

*GAVI Alliance*

**Application Form for Country Proposals**

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

Submitted by

The Government of

***Sierra Leone***

Date of submission: **27.05.2011 07:27:59**

**Deadline for submission: 1 Jun 2011**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Start Year | 2012 | End Year | 2016 |

**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 or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The Proposal and attachments must be submitted in English, French, Spanish, or Russian.

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

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

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

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

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

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

| **Type of Support** | **Vaccine** | **Start Year** | **End Year** | **Preferred second presentation[1]** | **Action** |
| --- | --- | --- | --- | --- | --- |
| New Vaccines Support | Rotavirus 3-dose schedule | 2012 | 2016 | Rotavirus 2-dose schedule |  |

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

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# **Executive Summary**

Sierra Leone is located on the West Coast of Africa, between latitude 7-10o North and longitude 10 – 13o west. It is bounded by Guinea on the North and East, and Liberia on the South-East. The Atlantic Ocean forms a beautiful coastline to the South and West of the country. The country covers a land area of approximately 71,740 km2 with a total population of 5,890,080 inhabitants projected from the national census for 2011 with a growth rate of 2% (National Census data 2004).

Sierra Leone is evolving from an era with the worst set of health indices. The current infant and under-five mortality rates are 89/1000 live births and 140/1000 live births respectively (DHS 2008). According to national statistics, common communicable diseases such as malaria, acute respiratory infections and diarrhoea are the major causes of morbidity and mortality among the under-fives. A high degree of malnutirion has also been observed in this age group. Vaccine preventable diseases alone constitute at least 30% of the causes of morbidity and mortality among children under the age of five years in Sierra Leone (DHS 2008).
As part of the national strategy to curb the intolerably high Infant and Underfives Mortality Rates and achieve the MDGs 4 and 5, Sierra Leone has embarked on the adoption and implementation of high impact, evidence based and cost effective interventions, of which immunisation is not only a prototype but a national priority.
The country has a relatively high immunisation coverage (Penta3 95% in 2010) mainly due to increasing access, service utilization and improved programme management. The introduction of the Free Health Care Initiative has further increased the volume of services delivered to children, pregnant women and lactating mothers. In order to reduce morbidity and mortality due to vaccine preventable diseases, Sierra Leone has successfully added three new vaccines to its routine immunisation programme; Yellow Fever in 2004, Pentavalent Vaccine in 2007 and Pneumococcal Conjugate Vaccine (PCV 13) vaccine in 2011.

The purpose of this application is for GAVI to support the provision of Rotavirus vaccine plus related supplies, and its subsequent introduction within the renewed GAVI phase II commitment.

The Rota 3 vaccine will be introduced nationwide in January 2012, according to the current EPI cMYP (2012-2016). Pre-introduction activities including training, advocacy, social mobilization, surveillance and monitoring are expected to be funded mainly through the introduction grant.

The Government of Sierra Leone is committed to ensuring that immunisation services are provided continuously. Therefore, government will adhere to the co-financing guidelines on vaccine sustainability. The Government component of the co-financing will be paid through UNICEF annually.

The immunization coverage keeps improving with the EPI plan (see below table). The target for Pentavelent-3 coverage in 2011 is 90% and as Rota 3 vaccine is expected to be administered together with Pentavalent vaccine the target by the end of 2011 will be 90%. The coverage will be monitored by the ICC for RCH on quarterly basis and reported through the WHO-UNICEF Joint Reporting Form (JRF) as well as the GAVI Annual Progress Report.

# **Signatures**

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

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

The Government of Sierra Leone 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 Rotavirus 3-dose schedule introduction.

The Government of Sierra Leone 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** | Hon. Mrs Zainab Hawa Bangura | **Name** | Hon. Dr Samura Kamara |
| **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** |
| --- | --- | --- | --- | --- |
| Rev. Dr Thomas T. Samba | EPI/Child Health Programme Manager | + 232 76 662162/+232 33 662162 | ttsamba@yahoo.com |  |
| Dr Edward B. Magbity | Principal Monitoring and Evaluation Officer | +232 78 434267/+232 33 324567 | magbity@gmail.com |  |
| Dr Pamela Mitula | EPI Team Leader - WHO | + 232 76 751171 | mitulap@sl.afro.who.int |  |
| Dr Nuhu Maksha | Immunisation Specialist - UNICEF | + 232 76 901211 | nmaksha@unicef.org |  |

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

We the members of the ICC, HSCC, or equivalent committee**[1]** met on the 14.05.2011 to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

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

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER: 6.

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

Enter the family name in capital letters.

| **Name/Title** | **Agency/Organisation** | **Signature** | **Action** |
| --- | --- | --- | --- |
| Dr Kisito S. Daoh - Chief Medical Officer | Ministry of Health and Sanitation |  |  |
| Dr Alhassan Seisay - Deputy Chief Medical Officer | Ministry of Health and Sanitation |  |  |
| Dr Samuel S. Kargbo - Director, Reproductive and Child Health | Ministry of Health and Sanitation |  |  |
| Dr Magnus K. Gborie - Director, Planning and Information | Ministry of Health and Sanitation |  |  |
| Dr Thomas T. Samba - EPI/Chid Health Programme Manager | Ministry of Health and Sanitation |  |  |
| Dr Wondimagegnehu Alemu, WHO Representative, Sierra Leone  | WHO |  |  |
| Mr Mahimbo Mdoe - UNICEf Representative, Sierra Leone | UNICEF |  |  |

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

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Rev. Dr Thomas T. SAMBA | **Title** | EPI/Child Health Programme Manager |
| **Tel no** | + 232 76 662162/+232 33 662162 |
| **Fax no** |  | **Address** | Ministry of Health and Sanitationc/o Medical Stores,New EnglandFreetownSierra Leone |
| **Email** | ttsamba@yahoo.com |

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

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

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

|  |  |
| --- | --- |
| **Name of the committee** | Inter Agency Coordinating Committee for Reproductive and Child Health Programme |
| **Year of constitution of the current committee** | 18 March 2009 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Below the ICC for RCH are the Technical Coordinating Committee for RCH. Below this is the TCC for Child Health  |
| **Frequency of meetings** | Quarterly for ICC, Monthly for TCC / RCH and weekly for TCC / Child Health |

**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** | Chief Medical Officer, Ministry of Health and Sanitation | Dr Kisito S. Daoh |
| **Secretary** | Director of Reproductive and child Health, Ministry of Health and Sanitation | Dr Samuel S. Kargbo |
| **Members** |  |  | **Action** |
|  |  |  |  |

