

*GAVI Alliance*

**Application Form for Country Proposals**

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

Submitted by

The Government of

***Togo***

Date of submission: **5-13-2011 16:22:32**

**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.

|  |
| --- |
| **GAVI ALLIANCE**  **GRANT TERMS AND CONDITIONS**  **FUNDING USED SOLELY FOR APPROVED PROGRAMMES**  The applicant country (“Country”) confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country’s application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.  **AMENDMENT TO THE APPLICATION**  The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country’s application will be amended.  **RETURN OF FUNDS**  The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country’s reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance’s request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.  **SUSPENSION/ TERMINATION**  The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country’s application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.  **ANTICORRUPTION**  The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.  **AUDITS AND RECORDS**  The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.  The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.  **CONFIRMATION OF LEGAL VALIDITY**  The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country’s law, to perform the programmes described in its application, as amended, if applicable, in the APR.  **CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**  The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.  **USE OF COMMERCIAL BANK ACCOUNTS**  The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.  **ARBITRATION**  Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.  For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.  The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application. |

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

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

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

| **Type of Support** | **Vaccine** | **Start Year** | **End Year** | **Preferred second presentation[1]** | **Action** |
| --- | --- | --- | --- | --- | --- |
| New Vaccines Support | Pneumococcal (PCV13), 1 doses/vial, Liquid | 2012 | 2015 | Pneumococcal (PCV10), 2 doses/vial, Liquid |  |
| New Vaccines Support | Rotavirus 2-dose schedule | 2013 | 2015 | Rotavirus 3-dose schedule |  |

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

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# **Executive Summary**

The Expanded Program on Immunization (EPI) in Togo has progressed satisfactorily since 2003 when the Reach Every District (RED) strategy was introduced in every district. This progress was possible primarily as a result of GAVI Fund support and assistance from other EPI partners, including WHO, l’UNICEF, GTZ, Rotary International, Plan Togo, the Togolese Red Cross, Coopération Française, the European Union and strong commitment from political, administrative and technical authorities.   
DTP-Hep-Hib3 coverage, which was introduced into the routine EPI program with support from the GAVI Fund in July 2008 for children 0-11 months, replacing DTP3, increased from 43% in 2001 to 92% in 2010. Coverage for the other antigens saw similar increases in the 2001-2010 period (measles and YF, from 33% to 85%; TT2+ from 40% to 86%).  
The number of districts having Penta3 coverage higher than 80% increased from 28 in 2006 (80% of districts) to 31 in 2010 (89% of districts). The Penta-1/Penta-3 dropout rate fell slightly (5% in 2006 and 4% in 2010). The number of districts with a Penta-1/Penta-3 dropout rate lower than 10% rose from 30 (86%) in 2006 to 31 (89%) in 2010. The vaccine wastage rate remained nearly constant within reasonable parameters. For example, from 2006 to 2010, the wastage rate for BCG increased from 27% to 30%; for measles, it dropped from 24% to 20%; and for YF, it rose from 17% to 18%.   
In November 2010, Togo took steps to update its complete Multi-year Plan (cMYP) for the Expanded Program on Immunization for the next five years (2011-2015). The updated plan emphasizes the introduction of new vaccines, strengthening of disease surveillance, integration of activities, renewal of the cold chain and communications activities for the EPI.   
  
The introduction of the DTP-HepB-Hib vaccine in July 2008 had very beneficial effects on the health of Togolese children. The results from sentinel surveillance of Pediatric Bacterial Meningitis (PBM) at CHU-Tokoin, the main hospital in Lomé, though fragmentary, showed a decline in Haemophilus influenzae type b meningitis. The number of cases dropped from nine in 2006 to two in 2010, based on 477 samples analyzed. The research showed that these two individuals were not immunized for DTP-HepB-Hib. There are no data available on changes in the number of hepatitis B cases, but the same trends are likely to have occurred. Togo also expects to see a decline in hepatitis B-related cirrhosis and cancer within a few years.  
  
On the basis of these results and in order to increase the spectrum of protection for Togolese children against vaccine-preventable disease, the Ministry of Health is requesting support from the GAVI Fund to introduce two new vaccines, pneumococcal and rotavirus, into the routine immunization program. The pneumoccal vaccine would be introduced in July 2012, and the rotavirus vaccine in 2013.   
The duration of the support takes account of the time frame of our cMYP, which is based on the country’s five-year planning cycle.  
  
These immunization coverages will be achieved by applying the following strategies:  
  
 - Reduction of the pneumococcal and rotavirus vaccine wastage rate  
 - Staff training  
 - Implementation of fixed and advanced strategies  
 - Strengthening supervision and monitoring  
 - Strengthening surveillance of adverse effects following immunization (AEFI)  
 - Strengthening communication in the interest of the EPI through the use of various communications channels (mass media, opinion leaders, associations/NGOs) to obtain participation by the population, especially mothers, in immunization of children with pneumoccal and rotavirus vaccines  
 - Implementation of the safe injection policy  
 - Empowering the Inter-Agency Coordinating Committee with respect to its membership and operation.  
The Government of Togo is counting on the support of GAVI and its partners for the introduction and maintenance of these new vaccines in systematic immunization.

# **Signatures**

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

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

The Government of Togo would like to expand the existing partnership with the GAVI Alliance for the improvement of the infants routine immunisation programme of the country, and specifically hereby requests for GAVI support for Pneumococcal (PCV13) 1 doses/vial Liquid , Rotavirus 2-dose schedule introduction.

The Government of Togo 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 June.

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** | Mr. Komlan MALLY | **Name** | Mr. Adji Oteth AYASSOR |
| **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. NASSOURY I. Danladi | Division Chief, Epidemiology Division | +228 2214194/9223497 | dinassoury@yahoo.fr |  |
| Mr. LACLE Anani | Head of Immunization Department | +228 221 41 94/912 95 23 | lacleae@yahoo.fr |  |
| Dr. ADJEODA Kodjovi E. | EPI Administrator, WHO | +228 221 33 60/ 064 56 01 | adjeodak@tg.afro.who.int |  |
| Dr. AFANOU Akouété | EPI Administrator, Unicef | +228 223 15 00/ 904 14 63 | aafanou@unicef.org |  |

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

We the members of the ICC, HSCC, or equivalent committee**[1]** met on 5-11-2011 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: 4.

