

APPLICATION FORM FOR
GAVI NVS SUPPORT

Submitted by

The Government of Liberia

for

Typhoid conjugate vaccine routine, with
catch-up campaign



Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by Gavi will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by Gavi. All funding decisions for the application are made at the discretion of Gavi and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to Gavi all funding amounts that Gavi determines not to have been used for the programme(s) described in its application. The Country's reimbursement must be in US dollars and be provided, unless otherwise decided by Gavi, within sixty (60) days after the Country receives Gavi's request for a reimbursement and be paid to the account or accounts as directed by Gavi.

SUSPENSION/ TERMINATION

Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programme(s) described in the Country's application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

NO LIABILITY

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

and related supplies after title to such supplies has passed to the Country.

Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

INSURANCE

Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

ANTI-CORRUPTION

The Country confirms that funds provided by Gavi shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

ANTI-TERRORISM AND MONEY LAUNDERING

The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country's knowledge or belief, is prohibited by the United Nations Security Council.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country. The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

COMPLIANCE WITH GAVI POLICIES

The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant

to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage Gavi cash-based support. The Country confirms that it will take all responsibility for replenishing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and Gavi arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either Gavi or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by Gavi. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: Gavi and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

Gavi will not be liable to the country for any claim or loss relating to the programme(s) described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. The Country is solely responsible for all aspects of managing and implementing the programme(s) described in its application.

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will

introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: <http://www.gavi.org/support/process/apply/>

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

19 August 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

April 2016

2.1.2 Country health and immunisation data

Please provide the following information on the country's health and immunisation budget and expenditure.

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

The total Government of Liberia Expenditure for FY 2016/2017 was US\$555,993,000.00 Million.

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

The total Government of Liberia Health Expenditure for FY 2016/2017 was US\$43.5 Million.

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

The Government of Liberia spent US\$ 758,936.00 inclusive of its Co-Financing contribution FY 2016/2017

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

FY 2016/2017 US\$ 650,000.00

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

The Government of Liberia (GOL) budgetary allocation for FY 2017/2018 was US\$650,000.00. Given the current economic situation, the amount is not expected to change. Hence, for GOL FY 2018/2019 the amount is US\$ 650,000.00

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

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From

2011

To

2021

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

2016-2020

Is the cMYP we have in our record still current?

Yes

No

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

Note 1

From

2016

To

2020

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

N/A

2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

Currently, the Liberia Medicine and Health Products Regulatory Authority has granted waiver for all vaccines being administered in the immunization program. However, all documentation especially certificate of analysis is submitted to LMHRA for their review and archiving.

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

Liberia Medicine and Health Product Regulatory Authority (LMHRA), Pharm. David Sumo is the outgoing Managing Director - +231886562019; d.sumo@yahoo.com/d.sumo2013@gmail.com

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

HPV routine, with multi-age cohort in the year of introduction

Note 2

	2019	2020
Country Co-financing (US\$)		
Gavi support (US\$)	2,005,000	

IPV Routine

	2019	2020	2021	2022
Country Co-financing (US\$)				
Gavi support (US\$)	171,024	177,865	180,791	183,744

Measles 1st and 2nd dose routine

	2019	2020
Country Co-financing (US\$)	93,000	82,500
Gavi support (US\$)	84,500	73,500

PCV Routine

	2019	2020	2021	2022
Country Co-financing (US\$)	114,370	119,200	120,273	122,235
Gavi support (US\$)	1,867,500	2,017,000	1,724,958	1,753,097

Pentavalent Routine

	2019	2020	2021	2022
Country Co-financing (US\$)	140,699	146,519	151,125	151,327
Gavi support (US\$)	364,500	379,500	382,991	383,505

Rota Routine

	2019	2020	2021	2022
Country Co-financing (US\$)	63,000	66,900	67,121	68,216
Gavi support (US\$)	591,500	628,500	630,088	640,366

YF Routine

	2019	2020	2021	2022
--	------	------	------	------

Country Co-financing (US\$)	40,180	50,490	49,788	51,187
Gavi support (US\$)	192,500	241,500	236,501	243,145

Summary of active Vaccine Programmes

	2019	2020	2021	2022
Total country co-financing (US\$)	451,249	465,609	388,307	392,965
Total Gavi support (US\$)	5,276,524	3,517,865	3,155,329	3,203,857
Total value (US\$) (Gavi + Country co-financing)	5,727,773	3,983,474	3,543,636	3,596,822

2.3 Coverage and Equity

2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;

- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

On August 27 to 29, 2018, GAVI Joint Appraisal was conducted covering the reporting period January 2017 to June 2018. Please see attached copy of Liberia's Joint Appraisal in the attachment section of this application.