Major functions and responsibilities of the committee

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| --- |
| **1. Endorsement of important EPi decision and documents.2. Resource mobilisation for EPI.3. Enhance transparency and accountability by reviewing use of funds and other resources together with the EPI Programme at regular intervals.** |

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

|  |  |
| --- | --- |
| **1.** | **Conduct regular quarterly meetings where feedbacks should be provided on programme implementation and management** |
| **2.** | **Provide ICC with relevant documents to clearly understand the programme, new initiatives and constraints.**  |
| **3.** | **Engage ICC members in field visits and major EPI activities such as, Launching of New Vaccines and programme reviews.** |

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

(If it has been established in the country)

We the members of the NITAG met on the 04.05.2011 to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

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

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

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Rev. Dr. T. T. SAMBA | **Title** | Programme Manager, Child Health/EPI |
| **Tel no** | +232-76-662162, +232-33-662162 |
| **Fax no** |  | **Address** | C/o Central Medical stores compound, New England, Freetown. |
| **Email** | ttsamba@yahoo.com |

# **The NITAG Group for Immunisation**

**Profile of the NITAG**

|  |  |
| --- | --- |
| **Name of the NITAG** | Technical Coordination Committee for Child Health EPI |
| **Year of constitution of the current NITAG** | 18 March 2009 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Sub-Committee |
| **Frequency of meetings** | Weekly |

**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** | Programme Manager, Child/EPI , Ministry of Health and Sanitation | Dr Thomas T. Samba |
| **Secretary** | EPI Focal Point, Ministry of health and Sanitation | Sr Aminata Koroma |
| **Members** | WHO EPI Team Leader, WHO | Dr Pamela Mitula | **Action** |
|  | Immunisation Specialist, UNICEF | Dr Nuhu Maksha |  |
|  | EPI Logistician, Ministry of Health and Sanitation | Mr Hassan Jalloh |  |
|  | Disease Prevention and Control Officer, Ministry of Health and Sanitation | Mr Festus Amara |  |

Major functions and responsibilities of the NITAG

|  |
| --- |
| **1. Technical review of programme management, activities and policies 2. To review programme data and Performance3. Plan programme activities including SIAs.4. Formulate proposals to ICC on immunisation and child health issues for endorsement.** |

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

|  |  |
| --- | --- |
| **1.** | **Dissemination of information to ICC members and other stakeholders** |
| **2.** | **Build capacity of key members, programme and district level staff** |
| **3.** | **Advocacy and Resource mobilisation for implementation of programme activities.** |

# **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 10
* Please refer to the two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases.
* Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.

# **Basic facts**

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

|  | **Figure** | **Year** | **Source** |
| --- | --- | --- | --- |
| Total population | 5,746,800 |  | 2010 | Analytical Report on Population Projection for Sierra Leone (2004 Population Census) |
| Infant mortality rate (per 1000) | 89 |  | 2008 | Sierra Leone Demographic and Health Survey Report |
| Surviving Infants**[1]** | 211,933 |  | 2010 | Analytical Report on Population Projection for Sierra Leone (2004 Population Census) |
| GNI per capita (US$) | 340 |  | 2009 | World Bank national accounts data, and OECD National Accounts data files |
| Total Health Expenditure (THE) as a percentage of GDP | 4.40 | % | 2008 | Trending Economics Publication 2011 |
| General government expenditure on health (GGHE) as % of General government expenditure | 7.80 | % | 2008 | Trending Ecomonis Publication 2011 |

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

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

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| --- |
| **The main instrument used is the Three Year Rolling Plan structured partly on a programmatic basis and partly on an economic classification. Priorities are influenced by a five year National Health Sector Strategic Plan (NHSSP), that is also governed by the Government’s Agenda for Change. The budget cycle operates along traditional lines. A budget call circular will normally come from the Ministry of Finance and Economic Development (MOFED) around June / July, which includes ceilings and indicative amounts. In response, meetings are held of the Budget Committee of the Ministry of Health. Towards the end of August / beginning of September a budget response is submitted to the Ministry of Finance. The Ministry of Finance will then summon a meeting of the Budget Oversight Committee which includes parliamentary and civil society representation as well as the Ministry of Finance and other Ministries. In the hearings of this committee there will be discussion of the use of funds allocated previously as well as challenges to the proposed expenditure of the Ministry in the next year.The Local Councils are having an increasingly direct influence on development planning and in the delivery of services and are continuing to take steps to engage their communities in the planning and monitoring processes. Capacity development has received consistent attention since the beginning of the decentralization programme, with the significant investments in staff and elected officials development in particular having upgraded skills and fostered more positive attitudes amongst and between actors thus building confidence in the overall system.** |

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

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| **The current 2012 - 2016 cMYP is aligned with the Government's Agenda for Change as well as the National Health Sector Strategic Plan 2010 - 2015. The targets set in the cMYP are in line with the targets set in these guiding documents. Increasing immunisation coverage as a strategy to reducing Child Mortality is clearly highlighted in the Government's Agenda for Change and NHSSP.** |