**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** |
| --- | --- | --- | --- |
| Mr. Komlan MALLY | Minister of Health |  |  |
| Dr. Pierre M’PELE KILEBOU | WHO Resident Representative in Togo |  |  |
| Dr. Viviane Van STEIRTEGEN | UNICEF Resident Representative-Togo |  |  |
| Dr. Koku Sika DOGBE | General Director for Health |  |  |
| Mr. Aftar MOROU | Planning Officer, Budget Division/Ministry of Economy and Finance |  |  |
| Mr. Issaka LAGUEBANDE | Attaché de Cabinet/Ministry of Territorial Development and Management |  |  |
| Mr. Gbehomilo - Nyelolo TOMEGAH | Rotary International/Chairman, National Polio Plus Commission |  |  |
| Mr. ASSAH Hervé | World Bank Representative |  |  |
| Mr. Philippe COLLIGNON | Coopération Française Mission |  |  |
| Ms. Rosine Sori COULIBALY | Resident Representative/United Nations Development Program |  |  |
| Dr. Aristide APLOGAN | Agency for Preventive Medicine (AMP) |  |  |
| Mr. Hada TCHINGUE | Resident Representative, Plan-Togo |  |  |
| Dr. Kuami Guy BATTAH | Health Coordinator/Togolese Red Cross |  |  |
| Dr. Sylvain Atayi KOMLANGAN | Director of Primary Health Care |  |  |
| Dr. Afefa Amivi BABA | Director/Directorate for Healthcare Institutions |  |  |
| Dr. Atany NYANSA | Director of Pharmacies, Laboratories and Technical Equipment |  |  |
| Mr. EDORH Hokameto | Director of Planning, Training and Research |  |  |
| Mr. AKPO-GNANDI Okaté | Director of Community Affairs |  |  |
| Dr. Danladi NASSOURY | Division Chief, Epidemiology Division/EPI Coordinator |  |  |
| Mr. Edem KOFFI-KUMA | Head of Department of National Information Education Communication |  |  |
| Dr. Kassouta Komlan Tchiguiri N’TAPI | Division Chief, Family Health Division |  |  |

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

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Dr. NASSOURY I. Danladi | **Title** | Division Chief, Epimemiology Division |
| **Tel no** | +228 2214194/9223497 |
| **Fax no** | +228 221 31 28 | **Address** | AVENUE LEOPOLD SEDAR SENGHOR BP 360 |
| **Email** | dinassoury@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 Coordinating Committee for Immunization (ICC) |
| **Year of constitution of the current committee** | 2001 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Technical Subcommittee, Logistics Subcommittee, Social Mobilization Subcommittee |
| **Frequency of meetings** | Once per quarter for ordinary meetings - Possibility of extraordinary meetings |

**Composition**

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

Enter the family name in capital letters.

| **Function** | **Title / Organisation** | **Name** |
| --- | --- | --- |
| **Chair** | Minister of Health | Mr. Komlan MALLY |
| **Secretary** | UNICEF Representative in Togo | Dr. Viviane Van STEIRTEGEN |
| **Members** | WHO Representative in Togo | Dr. Pierre M’PELE KILEBOU | **Action** |
|  | General Director for Health | Dr. Koku Sika DOGBE |  |
|  | Planning Officer, Budget Division/Ministry of Economy and Finance | Mr. Aftar MOROU |  |
|  | Attaché de Cabinet/Ministry of Territorial Development and Management | Mr. Issaka LAGUEBANDE |  |
|  | Rotary International/Chairman, National Polio Plus Commission | Mr. Gbehomilo - Nyelolo TOMEGAH |  |
|  | World Bank Representative | Mr. ASSAH Hervé |  |
|  | Coopération Française Mission | Mr. Philippe COLLIGNON |  |
|  | Resident Representative/United Nations Development Program | Ms. Rosine Sori COULIBALY |  |
|  | Agency for Preventive Medicine (AMP) | Dr. Aristide APLOGAN |  |
|  | Resident Representative, Plan-Togo | Mr. Hada TCHINGUE |  |
|  | Health Coordinator/Togolese Red Cross | Dr. Kuami Guy BATTAH |  |
|  | Director of Primary Health Care | Dr. Sylvain Atayi KOMLANGAN |  |
|  | Director/Directorate for Healthcare Institutions | Dr. Afefa Amivi BABA |  |
|  | Director of Pharmacies, Laboratories and Technical Equpment | Dr. Atany NYANSA |  |
|  | Director of Planning, Training and Research | Mr. EDORH Hokameto |  |
|  | Director of Community Affairs | Mr. AKPO-GNANDI Okaté |  |
|  | Division Chief, Epidemiology Division/EPI Coordinator | Dr. Danladi NASSOURY |  |
|  | Head of Department of National Information Education Communication | Mr. Edem KOFFI-KUMA |  |
|  | Division Chief, Family Health Division | Dr. Kassouta Komlan Tchiguiri N’TAPI |  |
|  |  |  |  |

Major functions and responsibilities of the committee

|  |
| --- |
| **The Inter-Agency Coordinating Committee is responsible for: - approving the annual and multi-year EPI strategic plans; - evaluating the implementation of the annual and multi-year strategic plans; - ensuring the coordination of contributions of national and international resources; - contributing its support for the review and approval of strategies related to the National Immunization Days (NIVs) and the EPI; - assisting the EPI to mobilize internal and external resources for carrying out program activities; - guaranteeing transparent management of funds for the EPI; - ensuring technical and political support for the national coordinator of EPI; - supporting and encouraging information exchange and feedback with external partners; - helping to find short-, medium-, and long-term solutions to problems arising for the EPI.** |

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

|  |  |
| --- | --- |
| **1.** | **Involve the ICC members in EPI activities in the field, in particular attending district and regional monitoring meetings** |
| **2.** | **Involve the ICC members in missions to monitor EPI activities, e.g., field visits to verify that activities have been performed** |
| **3.** | **Brief the members on the role and functions of the Committee** |

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

(If it has been established in the country)

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

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

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

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Title** |  |
| **Tel no** |  |
| **Fax no** |  | **Address** |  |
| **Email** |  |

# **The NITAG Group for Immunisation**

**Profile of the NITAG**

|  |  |
| --- | --- |
| **Name of the NITAG** |  |
| **Year of constitution of the current NITAG** |  |
| **Organisational structure (e.g., sub-committee, stand-alone)** |  |
| **Frequency of meetings** |  |

**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** |  |  |
| **Secretary** |  |  |
| **Members** |  |  | **Action** |
|  |  |  |  |

Major functions and responsibilities of the NITAG

|  |
| --- |
| **Not applicable** |

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

|  |  |
| --- | --- |
| **1.** | **Not applicable** |
| **2.** | **Not applicable** |
| **3.** | **Not applicable** |

# **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 5
* 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 2009 (most recent; specify dates of data provided)

|  | **Figure** | | **Year** | **Source** |
| --- | --- | --- | --- | --- |
| Total population | 5,730,998 |  | 2009 | NATIONAL STATISTICS AND ACCOUNTING DIRECTORATE |
| Infant mortality rate (per 1000) | 48 |  | 2009 | NATIONAL STATISTICS AND ACCOUNTING DIRECTORATE |
| Surviving Infants**[1]** | 245,568 |  | 2009 | NATIONAL STATISTICS AND ACCOUNTING DIRECTORATE |
| GNI per capita (US$) | 422 |  | 2009 | INTERNATIONAL MONETARY FUND |
| Total Health Expenditure (THE) as a percentage of GDP | 6.00 | % | 2009 | NHA |
| General government expenditure on health (GGHE) as % of General government expenditure | 25.00 | % | 2009 | NHA |

