%5b4%5d.FileData)  **Date/Time:**  30.05.2011 18:59:29  **Size:**  660 KB | |  |  |
| 6 | **File Type:**  cMYP Costing tool for financial analysis \*  **File Desc:**  Document which describes the finanical analysis of the CMYP and which also presents the elements of financial viability of the program for a period of 5 years. | **File name:**  [HAITI PPAc\_Costing\_Tool\_May 29 MAI.xls](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=30491912&propertyName=FormAttachments%5b5%5d.FileData)  **Date/Time:**  30.05.2011 19:02:13  **Size:**  3 MB | |  |  |
| 7 | **File Type:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:**  We have here the minutes of the last two meetings one for 3 March, the other ofr 10 may, 2011 ( 9 pages). | **File name:**  [compte rendu des 2 dernieres reunions du CCIAG.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=30491912&propertyName=FormAttachments%5b6%5d.FileData)  **Date/Time:**  30.05.2011 19:12:04  **Size:**  56 KB | |  |  |
| 8 | **File Type:**  Improvement plan based on EVM \*  **File Desc:**  This document details the results of a study conducted by an international consultant for evaluating the additional capacity required for different levels to introduce the 3 new vaccines. He also describes the reliefl measures to be taken for | **File name:**  [Assessment Cold Chain & vaccine management- Haiti 04.11.docx](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=30491912&propertyName=FormAttachments%5b7%5d.FileData)  **Date/Time:**  30.05.2011 19:15:27  **Size:**  446 KB | |  |  |
| 9 | **File Type:**  Plan for NVS introduction (if not part of cMYP)  **File Desc:**  Document de 28 pages décrivant les phases et stratégies prévues dans le cadre de l'introduction des nouveaux vaccins | **File name:**  [Plan d'introduction Nouveaux vaccins 29 mai.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=30491912&propertyName=FormAttachments%5b8%5d.FileData)  **Date/Time:**  30.05.2011 19:17:05  **Size:**  225 KB | |  |  |

Banking Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In accordance with the decision on financial support made by the GAVI Alliance, the Government of Haiti hereby requests that a payment be made via electronic bank transfer as detailed below: | | | | |  |
|  |  | | |  | |
| **Name of Institution (Account Holder):** |  | | |  | |
|  |  | | |  | |
| **Address:** |  | | |  | |
| **City Country:** |  | | |  | |
| **Telephone no.:** |  | **Fax no.:** |  |  | |
| **Currency of the bank account:** | | |  |  | |
| **For credit to:** | | | | |  |
| **Bank account's title:** |  | | |  | |
| **Bank account no.:** |  | | |  | |
| **Bank's name:** |  | | |  | |
|  | | | | |  |

Is the bank account exclusively to be used by this program?

By who is the account audited?

Signature of Government’s authorizing official

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Seal** |
|  |
| **Title:** |  |
| **Signature:** |  |
| **Date:** |  |

| **FINANCIAL INSTITUTION** | | **CORRESPONDENT BANK**  **(In the United States)** | |
| --- | --- | --- | --- |
| **Bank Name:** |  |  |  |
| **Branch Name:** |  |  |  |
| **Address:** |  |  |  |
| **City Country:** |  |  |  |
| **Swift Code:** |  |  |  |
| **Sort Code:** |  |  |  |
| **ABA No.:** |  |  |  |
| **Telephone No.:** |  |  |  |
| **FAX No.:** |  |  |  |
|  | |  | |

I certify that the account no is held by (Institution name) at this banking institution.

|  |  |  |
| --- | --- | --- |
| The account is to be signed jointly by at least 0 (number of signatories) of the following authorized signatories: | | |
| **1** |  | |
| **Name:** |  |
| **Title:** |  |
| **2** |  | |
| **Name:** |  |
| **Title:** |  |
| **3** |  | |
| **Name:** |  |
| **Title:** |  |
| **4** |  | |
| **Name:** |  |
| **Title:** |  |

|  |
| --- |
| **Name of bank’s authorizing official** |
|  |
| **Signature:** |
|  |
| **Date:** |
|  |
| **Seal:** |
|  |