Please indicate the national planning budgeting cycle for health

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| --- |
| **The planning, budgeting and implementation process in the Health Sector takes an integrated approach, greatly consultative at all levels, and jointly undertaken by all key stakeholders. The Sector plans are based on the Implementation of the NHSSP and follow the GoSL planning and management systems. Each year the Sector Develops Annual Operational Plans (AOP’s) jointly undertaken by government, donors and health implementing partners. The MoHS planning process starts with the internal annual Joint Health Sector Performance Review commencing in February and resulting in the production of the Draft Report of Annual Health Sector Performance Review (AHSPR). This is followed by the Annual independent External Review in May, which focuses on 3 to 5 selected issues/topics determined by Health Sector Coordinating Committee (HSCC) each year. Both reports are submitted to the Annual Health Sector Review Summit in June. The Summit reviews the findings to inform decision making for the planning and budgeting of the next Annual Operational Plan (AOP) and the rolling health sector Medium Term Expenditure Framework (MTEF). HSCC defines the order of priorities and the general pattern of resource allocation for the rolling 3-year MTEF and AOP for the ensuing year. The Directorate of Policy, Planning and Information of the MOHS leads the planning process and provides the planning formats and guidelines for both local council and central level plans. Government and partners provide the indicative budget ceilings or actual budget allocations (where possible) in June/July – depending on the timing of the MOFED call circular, for compilation of the sector resource envelope and planning allocations to the district, hospitals and central MOHS AOPs. Respective MOHS constituents including hospitals, Primary Health Care Units (PHU’s) jointly with all partners, produce their local council plans in September each year. The MOHS ensures that the process is consultative and involves key intersectoral partners such as the MOFED, Ministry of Foreign Affairs and International Cooperation (MOFAIC), Ministry of Internal Affairs, Local Government and Rural Development (MIALGRD), Local Councils; Civil Society Organizations, Donor and Implementing partners. The draft LC, hospitals and central AOPs and budgets are tabled before HSCC for final review, amendment if necessary and endorsement by HSCC before they are submitted to MOFED.The Health Sector Planning Cycle is summarised as follows:1 Internal Annual Health Sector Performance Review February2 Annual Independent External Performance Review April3 Annual Health Review Summit June4 Consolidation and Distribution of AHSPR Report July5 Release of GoSL and HDP indicative Budget Ceilings June/July6 Confirmation of HDP Pledges and firm figures July7 Provision of Planning Formats, Guidelines, Resource Envelopes June/July8 Development of LC and Central level AOPs and Budgets Completion mid- September 9 Consolidation of LC and Central MOHS AOPs Early October10 Review of draft Consolidated Plans by HSCC Mid October11 Submission of Budget proposals to MOFED Mid October12 Review of Approved Budget by Planning Summit November** |

Please indicate the national planning cycle for immunisation

|  |
| --- |
| **The national planning cycle for immunisation is annual and follows the same pattern as the national health planning. Planning for immunisation takes place during the period of developing the Annual Operational Plans for the health sector.**  |

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

|  |
| --- |
| **The reporting system for routine immunisation does not dissagregate data by gender.**  |

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

|  |
| --- |
| **There are no gender dimensions to the introduction of the new vaccines, as both boys and girls will have equal access to immunization in observance of their human rights.**  |

# **Current vaccination schedule**

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

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

| **Vaccine****(do not use trade name)** | **Ages of administration****(by routine immunisation services)** | **Given in****entire country** | **Comments** | **Action** |
| --- | --- | --- | --- | --- |
| BCG | At Birth | Yes |  |  |
| Penta | At 6,10 and 14 weeks | Yes |  |  |
| Polio | At Birth, 6,10 and 14 weeks | Yes |  |  |
| Measles | 9 months | Yes |  |  |
| Yellow Fewer | 9 months | Yes |  |  |
| Other | At 6,10 and 14 weeks | Yes | pneumococcal conjugate vaccine 13 introduced in 2011 |  |
| TT | 15 years or 1st contact and 4 weeks after TT 1, 6 months after TT2, 1 years after TT2, 1 year after TT3 and 1 year after TT4 | Yes | Women of child Bearing age (both Pregnant and non-pregnant) |  |
| Vit A Infants | 6 months  | Yes | It is also given every 6 months until 59months |  |
| Vit A Mothers | 9 months and post partum women | Yes |  |  |
| **Vitamin A** |  |  |  |

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

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

| **Trends of immunisation coverage (percentage)** | **Vaccine preventable disease burden** |
| --- | --- |
| **Vaccine** | **Reported** | **Survey** | **Disease** | **Number of reported cases** |
|  | 2009 | 2010 | 2009 | 2010 |  | **2009** | **2010** |
| **BCG** | 103 | 105 |  | 78 | **Tuberculosis** | 11,870 | 13,195 |
| **DTP** | **DTP1** | 111 | 115 |  | 74 | **Diphtheria** | 0 | 0 |
| **DTP3** | 94 | 95 |  | 65 | **Pertussis** | 0 | 0 |
| **Polio 3** | 93 | 94 |  | 64 | **Polio** | 0 | 0 |
| **Measles (first dose)** | 93 | 97 |  | 78 | **Measles** | 31 | 151 |
| **TT2+ (Pregnant women)** | 94 | 94 |  |  | **NN Tetanus** | 12 | 5 |
| **Hib3** | 94 | 95 |  |  | **Hib[2]** | 0 | 0 |
| **Yellow Fever** | 92 | 96 |  | 78 | **Yellow fever** | 3 | 57 |
| **HepB3** | 94 | 95 |  |  | **HepBsero-prevalence[1]** |  |  |
| **Vitamin A supplement** **Mothers (< 6 weeks post-delivery)** |  |  |  |  |  |
| **Vitamin A supplement** **Infants (>6 months)** | 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

|  |
| --- |
| **2010 - National Immunization Cluster Coverage Survey - Children 12 - 23 Months Old and children under 12 months (by card)** |

# **Baseline and Annual Targets**

(refer to cMYP pages)

**Table 1:** baseline figures

| **Number** | **Base Year** | **Baseline and Targets** |
| --- | --- | --- |
| **2010** | **2012** | **2013** | **2014** | **2015** | **2016** |  |
| **Total births** | 229,873 | 241,506 | 247,611 | 253,934 | 262,769 |  |  |
| **Total infants' deaths** | 20,459 | 21,494 | 220,373 | 25,084 | 25,751 |  |  |
| **Total surviving infants** | 209,414 | 220,012 | 27,238 | 228,850 | 237,018 | 0 |  |
| **Total pregnant women** | 252,862 | 265,657 | 272,372 | 279,327 | 286,460 |  |  |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 242,020 | 243,208 | 249,318 | 255,955 | 262,769 |  |  |
| **BCG coverage (%)[1]** | 105% | 101% | 101% | 101% | 100% | 0% |  |
| **Number of infants vaccinated (to be vaccinated) with OPV3**  | 197,006 | 208,405 | 214,889 | 223,945 | 232,272 |  |  |
| **OPV3 coverage (%)[2]** | 94% | 95% | 789% | 98% | 98% | 0% |  |
| **Number of infants vaccinated (or to be vaccinated) with DTP1[3]** | 240,817 | 219,374 | 224,885 | 230,871 | 237,018 |  |  |
| **Number of infants vaccinated (to be vaccinated) with DTP3[3]** | 198,328 | 208,405 | 214,889 | 223,945 | 232,272 |  |  |
| **DTP3 coverage (%)[2]** | 95% | 95% | 789% | 98% | 98% | 0% |  |
| **Wastage[1] rate in base-year and planned thereafter for DTP (%)** | 10% | 10% | 10% | 10% | 10% |  |  |
| **Wastage[1] factor in base-year and planned thereafter for DTP** | 1.11 | 1.11 | 1.11 | 1.11 | 1.11 | 0 |  |
| **Target population vaccinated with 1st dose of Rotavirus** |  | 219,374 | 224,885 | 230,871 | 237,018 |  |  |
| **Target population vaccinated with last dose of Rotavirus** |  | 208,405 | 214,889 | 223,945 | 232,272 |  |  |
| **Rotavirus coverage (%)[2]** | 0% | 95% | 789% | 98% | 98% | 0% |  |
| **Infants vaccinated (to be vaccinated) with 1st dose of Measles** | 202,178 | 212,792 | 218,138 | 223,946 | 229,902 |  |  |
| **Measles coverage (%)[2]** | 97% | 97% | 801% | 98% | 97% | 0% |  |
| **Pregnant women vaccinated with TT+** | 279,203 | 265,657 | 272,372 | 279,327 | 286,460 |  |  |
| **TT+ coverage (%)[4]** | 110% | 100% | 100% | 100% | 100% | 0% |  |
| **Vit A supplement to mothers within 6 weeks from delivery** |  |  |  |  |  |  |  |
| **Vit A supplement to infants after 6 months** | 209,413 | 217,574 | 224,885 | 230,871 | 237,013 |  |  |
| **Annual DTP Drop-out rate[ ( DTP1 - DTP3 ) / DTP1 ] x 100[5]** | 18% | 5% | 4% | 3% | 2% | 0% |  |