**[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

|  |
| --- |
| **The National Health Development Plan (PNDS) is a planning tool in the field of health. The most recent PNDS covers the period 2009-2013. The process of setting up the international health partnership (IHP+) is now well advanced. A global situation analysis has been completed and is expected to be adopted in May 2011. The current PNDS will be reviewed during this process to comply with the deadlines for the major global health initiatives (MDGs, GIVS, etc).** |

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

|  |
| --- |
| **The new cMYP covers 2011-2015 and takes into account the main features of the PNDS with respect to immunization. The plan was developed while taking into account the IHP+ process underway in our country, which will modify the PNDS planning cycle.** |

Please indicate the national planning budgeting cycle for health

|  |
| --- |
| **The health planning and budgeting cycle covers five years. The current National Health Development Plan covers the 2009-2013 period.** |

Please indicate the national planning cycle for immunisation

|  |
| --- |
| **The national planning cycle for immunization is also five years. The annual complete Multi-year Plan covers 2011-2015. The cMYP is reviewed each year against achievements and the district and regional microplans.** |

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

|  |
| --- |
| **The immunization routine reporting system does not disaggregate data by sex.** |

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

|  |
| --- |
| **The introduction plan for the new vaccine has addressed gender-specific considerations: - review of records (record entries by sex) - promotion of equity in access to immunization services (strengthening of social mobilization)** |

# **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 | BIRTH | Yes |  |  |
| Penta | 6,10,14 WEEKS | Yes |  |  |
| Polio | BIRTH, 6,10,14 WEEKS | Yes |  |  |
| Measles | 9 MONTHS | Yes |  |  |
| Yellow Fever | 9 MONTHS | Yes |  |  |
| TT+ | 1st CONTACT, 4 WEEKS, 6 MONTHS, 1 YEAR,  1 YEAR | Yes |  |  |
| **Vitamin A** | 6,10,14 WEEKS,  9 MONTHS | Yes |  |

# **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 | 2001 | 2006 |  | **2009** | **2010** |
| **BCG** | | 91 | 94 | 84 | 92 | **Tuberculosis** | 2,727 | 2,096 |
| **DTP** | **DTP1** | 93 | 97 | 80 | 88 | **Diphtheria** | 0 | 0 |
| **DTP3** | 89 | 92 | 64 | 76 | **Pertussis** | 72 | 53 |
| **Polio 3** | | 89 | 92 | 63 | 76 | **Polio** | 6 | 0 |
| **Measles (first dose)** | | 84 | 84 | 58 | 64 | **Measles** | 162 | 120 |
| **TT2+ (Pregnant women)** | | 82 | 85 | 47 | 80 | **NN Tetanus** | 17 | 28 |
| **Hib3** | | 89 | 92 |  |  | **Hib[2]** | 5 | 12 |
| **Yellow Fever** | | 84 | 84 |  |  | **Yellow fever** | 0 | 0 |
| **HepB3** | | 89 | 92 |  |  | **HepBsero-prevalence[1]** |  |  |
| **Vitamin A supplement**  **Mothers (< 6 weeks post-delivery)** | | 80 | 80 |  |  |  | | |
| **Vitamin A supplement**  **Infants (>6 months)** | | 78 | 78 |  |  |

**[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

|  |
| --- |
| **REVIEW OF EXPANDED PROGRAM ON IMMUNIZATION COMPLETED IN 2001 (EXTERNAL REVIEW) AND 2006 (INTERNAL REVIEW.** |

# **Baseline and Annual Targets**

(refer to cMYP pages)

**Table 1:** baseline figures

| **Number** | **Base Year** | **Baseline and Targets** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2009** | **2012** | **2013** | **2014** | **2015** |  |  |
| **Total births** | 257,895 | 277,704 | 284,535 | 291,535 | 298,706 |  |  |
| **Total infants' deaths** | 12,327 | 13,274 | 13,601 | 13,935 | 14,278 |  |  |
| **Total surviving infants** | 245,568 | 264,430 | 270,934 | 277,600 | 284,428 |  |  |
| **Total pregnant women** | 257,895 | 277,704 | 284,535 | 291,535 | 298,706 |  |  |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 235,181 | 263,818 | 270,308 | 279,873 | 286,758 |  |  |
| **BCG coverage (%)[1]** | 91% | 95% | 95% | 96% | 96% |  |  |
| **Number of infants vaccinated (to be vaccinated) with OPV3** | 218,045 | 245,919 | 254,678 | 263,719 | 270,207 |  |  |
| **OPV3 coverage (%)[2]** | 89% | 93% | 94% | 95% | 95% |  |  |
| **Number of infants vaccinated (or to be vaccinated) with DTP1[3]** | 228,814 | 256,497 | 262,806 | 272,048 | 278,739 |  |  |
| **Number of infants vaccinated (to be vaccinated) with DTP3[3]** | 219,126 | 245,919 | 254,678 | 263,719 | 270,207 |  |  |
| **DTP3 coverage (%)[2]** | 89% | 93% | 94% | 95% | 95% |  |  |
| **Wastage[1] rate in base-year and planned thereafter for DTP (%)** | 5% | 5% | 5% | 5% | 5% |  |  |
| **Wastage[1] factor in base-year and planned thereafter for DTP** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |  |  |
| **Target population vaccinated with 1st dose of Pneumococcal** |  | 256,497 | 262,806 | 272,048 | 278,739 |  |  |
| **Target population vaccinated with 3rd dose of Pneumococcal** |  | 245,919 | 254,678 | 263,719 | 270,207 |  |  |
| **Pneumococcal coverage (%)[2]** | 0% | 93% | 94% | 95% | 95% |  |  |
| **Target population vaccinated with 1st dose of Rotavirus** |  |  | 262,806 | 272,048 | 278,739 |  |  |
| **Target population vaccinated with last dose of Rotavirus** |  |  | 257,387 | 266,496 | 273,051 |  |  |
| **Rotavirus coverage (%)[2]** | 0% | 0% | 95% | 96% | 96% |  |  |
| **Infants vaccinated (to be vaccinated) with 1st dose of Measles** | 205,594 | 235,342 | 246,550 | 258,167 | 270,207 |  |  |
| **Measles coverage (%)[2]** | 84% | 89% | 91% | 93% | 95% |  |  |
| **Pregnant women vaccinated with TT+** | 210,974 | 247,156 | 258,927 | 271,127 | 283,771 |  |  |
| **TT+ coverage (%)[4]** | 82% | 89% | 91% | 93% | 95% |  |  |
| **Vit A supplement to mothers within 6 weeks from delivery** | 211,248 | 221,810 | 227,092 | 232,373 | 237,654 |  |  |
| **Vit A supplement to infants after 6 months** | 195,819 | 206,179 | 211,208 | 216,237 | 221,265 |  |  |
| **Annual DTP Drop-out rate[ ( DTP1 - DTP3 ) / DTP1 ] x 100[5]** | 4% | 4% | 3% | 3% | 3% |  |  |