**[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** |
| 2010 | 2012 | 2013 | 2014 | 2015 | 2016 |  |  |  |
| **Routine Recurrent Cost** |
| **Vaccines (routine vaccines only)** | **3,906,500** | **7,449,586** | **7,647,919** | **7,842,942** | **8,037,579** | **8,230,480** |  |  |  |
| **Traditional vaccines** | 430,885 | 451,816 | 462,660 | 473,763 | 485,134 | 496,777 |  |  |  |
| **New and underused vaccines** | 3,475,615 | 6,997,770 | 7,185,259 | 7,369,179 | 7,552,445 | 7,733,703 |  |  |  |
| **Injection supplies** | 148,791 | 332,791 | 341,717 | 350 | 358,618 | 367,225 |  |  |  |
| **Personnel** | **403,917** | **411,995** | **420,235** | **428,640** | **437,123** | **445,956** |  |  |  |
| **Salaries of full-time NIP health workers (immunisation specific)** | 58,701 | 59,875 | 61,072 | 62,294 | 63,450 | 64,810 |  |  |  |
| **Per-diems for outreach vaccinators / mobile teams** | 345,216 | 352,120 | 359,163 | 366,346 | 373,673 | 381,146 |  |  |  |
| **Transportation** | 127,597 | 131,290 | 135,106 | 139,053 | 143,134 | 147,354 |  |  |  |
| **Maintenance and overheads** | 683,922 | 1,039,361 | 1,298,036 | 1,673,633 | 1,769,788 | 2,165,964 |  |  |  |
| **Training** | 100,000 | 104,040 | 108,243 | 112,616 | 117,166 | 121,899 |  |  |  |
| **Social mobilisation and IEC** | 50,000 | 52,020 | 54,122 | 56,308 | 58,583 | 60,950 |  |  |  |
| **Disease surveillance** | 40,000 | 41,616 | 43,297 | 45,046 | 46,866 | 48,760 |  |  |  |
| **Program management** | 30,000 | 31,212 | 32,473 | 33,785 | 35,150 | 36,570 |  |  |  |
| **Other** |  |  |  |  |  |  |  |  |  |
| ***Subtotal Recurrent Costs*** | ***5,490,727*** | ***9,593,911*** | ***10,081,148*** | ***10,332,373*** | ***11,004,007*** | ***11,625,158*** |  |  |  |
|  |
| **Routine Capital Costs** |
| **Vehicle** | 82,784 | 840,438 | 812,412 | 96,694 | 38,643 | 0 |  |  |  |
| **Cold chain equipment** | 746,034 | 934,962 | 7,876,753 | 8,201,520 | 7,727,858 | 15,239,183 |  |  |  |
| **Other capital equipment** | 1,472,000 | 2,767,260 | 2,767,260 | 2,767,260 | 2,767,260 | 2,767,260 |  |  |  |
| ***Subtotal Capital Costs*** | ***2,300,818*** | ***4,542,660*** | ***11,456,425*** | ***11,065,474*** | ***10,533,761*** | ***18,006,443*** |  |  |  |
|  |
| **Campaigns** |
| **Polio** | 1,303,374 | 2,355,387 | 1,630,773 | 1,693,756 | 1,759,311 | 1,827,547 |  |  |  |
| **Measles** | 470,580 | 1,440,869 |  |  | 1,618,837 |  |  |  |  |
| **Yellow Fever** |  |  |  |  |  |  |  |  |  |
| **MNT campaigns** |  |  |  |  |  |  |  |  |  |
| **Other campaigns** |  |  |  |  |  |  |  |  |  |
| ***Subtotal Campaign Costs*** | ***1,773,954*** | ***3,796,256*** | ***1,630,773*** | ***1,693,756*** | ***3,378,148*** | ***1,827,547*** |  |  |  |
| **GRAND TOTAL** | **9,565,499** | **17,932,827** | **23,168,346** | **23,091,603** | **24,915,916** | **31,459,148** |  |  |  |

# **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** |
| **2010** | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| **Routine Recurrent Cost** |
|  |  |  | 9,813,496 | 10,305,126 | 10,910,589 | 11,237,122 | 11,862,844 |  |  |  |  |
|  |  |
| **Routine Capital Costs** |  |
|  |  |  | 4,542,660 | 11,456,425 | 11,065,474 | 10,533,761 | 18,006,443 |  |  |  |  |
|  |  |
| **Campaigns** |  |
|  |  |  | 3,796,256 | 1,630,773 | 1,693,756 | 3,378,149 | 1,827,547 |  |  |  |  |
| **GRAND TOTAL** |  | **18,152,412** | **23,392,324** | **23,669,819** | **25,149,032** | **31,696,834** |  |  |  |  |

# **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.

|  |
| --- |
| **In view of the quest to introduce pneumococcal into routine immunization in 2010, the EPI programme in 2009 conducted assessment of the cold chain capacity at all levels. Findings of the assessment reveals that,the country requires a total storage space of 24,500 litres to accommodate the current routine vaccines and the new vaccine that is to be introduced.• Volume required 24,500 litres• Volume available 25,830• Volume gap 0• Dry store 100 cubic feetIn response to the recommendation to address the cold chain storage capacity at national level a 40 cubic feet positive cold room and the installation of an additional 40 cubic metres dry store was put in place. Sierra Leone in 2010 also conducted a solar cold chain assessment and Effective Vaccine Cold Chain Management prior to the introduction of Pneumococcal vaccine in 2011. Findings of the EVM reveals that:1. Provide a Reliable and adequate electrical power supply to the central stores. THE MOST CRITICAL PROBLEM WITH HIGHEST RISK TO VACCINES. 2. Monitor Vaccine Temperatures from the point of production to point of use. ESPECIALLY AT CENTRAL STORES. 3. Procure 10 dose presentations of liquid Penta rather than single dose. REDUCES PENTA VACCINE COSTS BY HALF. REDUCES STORAGE VOLUME BY 80%.4. Use Cold Water Packs rather than Ice Packs for transportation and outreach. (ELIMINATES NEEDS FOR FREEZERS, ELIMINATES RISKS OF FREEZING VACCINES.5. Motivation of Health workers through performance Incentives.6. Replace and rationalize the use of Cold Chain Equipment. (EVM REPORT ATTACHED)** |

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)

|  |
| --- |
| **cMYP section 2.5, page 30. Diarrhoea is a common cause of morbidity and mortality in Sierra Leone ranking number three (3) cause of morbidity in chilgren under five years.In 2009 diarrhoea accounted for 8% of under five's morbidity, while in 2010 it was 18%. Even though there is no data on rotavirus diseases burden because the country has not been surveillancing it in the past. A WHO sponsored review on Rotavirus studies found that 20-70% of all hospitalizations and 20% of deaths from diarrhoea were attributed to rotavirus**  |

# **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** | **2016** |  |  |  |
| **A** | **Annual positive volume requirement, including new vaccine (litres or m3)****Litres** | **Sum-product of total vaccine doses multiplied by unit packed volume of the vaccine** | 20,947 | 21,450 | 21,965 | 22,492 | 23,031 |  |  |  |
| **B** | **Existing net positive cold chain capacity (litres or m3)****Litres** | **#** | 20,947 | 21,450 | 21,965 | 22,492 | 23,031 |  |  |  |
| **C** | **Estimated minimum number of shipments per year required for the actual cold chain capacity** | **A / B** | **1** | **1** | **1** | **1** | **1** |  |  |  |
| **D** | **Number of consignments /****shipments per year** | **Based on national vaccine shipment plan** | 2 | 2 | 2 | 2 | 2 |  |  |  |
| **E** | **Gap (if any)** | **((A / D) - B)** | -10,474 | -10,725 | -10,983 | -11,246 | -11,516 |  |  |  |
| **F** | **Estimated additional cost of cold chain** | **US$** | **30,000** |  |  | **30,000** |  |  |  |  |

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

|  |
| --- |
| **The Government of Sierra Leone will be contributing as required, to the total cost of Rotavirus vaccine in line with the GAVI guidelines as it falls in the poorest country grouping until the end of the cMYP (2016). The Government of Sierra Leone being conscious of the importance of immunization, created a budget line item for Immunization and is committed to the co-financing of the new vaccines, while continuing to provide remuneration and other recurrent and capital cost on immunization services. The Government will co-finance the procurement of the vaccine in a phased manner, by at least 10% every year. The Government of Sierra Leone will ensure the release of its co-financing portion to the UNICEF country office in June of each year. For the overall programme financing, including Rotavirus vaccine, the major source of financing for the routine programme during the lifetime of the cMYP (2012-2016) is expected from Government as part of recurrent cost and GAVI, the bulk of which is new vaccines support. This is followed by financing from UNICEF and WHO, which are securing funds for programme operations and SIAs. Based on the programme financing situation, the financial sustainability strategies will be focusing on the following key objectives: Strengthen the Government contribution to EPI; Secure the probable financing for the programme; Mobilize additional resources for the programme and Improve programme management. To this effect regular briefings, through the ICC for RCH, will be held with the Minister of Health and Sanitation and Ministry of Finance to ensure that immunization remains a principal focus for funding in order to reduce childhood morbidity and mortality. A major strategy is to use data driven tools to advocate, through technical briefings and use of the SABIN advocacy group for sustainable immunization financing to ensure that substantial funds are allocated to the immunization programme. In addition, the Government will also mobilise additional resources from GAVI HSS to support immunization services especially on cross-cutting issues e.g. capacity building and outreach services. Partners and civil society organizations will all be involved in resource mobilization activities. The national health sector strategic plan which is being developed, the RCH strategic plan and the EPI cMYP will be used for resource mobilization to support immunization services. During the development process of the cMYP, firm commitment was given by WHO and UNICEF to support Government efforts of funds mobilization to operationalize and technically sustain introduction of new vaccines.** |

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

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

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

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

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

| **Lessons Learned** | **Action Points** |
| --- | --- |
| Storage capacity/Cold chainPresently, we do not have many problems with storage capacity at National level. However, following recent cold chain assessment, there is need for capacity at the district level if additional vaccine will be introduced. On the other hand, at the PHU level, there is still huge capacity for additional cold chain Protection from accidental freezingThe cold chain assessment report indicate some issues with probability of vaccine freezing due to poor storage of vaccine at PHU level especially in cold chain equipment without vaccine storage basket or wire the equipment have been repair by surface re-pipingStaff trainingThe orientation/refresher training on vaccine storage and cold chain maintenanceDrop-out rateDrop-out rate still above 10%wastage ratestill not very clear as it is not regularly documented | Plans have been put in place to procure additional cold chain equipment for districts and national levels by the end of 2011Finding on possibility of vaccine freezing communication with districts and orientation of staff in the processTraining plannedDefaulter tracing activities included in African Vaccination Week (AVW) and continue as routingOpen vial policy/Multi-dose policy reviewed in National EPI Policy to reduced missed opportunities |  |

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

|  |
| --- |
| **The vaccine of choice RotaTeq (Rota 3) for administration to infants using a 3 dose schedule to be given at 6, 10, and 14 weeks of age along with OPV, Pentavalent, Pneumococcal Conjugate Vaccine 13 but at different sites using all the immunization strategies.** |