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

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

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

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

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

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

(or refer to cMYP pages)

|  | **Estimated costs per annum in US$ (in thousand US$)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost category** | **Base Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** | |
| 2009 | 2012 | 2013 | 2014 | 2015 |  |  |  |  | |
| **Routine Recurrent Cost** | | | | | | | | | | |
| **Vaccines (routine vaccines only)** | **3,452** | **7,561** | **13,656** | **13,161** | **14,027** |  |  |  |  | |
| **Traditional vaccines** | 327 | 412 | 453 | 484 | 647 |  |  |  |  | |
| **New and underused vaccines** | 3,125 | 7,149 | 13,203 | 12,677 | 13,380 |  |  |  |  | |
| **Injection supplies** | 167 | 220 | 289 | 311 | 361 |  |  |  |  | |
| **Personnel** | **212** | **225** | **231** | **236** | **241** |  |  |  |  | |
| **Salaries of full-time NIP health workers (immunisation specific)** | 72 | 78 | 81 | 83 | 85 |  |  |  |  | |
| **Per-diems for outreach vaccinators / mobile teams** | 140 | 147 | 150 | 153 | 156 |  |  |  |  | |
| **Transportation** | 41 | 31 | 32 | 30 | 31 |  |  |  |  | |
| **Maintenance and overheads** | 721 | 1,210 | 1,290 | 937 | 974 |  |  |  |  | |
| **Training** | 43 | 47 | 49 | 51 | 53 |  |  |  |  | |
| **Social mobilisation and IEC** | 4 | 20 | 21 | 22 | 23 |  |  |  |  | |
| **Disease surveillance** | 87 | 96 | 100 | 104 | 108 |  |  |  |  | |
| **Program management** | 68 | 75 | 78 | 82 | 85 |  |  |  |  | |
| **Other** | 0 | 187 | 197 | 187 | 197 |  |  |  |  | |
| ***Subtotal Recurrent Costs*** | ***4,795*** | ***9,672*** | ***15,943*** | ***15,121*** | ***16,100*** |  |  |  |  | |
|  | | | | | | | | | | |
| **Routine Capital Costs** | | | | | | | | | | |
| **Vehicle** | 0 | 110 | 0 | 0 | 0 |  |  |  |  | |
| **Cold chain equipment** | 220 | 2,752 | 1,290 | 928 | 898 |  |  |  |  | |
| **Other capital equipment** | 233 | 288 | 120 | 80 | 80 |  |  |  |  | |
| ***Subtotal Capital Costs*** | ***453*** | ***3,150*** | ***1,410*** | ***1,008*** | ***978*** |  |  |  |  | |
|  | | | | | | | | | | |
| **Campaigns** | | | | | | | | | | |
| **Polio** | 2,440 | 1,537 | 1,624 | 1,715 | 1,812 |  |  |  | |  |
| **Measles** | 0 | 0 | 1,305 | 0 | 0 |  |  |  | |  |
| **Yellow Fever** | 0 | 0 | 0 | 0 | 0 |  |  |  | |  |
| **MNT campaigns** | 0 | 0 | 0 | 0 | 0 |  |  |  | |  |
| **Other campaigns** | 726 | 476 | 484 | 5,426 | 525 |  |  |  | |  |
| ***Subtotal Campaign Costs*** | ***3,166*** | ***2,013*** | ***3,413*** | ***7,141*** | ***2,337*** |  |  |  | |  |
| **GRAND TOTAL** | **8,414** | **14,835** | **20,766** | **23,270** | **19,415** |  |  |  | |  |

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

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

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

|  | | **Estimated costs per annum in US$ (in thousand US$)** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost category** | **Funding source** | **Base Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| **2009** | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| **Routine Recurrent Cost** | | | | | | | | | | |
| 61631 | GAVI, GOVERNMENT, PARTNERS | 4,795 | 9,672 | 15,943 | 15,121 | 16,100 |  |  |  |  |  |
|  | | | | | | | | | | |  |
| **Routine Capital Costs** | | | | | | | | | | |  |
| 6999 | GOVERMENT, COMMUNITIES, PARTNERS | 453 | 3,150 | 1,410 | 1,008 | 978 |  |  |  |  |  |
|  | | | | | | | | | | |  |
| **Campaigns** | | | | | | | | | | |  |
| 18070 | WHO, UNICEF, GOVERNMENT, COMMUNITIES | 3,166 | 2,013 | 3,413 | 7,141 | 2,337 |  |  |  |  |  |
| **GRAND TOTAL** | | **8,414** | **14,835** | **20,766** | **23,270** | **19,415** |  |  |  |  |  |

# **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.

|  |
| --- |
| **Vaccine storage capacity has been gradually strengthened at the central and operational levels by upgrading the cold chain equipment in the depots and health facilities, through support from GAVI and other partners, including UNICEF and Rotary International. The current status of the cold chain equipment and readiness to accommodate the introduction of new vaccines over the next four years is as follows: 1) at the central level: • two positive cold chambers in Lomé, one with 40,000-litrer capacity built in 2007, the other with 12,000-liter capacity (amortized);  • one 20,000-liter negative cold chamber built in 2007;  • 5 FCW300 freezers in good condition; • 1 255-liter freezer in good condition; • 3 other freezers, inoperative. The 40,000- and 20,000-liter cold chambers have automatic temperature monitors and an alarm system.  The existing capacity is sufficient to cover current needs. When the new vaccines are introduced, however, it will be necessary to expand the capacity. Thus, when the pneumo vaccine is introduced in 2012, an additional 2.6 m3 will be required. The gap is eventually expected to increase to 9.8 m3 as a result of introduction of the rotavirus vaccine in 2013 and the Men A vaccine in 2014. Therefore, the installation in 2012 and 2013 of a total additional gross capacity of 80 m3 should cover all the requirements of the central depot with a comfortable margin. 2) At the regional level: There is a 12,000-liter cold chamber at the regional depot in Kara, which is generally expected to serve as a relay station for the northern portion of the country. The positive storage capacity for vaccines is below what is needed in the Lomé Commune, Maritime et Plateaux regions. Lomé Commune also has a negative storage capacity below its requirements. However, the cold chambers at the Essential and Generic Drug Procurement Center (CAMEG) in Lomé, Atakpamé and Kara may be used if needed by the DEPI. At the regional level, when the pneumo vaccine is introduced in 2012, the cold chain capacities at all the regional depots will need to be expanded, except the one in Kara. The capacity-strengthening plan should also include introduction of the rotavirus vaccine in 2013 and the Men A vaccine in 2014. Additional storage will be needed in 2012 for 870 liters for Lomé, 594 liters for Maritime, 128 liters for Plateaux and 303 liters for Savanes. En 2015 there will be additional needs of 1298 liters for Lomé, 1231 liters for Maritime, 696 liters for Plateaux, 164 liters for Centrale and 735 liters for Savanes.  3) At the district level: The current storage capacity for vaccines at the 35 district depots represents a net cooling volume of 7,055 liters, provided mainly by TCW 1152, TCW 2000 and TCW 3000 refrigerators. The positive storage capacity in the district depots is sufficient to cover current needs, except in the Kpendjal district.  Thee net freezing volume currently available in the 35 district depots is 12,344 liters, provided mainly by Dométic FCW 300 and Westfrost MF 304 freezers. This freezing capacity is sufficient to cover the needs at all the depots. At the district level, the storage capacity for seven districts (D2, D5, Golfe, Lacs, Vo, Kloto and Kpendjal) out of the 35 will be insufficient to cover the vaccine storage needs for 2012 to 2015. The following additional storage capacity will be needed in those seven districts:  - In 2012: 26 L for D5, 33 L for Lacs, 38 L for Vo and 64 L for Kpendjal  - In 2015 : 52 L for D2, 91 L for D5, 62 L for Golfe, 86 L for Lacs, 89 L for Vo, 64 L for Kloto and 127 L for Kpendjal The strengthening of the cold chain equipment to take into account the introduction of the new vaccines will basically consist in procurement of the following equipment between 2012 and 2015: • two 40-m3 cold chambers (one in 2012, the other in 2013) for the central level, at a total cost of US$123,472 • 36 TCW 3000 refrigerators, at a total cost of US$157,320 for the regional depots:   - 16 in 2012 for Maritime (5), Plateaux (1), Savanes (3) and Lomé (7)  - 10 in 2013 for Maritime (3), Plateaux (2), Centrale (1), Savanes (2) and Lomé (2)  - 6 in 2014 for Maritime (1), Plateaux (2), Centrale (1), Savanes and Lomé (1)  - 4 in 2015 for Maritime (1), Plateaux (1), Centrale (1) and Lomé (1) The vaccine stocks in Lomé will be kept in the cold chamber at the central level until the Regional Health Department in Lomé can set up facilities to accommodate the cold chain equipment.  • 8 TCW 3000 refrigerators, at a total cost of US$34,960, for the seven district depots that have insufficient storage capacity:  - 4 in 2012 for D5 (1), Lacs (1), Vo (1) and Kpendjal (1)  - 3 in 2013 for D2 (1), Golfe (1) and Kloto (1)  - 1 in 2015 for Kpendjal Joint financing for all of this equipment needed to introduce the new vaccines, with an estimated total cost of US$316,000, will be provided by the government and the GAVI Fund, with additional assistance from l’UNICEF and Rotary International. Furthermore, in order to strengthen the cold chain at the operational level, 276 RCW 50 EG refrigerators, with an estimated total cost of US$1,104,000, will be procured with financial assistance from the various EPI partners for peripheral health units that have none. The procurement of these 276 refrigerators will be ongoing throughout the 2011-2015 period covered by the cMYP.** |