# **6.****3.1. Requested vaccine ( Rotavirus 3-dose schedule )**

As reported in the cMYP, the country plans to introduce Rotavirus 3-dose schedule 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 | 2016 |  |  |  |
| **Minimum co-financing** | 0.13 | 0.13 | 0.13 | 0.13 | 0.13 |  |  |  |
| **Your co-financing (please change if higher)** | 0.13 | 0.13 | 0.13 | 0.13 | 0.13 |  |  |  |

# **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 | 2016 |  |  |  |
| **Vaccine wastage rate in %** | 5% | 5% | 5% | 5% | 5% |  |  |  |
| **Equivalent wastage factor** | 1.05 | 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** | **2016** |  |  |  |
| **Number of children to be vaccinated with the first dose** | Table 1 | # | 219,374 | 224,885 | 230,871 | 237,018 |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 208,405 | 214,889 | 223,945 | 232,272 |  |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 94.72% | 788.93% | 97.86% | 98.00% | 0.00% |  |  |  |
| **Estimated vaccine wastage factor** | Table 6.(n).3**[3]** | # | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |
| **Country co-financing per dose[2]** | Table 6.(n).2**[3]** | $ | 0.13 | 0.13 | 0.13 | 0.13 | 0.13 |  |  |  |

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

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

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

# **6.3.5. 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** | **2016** |  |  |  |
| **Number of vaccine doses** | # | 26,700 | 26,500 | 33,900 | 38,700 |  |  |  |  |
| **Number of AD syringes** | # |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 300 | 300 | 400 | 450 |  |  |  |  |
| **Total value to be co-financed by country** | $ | **112,500** | **93,000** | **95,500** | **98,000** |  |  |  |  |

# **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** | **2016** |  |  |  |
| **Number of vaccine doses** | # | 837,100 | 686,400 | 698,100 | 712,900 |  |  |  |  |
| **Number of AD syringes** | # |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 9,300 | 7,625 | 7,750 | 7,925 |  |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **3,522,500** | **2,407,500** | **1,960,500** | **1,802,000** |  |  |  |  |

# **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 Rotavirus 3-dose schedule**

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

| **Year of New Vaccine Introduction**  | **Births (from Table 1)** | **Share per Birth in US$** | **Total in US$** |
| --- | --- | --- | --- |
| 2012 | 241,506 | 0.30 | 100,000 |

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

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

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

| **Cost Category** | **Full needs for new vaccine introduction in US$** | **Funded with new vaccine introduction grant in US$** |
| --- | --- | --- |
| **Training** | 65,000 | 62,000 |
| **Social Mobilization, IEC and Advocacy** | 140,000 | 15,000 |
| **Cold Chain Equipment & Maintenance** | 22,518 | 3,000 |
| **Vehicles and Transportation** | 400,000 | 0 |
| **Programme Management** | 16,326 | 2,000 |
| **Surveillance and Monitoring** | 75,253 | 15,000 |
| **Human Resources** | 12,350 | 0 |
| **Waste Management** | 5,250 | 3,000 |
| **Technical assistance** | 5,000 | 0 |
|  |  |  |  |
| **Totals** | 741,697 | 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 support will operate through the GAVI-UNICEF collaboration mechanisms. The Government of Sierra Leone through the ICC will request the UNICEF country office to request UNICEF supply division for incorporation of Rota 3 vaccine in its regular supply systems as the procurement will be done through UNICEF country office. Computerized vaccine management system has been introduced in 2008 and the Technical committee for Child Health will review regularly vaccine management in Sierra Leone and the TCC for RCH will be briefed accordingly by UNICEF and WHO Country offices on the management of vaccines. |

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.

|  |
| --- |
| No other alternative |

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

|  |
| --- |
| Goals, Objectives, Strategies and key activities for the introduction of the Rota 3 vaccine into routine EPI in Sierra Leone in January 2012 are as follow (See more details in the introduction plan, document attached n°?):Goals:- To attain 90% reduction in prevalence of diarrhoea diseases among children born after implementation of the program.- To reduce morbidity and mortality associated with diarrhoea infections related diseases.Objectives:- To vaccinate all infants (by age 12 months) with 3 doses of Rota 3 vaccine attaining a coverage of 92% by the year 2016.- To ensure the appropriate usage and disposal of AD syringes by the year 2016.Strategies- Strengthening capacity building- Improving logistics, procurement management, injection safety and wastage - Increasing access to EPI services - Strengthening monitoring and supervision system- Undertaking Communication & Advocacy activitiesThe following pre-implementation activities will be conducted:- Advocacy with partners-Cold chain expansion-Construction of incinerators-Development and dissemination of IEC materials-Development of guidelines-Training of staff-Updating of the appropriate monitoring tools-Community sensitization |

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

|  |
| --- |
| The funds for new vaccine introduction should be channelled through the existing GAVI account in the Ministry of Health and Sanitation. |

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

|  |
| --- |
| The co-financing amount will be paid to UNICEF country office in June of every year. UNICEF country office is expected to liaise with UNICEF supply division. The Minister of Finance through the Minister of Health and Sanitation is responsible for the release of the co-financing amounts and an agreement between the Ministry of Health and UNICEF Country Office will be signed and witnessed by the ICC. |

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

|  |
| --- |
| The outcome and impact will be monitored using the routine monitoring and evaluation system. There is already an existing mechanism for monitoring and reporting routine administrative data including feedbacks at all levels. The monitoring and supervision tools will be reviewed to incorporate specificities pertaining to the new vaccine. The monitoring system will include the proportion of children who complete the Rota 3 primary series of three doses by 12 months of age. The following systems are also in place:Quarterly review meetings are conducted at central level where routine data (feedback) is being reviewed and similar meetings are held at district level monthly. Supportive supervisory visits will be conducted by the central level team to all the districts and selected health facilities quarterly; whilst District Health Management Teams visit each health facility at least monthly. The Ministry is also in the process of establishing a monthly data reconciliation/review meeting at all levels.Annual GAVI progress reports and Joint Reporting Form will be submitted. The current system of monthly, quarterly and annual reporting and feedback will continue at all levels |

# **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?October - 2010

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.

|  |
| --- |
|  |

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

|  |
| --- |
| 1. The HSS should retain the original activities in the approved document2. The Rotavirus proposal be submitted to GAVI for support3. The date for the next ICC meeting in September be communicated soonest |

# **Annexes**

# **Annex 1**

# **Annex 1.1 – Rotavirus 3-dose schedule**

**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** | **2016** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 26,700 | 26,500 | 33,900 | 38,700 |  |  |  |  |
| **Number of AD syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 300 | 300 | 400 | 450 |  |  |  |  |
| **Total value to be co-financed by the country** | *$* | 112,500 | 93,000 | 95,500 | 98,000 |  |  |  |  |

**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** | **2016** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 837,100 | 686,400 | 698,100 | 712,900 |  |  |  |  |
| **Number of AD syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 9,300 | 7,625 | 7,750 | 7,925 |  |  |  |  |
| **Total value to be co-financed by the country** | ***$*** | **3,522,500** | **2,407,500** | **1,960,500** | **1,802,000** |  |  |  |  |

**Table 1.1 C** - Summary table for Rotavirus 3-dose schedule

|  | **Data from** |  | **2012** | **2013** | **2014** | **2015** | **2016** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # | 220,012 | 27,238 | 228,850 | 237,018 | 0 |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # | 208,405 | 214,889 | 223,945 | 232,272 |  |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # | 94.72% | 788.93% | 97.86% | 98.00% | 0.00% |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # | 219,374 | 224,885 | 230,871 | 237,018 |  |  |  |  |
| **Number of doses per child** |  | # | 3 | 3 | 3 | 3 | 3 |  |  |  |
| **Estimated vaccine wastage factor** | *Table 6.(n).3***[2]** | # | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |  |  |  |
| **Number of doses per vial** |  | # | 1 | 1 | 1 | 1 | 1 |  |  |  |
| **AD syringes required**  |  | # | No  | No  | No  | No  | No  |   |   |   |
| **Reconstitution syringes required**  |  | # | No  | No  | No  | No  | No  |   |   |   |
| **Safety boxes required**  |  | # | Yes  | Yes  | Yes  | Yes  | Yes  |   |   |   |
| **Vaccine price per dose** |  | $ | 4.000  | 3.333  | 2.667  | 2.400  | 2.400  |   |   |   |
| **Country co-financing per dose** | *Table 6.(n).2***[2]** | $ | 0.13  | 0.13  | 0.13  | 0.13  | 0.13  |   |   |   |
| **AD syringe price per unit** |  | $ | 0.053  | 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  | 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  | 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 Rotavirus 3-dose schedule associated injection safety material and related co-financing budget (page 1)

|  |  | **Formula** | **2012** | **2013** |
| --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 3.09% |  |  | 3.71% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 219,374 | 6,778 | 212,596 | 224,885 | 8,336 | 216,549 |
| C | **Number of doses per child** | Vaccine parameter | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 658,122 | 20,333 | 637,789 | 674,655 | 25,006 | 649,649 |
| 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 | 691,029 | 21,350 | 669,679 | 708,388 | 26,256 | 682,132 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 172,758 | 5,338 | 167,420 | 4,340 | 161 | 4,179 |
| I | **Total vaccine doses needed** | F + G | 863,787 | 26,687 | 837,100 | 712,728 | 26,417 | 686,311 |
| 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 | 9,589 | 297 | 9,292 | 7,912 | 294 | 7,618 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 3,455,148 | 106,748 | 3,348,400 | 2,375,523 | 88,047 | 2,287,476 |
| 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 | 6,137 | 190 | 5,947 | 5,064 | 188 | 4,876 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 172,758 | 5,338 | 167,420 | 118,777 | 4,403 | 114,374 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 614 | 19 | 595 | 507 | 19 | 488 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 3,634,657 | 112,293 | 3,522,364 | 2,499,871 | 92,655 | 2,407,216 |
| U | **Total country co-financing** | I \* country co-financing per dose | 112,293 |  |  | 92,655 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 3.09% |  |  | 3.71% |  |  |

**[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 Rotavirus 3-dose schedule associated injection safety material and related co-financing budget (page 2)

|  |  | **Formula** | **2014** | **2015** |
| --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 4.63% |  |  | 5.14% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 230,871 | 10,688 | 220,183 | 237,018 | 12,190 | 224,828 |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C | 692,613 | 32,064 | 660,549 | 711,054 | 36,569 | 674,485 |
| 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 | 727,244 | 33,667 | 693,577 | 746,607 | 38,397 | 708,210 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 4,714 | 219 | 4,495 | 4,841 | 249 | 4,592 |
| I | **Total vaccine doses needed** | F + G | 731,958 | 33,886 | 698,072 | 751,448 | 38,646 | 712,802 |
| 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 | 8,125 | 377 | 7,748 | 8,342 | 430 | 7,912 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 1,952,132 | 90,372 | 1,861,760 | 1,803,476 | 92,750 | 1,710,726 |
| 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 | 5,200 | 241 | 4,959 | 5,339 | 275 | 5,064 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 97,607 | 4,519 | 93,088 | 90,174 | 4,638 | 85,536 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 520 | 25 | 495 | 534 | 28 | 506 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 2,055,459 | 95,155 | 1,960,304 | 1,899,523 | 97,689 | 1,801,834 |
| U | **Total country co-financing** | I \* country co-financing per dose | 95,155 |  |  | 97,689 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 4.63% |  |  | 5.14% |  |  |

**[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 Rotavirus 3-dose schedule associated injection safety material and related co-financing budget (page 3)

|  |  | **Formula** | **2016** |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  |  |  |  |  |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) |  |  |  |  |  |  |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 3 | 3 | 3 | 3 | 3 | 3 |
| D | **Number of doses needed** | B \* C |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 |  |  |  |  |  |  |
| I | **Total vaccine doses needed** | F + G |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |
| N | **Cost of vaccines needed** | I \* vaccine price per dose |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value |  |  |  |  |  |  |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value |  |  |  |  |  |  |
| T | **Total fund needed** | (N + O + P + Q + R + S) |  |  |  |  |  |  |
| U | **Total country co-financing** | I \* country co-financing per dose |  |  |  |  |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T |  |  |  |  |  |  |

**[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** | **2016** |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Rotavirus 3-dose schedule** | 0.13 | 0.13 | 0.13 | 0.13 | 0.13 |  |  |