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)

|  |
| --- |
| **Yellow fever vaccine was introduced as part of Togo’s routine immunization program starting in 2005, and DTP-pentavalent vaccine was introduced in July 2008. In order to increase the spectrum of protection against vaccine-preventable disease, it will be necessary to introduce other vaccines over the next five years, such as pneumococcal, rotavirus, meningococcal A conjugate, and many others, according to the disease burden and priorities. The program should also gradually adopt new technologies and other new vaccines that are already available on the market, according to the epidemiological context and availability of resources.  The decision-making process took into account the following considerations:  - Analysis of the burden of pneumococcal infections and rotavirus diarrhea - New vaccines placed on the market  - Opportuity for financing through the GAVI Fund - Satisfying results achieved by the EPI in Togo over the past 10 years - Partnership strengthened by support and technical advice from WHO and UNICEF - The ICC’s concern with introducing pneumococal and rotavirus vaccines** |

# **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** | 77,930 | 106,615 | 111,924 | 116,943 |  |  |  |  |
| **B** | **Existing net positive cold chain capacity (litres or m3)**  **Liters** | **#** | 21,288 | 21,288 | 21,288 | 21,288 |  |  |  |  |
| **C** | **Estimated minimum number of shipments per year required for the actual cold chain capacity** | **A / B** | **4** | **6** | **6** | **6** |  |  |  |  |
| **D** | **Number of consignments /**  **shipments per year** | **Based on national vaccine shipment plan** | 2 | 2 | 2 | 2 |  |  |  |  |
| **E** | **Gap (if any)** | **((A / D) - B)** | 17,677 | 32,020 | 34,674 | 37,184 |  |  |  |  |
| **F** | **Estimated additional cost of cold chain** | **US$** | **149,136** | **118,546** | **26,220** | **21,850** |  |  |  |  |

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 EPI in Togo is heavily dependent on external financing, which represents 74.6% of the EPI resource requirements for 2011-2015. During that period, moreover, if we consider only assured financing, 27.5% of the resource requirements are unfinanced; and for assured and probable financing, that figure drops to 11%.  Taking into account effective implementation of the Heavily Indebted Poor Countries Initiative (HIPC) to the benefit of the EPI, resumption of Public Development Aid (APD), Togolese access to GAVI financing, the IHP+ Initiative, and an increased government contribution to health expenditures, particularly for EPI, it should be possible to reduce the financial gap substantially.** |

# **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** |
| --- | --- | --- | --- |
| Pneumococcus | WHO – Systematic estimate of the number of serious cases and deaths from Hib and streptococcus pneumoniae | 2009 | Estimated annual cases of serious illness due to pneumococcus average 32,461 [25,379; 40,424]. The number of deaths can be estimated at 2,211 cases annually [1,643; 2,436]. |  |
| Pneumococcus | Sentinel surveillance of pediatric bacterial meningitis, CHU-Tokoin sentinel site in Lomé | 2010 | Between 2005 and 2010, 2,412 samples of CSF yielded: 36 cases of Hib, 33 cases of Pneumonia, 4 cases of W135, 8 cases of Strep. and 5 cases of other germs. |  |
| Rotavirus | Sentinel surveillance of rotavirus diarrhea at the CHU-Tokoin sentinel site in Lomé | 2010 | The total number of cases came to 56 out of 176 samples analyzed in 2008, which accounts for more than 30% of cases of diarrhea. This trend in rotavirus cases among diarrhea cases accounted for more than 50% in 2009 (76 positive cases /146 samples) and 51% in 2010 (89 positive cases/174 samples). |  |

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** |
| --- | --- |
| 1)Planning prior to introduction - Update the policy documents, technical guides and management tools for EPI in consideration of the new vaccines - Ensure effective implementation of the cMYP through annual action plans 2)Social mobilization and communication  - Develop/update the national social mobilization plan for the immunization program in consideration of the new vaccines being introduced 3)Training and knowledge of health care staff  - Ensure that informational materials on the new vaccines are available to health care staff at all levels - Develop integrated training materials on vaccine-preventable disease in consideration of the new vaccines  - Organize training/refresher workshops for health care staff with priority given to new hires 4)Cold chain and logistics management - Install a computerized system to record the cold chain temperature at the central level  - Develop a plan for gradual replacement of cold chain equipment that does not meet WHO standards - Update the evaluation of storage capacities with an eye to the upcoming introduction of Pneumococcal and Rotavirus vaccines - Establish a maintenance system for the cold chain equipment and train staff at the peripheral level in preventive maintenance 5)Vaccine coverages and reporting  - Train staff in data management - Encourage health care staff to regularly analyze data to guide their actions - Organize cascade training in data quality self-evaluation and encourage the staff to apply it  - Strengthen involvement of community health agents in EPI activities, particularly research and awareness of points of view 6)Monitoring and supervision - Improve the quality of supervision visits through pre-visit preparation and target the problems identified to guide the discussions  7)Surveillance of AEFI - Develop and disseminate a technical protocol on AEFI investigation - Include the AEFI monitoring in the monthly immunization report 8)Vaccine storage management  - Encourage health care staff to make note of vaccine storage temperatures twice a day 9)Waste management  - Propose standard incinerator models for each level of health care  - Monitor actual incinerator use during supervision visits | 1)Planning prior to introduction  - The policy documents, technical guides and management tools for EPI will be updated in consideration of the new vaccines - Annual action plans prepared and in the process of implementation 2)Social mobilization and communication  - An Integrated Communication Plan for the EPI 2011-2015 has been prepared and will be implemented  3)Cold chain and logistics management - Management evaluation carried out April 12-30, 2011, report and improvement plan being drafted  4)Vaccine coverages and reporting  - Staff trained in DVD-MT and SMT - Semiannual monitoring at the national level and monthly monitoring at the district level is effective and facilitates analysis of EPI/DSR data and activities, thus enabling action to be taken  - DQS planned for before the end of 2010 6)Surveillance of AEFI - Technical protocol on AEFI investigation to be done prior to introduction of new vaccines - AEFI monitoring in the monthly immunization report to be included prior to introduction of new vaccines |  |

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

|  |
| --- |
| **- Puneumococcal (PCV13), 1 dose/vial, liquid - Rotavirus for 2-dose schedule** |

# **6.****3.1. 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.****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 | # | 256,497 | 262,806 | 272,048 | 278,739 |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 245,919 | 254,678 | 263,719 | 270,207 |  |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 93.00% | 94.00% | 95.00% | 95.00% |  |  |  |  |
| **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** | # | 54,000 | 44,500 | 46,200 | 47,200 |  |  |  |  |
| **Number of AD syringes** | # | 57,600 | 47,100 | 48,900 | 49,900 |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 650 | 525 | 550 | 575 |  |  |  |  |
| **Total value to be co-financed by country** | $ | **202,000** | **167,000** | **173,000** | **177,000** |  |  |  |  |

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

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| **Number of vaccine doses** | # | 956,100 | 788,400 | 818,100 | 836,200 |  |  |  |  |
| **Number of AD syringes** | # | 1,020,800 | 833,700 | 865,200 | 884,200 |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 11,350 | 9,275 | 9,625 | 9,825 |  |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **3,581,000** | **2,952,500** | **3,064,000** | **3,131,500** |  |  |  |  |

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

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

**Calculation of lump-sum for the Pneumococcal (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$** | **Total in US$** |
| --- | --- | --- | --- |
| 2012 | 277,704 | 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** | 34,000 | 20,000 |
| **Social Mobilization, IEC and Advocacy** | 110,000 | 20,000 |
| **Cold Chain Equipment & Maintenance** | 283,682 | 10,000 |
| **Vehicles and Transportation** | 6,600 | 0 |
| **Programme Management** | 50,000 | 50,000 |
| **Surveillance and Monitoring** | 16,500 | 0 |
| **Human Resources** | 0 | 0 |
| **Waste Management** | 25,000 | 0 |
| **Technical assistance** | 0 | 0 |
|  |  | 0 |  |
| **Totals** | 525,782 | 100,000 |

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

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

# **6.4.2. Co-financing information**

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

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

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

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2013 | 2014 | 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 | # | 262,806 | 272,048 | 278,739 |  |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 257,387 | 266,496 | 273,051 |  |  |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 95.00% | 96.00% | 96.00% |  |  |  |  |  |
| **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** | # | 26,300 | 27,400 | 31,100 |  |  |  |  |  |
| **Number of AD syringes** | # |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 300 | 325 | 350 |  |  |  |  |  |
| **Total value to be co-financed by country** | $ | **138,000** | **115,500** | **118,000** |  |  |  |  |  |

# **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** | # | 663,700 | 548,800 | 557,800 |  |  |  |  |  |
| **Number of AD syringes** | # |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 7,375 | 6,100 | 6,200 |  |  |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **3,489,500** | **2,309,500** | **2,113,000** |  |  |  |  |  |

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

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

**Calculation of lump-sum for the Rotavirus 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 | 284,535 | 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** | 34,000 | 20,000 |
| **Social Mobilization, IEC and Advocacy** | 110,000 | 20,000 |
| **Cold Chain Equipment & Maintenance** | 60,570 | 50,000 |
| **Vehicles and Transportation** | 5,500 | 0 |
| **Programme Management** | 0 | 0 |
| **Surveillance and Monitoring** | 16,500 | 0 |
| **Human Resources** | 0 | 0 |
| **Waste Management** | 25,000 | 10,000 |
| **Technical assistance** | 0 | 0 |
|  |  |  |  |
| **Totals** | 251,570 | 100,000 |

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

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

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

|  |
| --- |
| The vaccines and injection supplies will be procured through l’UNICEF-Togo. The government’s contribution will be paid into the UNICEF-Togo account. |

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.

|  |
| --- |
| Not applicable |

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

|  |
| --- |
| The new vaccines (Pneumococcal and Rotavirus) will be introduced through the following activities:  Receipt of vaccines and injection supplies at the central level Distribution of vaccines and injection supplies in the regional and district administrative centers Strengthening of the cold chain at the operational level Maintenance contract Training and refresher training of regional and district EPI managers and vaccinateurs Printing and distribution of adapted supervision tools Conduct training supervision Preparation and distribution to the DRS/DPS of a technical document on introducing the various vaccines into the routine EPI Reproduction of revised reporting tools Implementation of reporting tools in the regional and district administrative centers Organization of the launching ceremony Panel discussion at the central level Communication activities in the regional and district administrative centers Communication activities in the peripheral health units Reproduction of revised social mobilization tools Implementation of revised social mobilization tools in the regional administrative centers Conduct a post-introduction evaluation |

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

|  |
| --- |
| The funds will be transferred to the country into the GAVI account designated for payment of funds to support immunization services. |

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

|  |
| --- |
| The co-financing amounts will be paid by the Ministry of Finance to UNICEF-Togo |

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

|  |
| --- |
| The monitoring of activities and feedback will be strengthened by holding regular monitoring meetings:  - Monitoring meetings at the district level every month - Monitoring meetings at the regional level every 3 months - Monitoring meetings at the national level every 6 months  Data quality self-assessment will also be strengthened at the decentralized level  Notification at the international level will be given through: - the progress report to GAVI; - the joint WHO/UNICEF report. |

# **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°)

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.

|  |
| --- |
| Togo has just completed a vaccine management effectiveness assessment, conducted April 12-29, 2011. The assessment report is in the preparation process. The report and the vaccine management improvement plan derived from it will be sent to GAVI before the end of September 2011. |