**Table D -** Wastage rates and factors

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

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

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

WHO International shipping guidelines: maximum packed volumes of vaccines

**Table E -** Vaccine maximum packed volumes

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

# **Attachments**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **Section** | **Document Number** | **Mandatory[1]** |
| **MoH Signature (or delegated authority) of Proposal** |  | **2** | **Yes** |
| **MoF Signature (or delegated authority) of Proposal** |  | **1** | **Yes** |
| **Signatures of ICC or HSCC or equivalent in Proposal** |  | **13** | **Yes** |
| **Minutes of ICC/HSCC meeting endorsing Proposal** |  | **3** | **Yes** |
| **comprehensive Multi Year Plan - cMYP** |  | **10** | **Yes** |
| **cMYP Costing tool for financial analysis** |  | **11** | **Yes** |
| **Minutes of last three ICC/HSCC meetings** |  | **4, 5, 6** | **Yes** |
| **Improvement plan based on EVM** |  | **14** | **Yes** |
| **WHO/UNICEF Joint Reporting Form (JRF)** |  | **8** |  |
| **ICC/HSCC workplan for forthcoming 12 months** |  |  |  |
| **National policy on injection safety** |  |  |  |
| **Action plans for improving injection safety** |  | **9** |  |
| **Plan for NVS introduction (if not part of cMYP)** |  | **12** |  |
| **Banking details** |  | **7** |  |

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

# **Attachments**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ID** | **File type** | **File name** | **New file** | **Actions** |
| **Description** | **Date and Time** | **Size** |
| 1 | **File Type:**MoF Signature (or delegated authority) of Proposal \***File Desc:**Signature of Minister of Finance | **File name:**[C:\Documents and Settings\contehi\Desktop\TTS-Finished File\TTS-Signatures\TTS-Signatures-Rota.JPG](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b0%5d.FileData)**Date/Time:**17.05.2011 13:57:37**Size:**1 MB |  |  |
| 2 | **File Type:**MoH Signature (or delegated authority) of Proposal \***File Desc:**Signature of Minister of Health | **File name:**[C:\Documents and Settings\contehi\Desktop\TTS-Finished File\TTS-Signatures\TTS-Signatures-Rota.JPG](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b1%5d.FileData)**Date/Time:**17.05.2011 14:02:09**Size:**1 MB |  |  |
| 3 | **File Type:**Minutes of ICC/HSCC meeting endorsing Proposal \***File Desc:**ICC/HSCC Minutes endorsing proposal | **File name:**[C:\Documents and Settings\contehi\Desktop\TTS-Finished File\ICC MUNITES-ed\MINUTES OF 3rd s ICC MEETING 2011.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b2%5d.FileData)**Date/Time:**17.05.2011 14:18:16**Size:**60 KB |  |  |
| 4 | **File Type:**Minutes of last three ICC/HSCC meetings \***File Desc:**ICC/HSCC Minutes 1 | **File name:**[C:\Documents and Settings\contehi\Desktop\TTS-Finished File\ICC MUNITES-ed\MINUTES OF 1st ICC MEETINGS.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b3%5d.FileData)**Date/Time:**17.05.2011 14:25:03**Size:**54 KB |  |  |
| 5 | **File Type:**Minutes of last three ICC/HSCC meetings \***File Desc:**ICC/HSCC Minutes 2 | **File name:**[C:\Documents and Settings\contehi\Desktop\TTS-Finished File\ICC MUNITES-ed\MINUTES of 2nd ICC MEETING.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b4%5d.FileData)**Date/Time:**17.05.2011 14:28:13**Size:**66 KB |  |  |
| 6 | **File Type:**Minutes of last three ICC/HSCC meetings \***File Desc:**ICC/HSCC Minutes 3 | **File name:**[C:\Documents and Settings\contehi\Desktop\TTS-Finished File\ICC MUNITES-ed\MINUTES OF 3rd s ICC MEETING 2011.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b5%5d.FileData)**Date/Time:**17.05.2011 14:32:20**Size:**60 KB |  |  |
| 7 | **File Type:**Banking details**File Desc:**Bank details | **File name:**[C:\Documents and Settings\contehi\Desktop\TTS-Finished File\Banking Details 1.pdf](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b6%5d.FileData)**Date/Time:**19.05.2011 14:27:20**Size:**190 KB |  |  |
| 8 | **File Type:**WHO/UNICEF Joint Reporting Form (JRF)**File Desc:**WHO/UNICEF JRF | **File name:**[C:\Documents and Settings\contehi\Desktop\TTS-Finished File\JRF 2010 AFRO.xls](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b7%5d.FileData)**Date/Time:**17.05.2011 14:51:13**Size:**329 KB |  |  |
| 9 | **File Type:**Action plans for improving injection safety**File Desc:**Waste management  | **File name:**[C:\Documents and Settings\contehi\Desktop\TTS-Finished File\TTS-Waste Management.zip](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b8%5d.FileData)**Date/Time:**17.05.2011 14:46:01**Size:**3 MB |  |  |
| 10 | **File Type:**comprehensive Multi Year Plan - cMYP \***File Desc:**cMYP word document | **File name:**[C:\Documents and Settings\contehi\Desktop\TTS-Finished File\TTS-cMYP-In process-2.17May 2011.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b9%5d.FileData)**Date/Time:**19.05.2011 16:33:47**Size:**3 MB |  |  |
| 11 | **File Type:**cMYP Costing tool for financial analysis \***File Desc:**Costing tool cMYP | **File name:**[Sierra+Leone+cMYP\_Costing\_Tool\_Vs+2.5\_En.17+May+2011.xls](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b10%5d.FileData)**Date/Time:**27.05.2011 08:44:05**Size:**3 MB |  |  |
| 12 | **File Type:**Plan for NVS introduction (if not part of cMYP)**File Desc:**Rotavirus introduction plan | **File name:**[C:\Documents and Settings\contehi\Desktop\TTS-Finished File\TTS-Rotavirus Vaccine Introductio Plan-SL-2.docx](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b11%5d.FileData)**Date/Time:**19.05.2011 16:48:28**Size:**376 KB |  |  |
| 13 | **File Type:**Signatures of ICC or HSCC or equivalent in Proposal \***File Desc:**Rotavirus introduction plan | **File name:**[TTS-ICC-NVS.JPG](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b12%5d.FileData)**Date/Time:**23.05.2011 13:35:32**Size:**1 MB |  |  |
| 14 | **File Type:**Improvement plan based on EVM \***File Desc:**Sierra Leone improvement Plan-word document | **File name:**[TTS-Cold Chain Plan-SL-4.doc](/PDExtranet/ObjectEditor/OpenFileItem?editedObjectId=40643785&propertyName=FormAttachments%5b13%5d.FileData)**Date/Time:**23.05.2011 13:51:31**Size:**1 MB |  |  |

Banking Form

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