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

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

# **Additional Comments and Recommendations**

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

|  |
| --- |
| Note: this proposal will call for additional financing for EPI in order to handle the cold chain and the co-financing Recommendation: 1) Government: - Implement all the resource mobilization strategies in order to address these challenges - Decrease the stocking period, and therefore increase the number of deliveries at the central and regional levels 2) GAVI: - Support Togo in this new proposal to introduce new vaccines - Advocate for substantial reduction in the cost of these new vaccines |

# **Annexes**

# **Annex 1**

# **Annex 1.1 – Pneumococcal (PCV13), 1 doses/vial, Liquid**

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

| **Required supply item** |  | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 54,000 | 44,500 | 46,200 | 47,200 |  |  |  |  |
| **Number of AD syringes** | *#* | 57,600 | 47,100 | 48,900 | 49,900 |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 650 | 525 | 550 | 575 |  |  |  |  |
| **Total value to be co-financed by the country** | *$* | 202,000 | 167,000 | 173,000 | 177,000 |  |  |  |  |

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

| **Required supply item** |  | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 956,100 | 788,400 | 818,100 | 836,200 |  |  |  |  |
| **Number of AD syringes** | *#* | 1,020,800 | 833,700 | 865,200 | 884,200 |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 11,350 | 9,275 | 9,625 | 9,825 |  |  |  |  |
| **Total value to be co-financed by the country** | ***$*** | **3,581,000** | **2,952,500** | **3,064,000** | **3,131,500** |  |  |  |  |

**Table 1.1 C** - Summary table for Pneumococcal (PCV13), 1 doses/vial, Liquid

|  | **Data from** |  | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # | 264,430 | 270,934 | 277,600 | 284,428 |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # | 245,919 | 254,678 | 263,719 | 270,207 |  |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # | 93.00% | 94.00% | 95.00% | 95.00% |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # | 256,497 | 262,806 | 272,048 | 278,739 |  |  |  |  |
| **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** |  | $ | 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 1.1 D** - Estimated number of doses for Pneumococcal (PCV13), 1 doses/vial, Liquid associated injection safety material and related co-financing budget (page 1)

|  |  | **Formula** | **2012** | | | **2013** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 5.34% |  |  | 5.34% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 256,497 | 13,696 | 242,801 | 262,806 | 14,036 | 248,770 |
| C | **Number of doses per child** | Vaccine parameter | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 769,491 | 41,088 | 728,403 | 788,418 | 42,107 | 746,311 |
| 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 | 807,966 | 43,143 | 764,823 | 827,839 | 44,212 | 783,627 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 201,992 | 10,786 | 191,206 | 4,969 | 266 | 4,703 |
| I | **Total vaccine doses needed** | F + G | 1,009,958 | 53,928 | 956,030 | 832,808 | 44,477 | 788,331 |
| 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 | 1,078,347 | 57,580 | 1,020,767 | 880,660 | 47,033 | 833,627 |
| 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 | 11,970 | 640 | 11,330 | 9,776 | 523 | 9,253 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 3,534,853 | 188,748 | 3,346,105 | 2,914,828 | 155,669 | 2,759,159 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 57,153 | 3,052 | 54,101 | 46,675 | 2,493 | 44,182 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 7,661 | 410 | 7,251 | 6,257 | 335 | 5,922 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 176,743 | 9,438 | 167,305 | 145,742 | 7,784 | 137,958 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 6,482 | 347 | 6,135 | 5,294 | 283 | 5,011 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 3,782,892 | 201,992 | 3,580,900 | 3,118,796 | 166,562 | 2,952,234 |
| U | **Total country co-financing** | I \* country co-financing per dose | 201,992 |  |  | 166,562 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 5.34% |  |  | 5.34% |  |  |

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

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

# **Table 1.1 D -** Estimated number of doses for Pneumococcal (PCV13), 1 doses/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** |  | 5.34% |  |  | 5.34% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 272,048 | 14,529 | 257,519 | 278,739 | 14,887 | 263,852 |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 816,144 | 43,587 | 772,557 | 836,217 | 44,659 | 791,558 |
| 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 | 856,952 | 45,767 | 811,185 | 878,028 | 46,892 | 831,136 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 7,279 | 389 | 6,890 | 5,269 | 282 | 4,987 |
| I | **Total vaccine doses needed** | F + G | 864,231 | 46,156 | 818,075 | 883,297 | 47,174 | 836,123 |
| 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 | 914,000 | 48,813 | 865,187 | 934,050 | 49,884 | 884,166 |
| 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 | 10,146 | 542 | 9,604 | 10,368 | 554 | 9,814 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 3,024,809 | 161,543 | 2,863,266 | 3,091,540 | 165,107 | 2,926,433 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit | 48,442 | 2,588 | 45,854 | 49,505 | 2,644 | 46,861 |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 6,494 | 347 | 6,147 | 6,636 | 355 | 6,281 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 151,241 | 8,078 | 143,163 | 154,577 | 8,256 | 146,321 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 5,494 | 294 | 5,200 | 5,615 | 300 | 5,315 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 3,236,480 | 172,847 | 3,063,633 | 3,307,873 | 176,660 | 3,131,213 |
| U | **Total country co-financing** | I \* country co-financing per dose | 172,847 |  |  | 176,660 |  |  |
| 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

# **Annex 1.2 – Rotavirus 2-dose schedule**

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

| **Required supply item** |  | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* |  | 26,300 | 27,400 | 31,100 |  |  |  |  |
| **Number of AD syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* |  | 300 | 325 | 350 |  |  |  |  |
| **Total value to be co-financed by the country** | *$* |  | 138,000 | 115,500 | 118,000 |  |  |  |  |

**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** | *#* |  | 663,700 | 548,800 | 557,800 |  |  |  |  |
| **Number of AD syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* |  | 7,375 | 6,100 | 6,200 |  |  |  |  |
| **Total value to be co-financed by the country** | ***$*** |  | **3,489,500** | **2,309,500** | **2,113,000** |  |  |  |  |

**Table 1.2 C** - Summary table for Rotavirus 2-dose schedule

|  | **Data from** |  | **2012** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # |  | 270,934 | 277,600 | 284,428 |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # |  | 257,387 | 266,496 | 273,051 |  |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # |  | 95.00% | 96.00% | 96.00% |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # |  | 262,806 | 272,048 | 278,739 |  |  |  |  |
| **Number of doses per child** |  | # |  | 2 | 2 | 2 |  |  |  |  |
| **Estimated vaccine wastage factor** | *Table 6.(n).3***[2]** | # |  | 1.05 | 1.05 | 1.05 |  |  |  |  |
| **Number of doses per vial** |  | # |  | 1 | 1 | 1 |  |  |  |  |
| **AD syringes required** |  | # |  | No | No | No |  |  |  |  |
| **Reconstitution syringes required** |  | # |  | No | No | No |  |  |  |  |
| **Safety boxes required** |  | # |  | Yes | Yes | Yes |  |  |  |  |
| **Vaccine price per dose** |  | $ |  | 5.000 | 4.000 | 3.600 |  |  |  |  |
| **Country co-financing per dose** | *Table 6.(n).2***[2]** | $ |  | 0.20 | 0.20 | 0.20 |  |  |  |  |
| **AD syringe price per unit** |  | $ |  | 0.053 | 0.053 | 0.053 |  |  |  |  |
| **Reconstitution syringe price per unit** |  | $ |  |  |  |  |  |  |  |  |
| **Safety box price per unit** |  | $ |  | 0.640 | 0.640 | 0.640 |  |  |  |  |
| **Freight cost as % of vaccines value** |  | % |  | 5.00 | 5.00 | 5.00 |  |  |  |  |
| **Freight cost as % of devices value** |  | % |  | 10.00 | 10.00 | 10.00 |  |  |  |  |

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

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

# **Table 1.2 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) | 262,806 | 9,997 | 252,809 | 272,048 | 12,931 | 259,117 |
| C | **Number of doses per child** | Vaccine parameter | 2 | 2 | 2 | 2 | 2 | 2 |
| D | **Number of doses needed** | B \* C | 525,612 | 19,994 | 505,618 | 544,096 | 25,862 | 518,234 |
| 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 | 551,893 | 20,994 | 530,899 | 571,301 | 27,155 | 544,146 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 137,974 | 5,249 | 132,725 | 4,852 | 231 | 4,621 |
| I | **Total vaccine doses needed** | F + G | 689,867 | 26,242 | 663,625 | 576,153 | 27,385 | 548,768 |
| 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 | 7,658 | 292 | 7,366 | 6,396 | 305 | 6,091 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 3,449,335 | 131,209 | 3,318,126 | 2,304,612 | 109,540 | 2,195,072 |
| 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 | 4,902 | 187 | 4,715 | 4,094 | 195 | 3,899 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 172,467 | 6,561 | 165,906 | 115,231 | 5,478 | 109,753 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 491 | 19 | 472 | 410 | 20 | 390 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 3,627,195 | 137,974 | 3,489,221 | 2,424,347 | 115,231 | 2,309,116 |
| U | **Total country co-financing** | I \* country co-financing per dose | 137,974 |  |  | 115,231 |  |  |
| 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 1.2 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) | 278,739 | 14,718 | 264,021 |  |  |  |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 2 | 2 | 2 | 2 | 2 | 2 |
| D | **Number of doses needed** | B \* C | 557,478 | 29,436 | 528,042 |  |  |  |
| 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 | 585,352 | 30,908 | 554,444 |  |  |  |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 3,513 | 186 | 3,327 |  |  |  |
| I | **Total vaccine doses needed** | F + G | 588,865 | 31,093 | 557,772 |  |  |  |
| 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 | 6,537 | 346 | 6,191 |  |  |  |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 2,119,914 | 111,934 | 2,007,980 |  |  |  |
| 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 | 4,184 | 221 | 3,963 |  |  |  |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 105,996 | 5,597 | 100,399 |  |  |  |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 419 | 23 | 396 |  |  |  |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 2,230,513 | 117,773 | 2,112,740 |  |  |  |
| U | **Total country co-financing** | I \* country co-financing per dose | 117,773 |  |  |  |  |  |
| 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** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pneumococcal(PCV13), 1 doses/vial, Liquid** | 0.20 | 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** |
| **Plan for NVS introduction (if not part of cMYP)** |  | **8** |  |
| **Banking details** |  |  |  |
| **WHO/UNICEF Joint Reporting Form (JRF)** |  | **9** |  |
| **ICC/HSCC workplan for forthcoming 12 months** |  |  |  |
| **National policy on injection safety** |  |  |  |
| **Action plans for improving injection safety** |  |  |  |

**[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.

|  |  |  |  |  |  |
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| **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:**  Signature of the Minister of Health | **File name:**  [Signature du ministre de la Santé\_Togo\_Proposal.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=14837255&propertyName=FormAttachments%5b0%5d.FileData)  **Date/Time:**  13.05.2011 14:01:25  **Size:**  219 KB | |  |  |
| 2 | **File Type:**  MoF Signature (or delegated authority) of Proposal \*  **File Desc:**  Signature of the Minister of Finance | **File name:**  [Signature du ministre des Finances \_Togo\_Proposal.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=14837255&propertyName=FormAttachments%5b1%5d.FileData)  **Date/Time:**  13.05.2011 14:02:47  **Size:**  219 KB | |  |  |
| 3 | **File Type:**  Signatures of ICC or HSCC or equivalent in Proposal \*  **File Desc:**  Signature of ICC members | **File name:**  [Signature des membres du CCIA \_Togo\_Proposals.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=14837255&propertyName=FormAttachments%5b2%5d.FileData)  **Date/Time:**  13.05.2011 14:05:01  **Size:**  579 KB | |  |  |
| 4 | **File Type:**  Minutes of ICC/HSCC meeting endorsing Proposal \*  **File Desc:**  Minutes of ICC meeting endorsing Proposal | **File name:**  [Compte-rendu de la réunion du CCIA avalisant cette proposition et liste de présence.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=14837255&propertyName=FormAttachments%5b3%5d.FileData)  **Date/Time:**  13.05.2011 14:07:41  **Size:**  225 MB | |  |  |
| 5 | **File Type:**  comprehensive Multi Year Plan - cMYP \*  **File Desc:**  comprehensive Multi-Year Plan - Togo 2011-2015 | **File name:**  [PPAC\_PEV Togo - 2011-2015\_ definitif.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=14837255&propertyName=FormAttachments%5b4%5d.FileData)  **Date/Time:**  13.05.2011 14:11:36  **Size:**  252 MB | |  |  |
| 6 | **File Type:**  cMYP Costing tool for financial analysis \*  **File Desc:** | **File name:**  [cMYP\_Costing\_Tool\_Vs 2 5\_Fr Togo definitif 2011-2015.xls](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=14837255&propertyName=FormAttachments%5b5%5d.FileData)  **Date/Time:**  13.05.2011 14:23:14  **Size:**  144 MB | |  |  |
| 7 | **File Type:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:** | **File name:**  [Comptes-rendus des 3 dernières réunions du CCIA et listes de présences\_Proposal..pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=14837255&propertyName=FormAttachments%5b6%5d.FileData)  **Date/Time:**  13.05.2011 14:27:32  **Size:**  512 MB | |  |  |
| 8 | **File Type:**  Plan for NVS introduction (if not part of cMYP)  **File Desc:** | **File name:**  [Plan Introduction des vaccins contre le Pneumocoque et le rota virs 2011 Togo.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=14837255&propertyName=FormAttachments%5b7%5d.FileData)  **Date/Time:**  13.05.2011 14:29:15  **Size:**  918 KB | |  |  |
| 9 | **File Type:**  WHO/UNICEF Joint Reporting Form (JRF)  **File Desc:** | **File name:**  [JRF\_data\_pour\_2010\_français\_AFR\_TOGO definitif.xls](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=14837255&propertyName=FormAttachments%5b8%5d.FileData)  **Date/Time:**  13.05.2011 14:30:41  **Size:**  414 KB | |  |  |

Banking Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In accordance with the decision on financial support made by the GAVI Alliance, the Government of Togo 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:** |
|  |