2.4 Country documents

2.4.1 Upload country documents

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

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

Country and planning documents

- | | | |
|---|---|--|
|  | <p>Country strategic multi-year plan</p> <p>Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan</p> | <p>LiberiasEPIRevisedcMYPpdf20162020CleanedCopy_21-01-19_16.29.02.pdf</p> |
|  | <p>Country strategic multi-year plan / cMYP costing tool</p> | <p>Liberia cMYP costing tool 20162020UpdatedatMoHJan08.2016_14-03-18_09.57.01.xlsx</p> |

- ✓ **Effective Vaccine Management (EVM) assessment** [LIB EVMA 2015 Report recommendationsFinalreportRevisionJan2016_19-03-18_10.04.24.pdf](#)

- ✓ **Effective Vaccine Management (EVM): most recent improvement plan progress report** [LIB EVM cIP 2015Final06.01.2016_19-03-18_10.07.30.xlsx](#)

- ✓ **Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators** [DHS 2013 Final Report_19-03-18_10.08.59.pdf](#)

- ✓ **Data quality and survey documents: Immunisation data quality improvement plan** [Immunization Improvemen Coverage PlanFinal 2016_19-03-18_10.52.35.pdf](#)

- ✓ **Data quality and survey documents: Report from most recent desk review of immunisation data quality** [JSIGAVIODQALiberiaFinal ReportDecember 2014_19-03-18_10.13.48.docx](#)

- ✓ **Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation** [SARADraft ReportAugust 12018_18-01-19_14.17.56.pdf](#)

- ✓ **Human Resources pay scale** [Human Resources for Health 19-03-18 10.26.42.docx](#)
If support to the payment of salaries, salary top ups, incentives and other allowances is requested

Coordination and advisory groups documents

- ✓ **National Coordination Forum Terms of Reference** [Revised HSCC TORs Final 19-03-18 10.27.31.pdf](#)
ICC, HSCC or equivalent
- ✓ **National Coordination Forum meeting minutes of the past 12 months** [HSCC MinutesTCV Application 18-01-19 13.39.24.pdf](#)

Other documents

- ✓ **Other documents (optional)** [Liberia Final JA 2018 report CleanGaviATC10152018 18-01-19 13.34.10.pdf](#)
Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

3 Typhoid conjugate vaccine routine, with catch-up campaign

3.1 Vaccine and programmatic data

3.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.

Note 3

Typhoid conjugate vaccine routine

Preferred presentation TCV, 5 doses/vial, liq

Is the presentation licensed or registered? Yes No

2nd preferred presentation

Is the presentation licensed or registered? Yes No

Required date for vaccine and supplies to arrive 20 November 2019

Planned launch date 9 March 2020

Support requested until 2020

Typhoid conjugate vaccine catch-up campaign

Preferred presentation TCV, 5 doses/vial, liq

Is the presentation licensed or registered? Yes No

2nd preferred presentation

Is the presentation licensed or registered? Yes No

Required date for vaccine and supplies to arrive 20 November 2019

Planned launch date 9 January 2020

Support requested until 2020

3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines,

and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

Not Applicable

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund. Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes

No

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Targets for routine vaccination

Please describe the target age cohort for the routine immunisation:

Note 4

The target age cohort for routine immunization will be children 9 months.

	2020
Population in the target age cohort (#)	181,060
Target population to be vaccinated (first dose) (#)	144,848
Estimated wastage rates for preferred presentation (%)	10

3.2.2 Targets for campaign vaccination

Please describe the target age cohort for the campaign: e.g. 9 months to < 15 years. Gavi will only provide support up to 15 years of age.

For the typhoid catch-up campaign, the target age will be children 9 months to < 15 years. This age range constitutes 42% (1,901,130) of the total population

	2020
Population in the target age cohort (#)	1,901,130
Target population to be vaccinated (first dose) (#)	1,806,074
Estimated wastage rates for preferred presentation (%)	10

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Typhoid conjugate vaccine routine

	2020
5 doses/vial, Liquid	1.5

Commodities Price (US\$) - Typhoid conjugate vaccine routine

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

Price per dose (US\$) - Typhoid conjugate vaccine catch-up campaign

	2020
5 doses/vial, Liquid	1.5

Commodities Price (US\$) - Typhoid conjugate vaccine catch-up campaign (applies only to preferred presentation)

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

3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support

Note 6

	2020
Country co-financing share per dose (%)	13.33
Minimum Country co-financing per dose (US\$)	0.2
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.2

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

Typhoid conjugate vaccine routine

	2020
Vaccine doses financed by Gavi (#)	174,200
Vaccine doses co-financed by Country (#)	26,800
AD syringes financed by Gavi (#)	203,600
Total value to be financed (US\$)	311,000

AD syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	2,250
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi (\$)	727
Freight charges co-financed by Country (\$)	112
	2020
Total value to be co-financed (US\$) Country	40,500
Total value to be financed (US\$) Gavi	270,500

Typhoid conjugate vaccine catch-up campaign

	2020
Vaccine doses financed by Gavi (#)	2,004,800
AD syringes financed by Gavi (#)	1,986,700
Safety boxes financed by Gavi (#)	21,875
Freight charges financed by Gavi (\$)	8,179
	2020
Total value to be financed (US\$) Gavi	3,097,500

Total value to be financed (US\$) 3,097,500

3.3.4 Co-financing payment

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

In accordance with the Partnership Framework Agreement (PFA) signed July 29, 2013 between the Government of Liberia and GAVI, Liberia is committed in meeting its co-financing contribution as indicated by a clear budget line for vaccines and vaccine supplies.

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

Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.

Not Applicable

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:

March

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

Month March
Year 2020

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

Typhoid conjugate vaccine routine

Live births (year of introduction)

194,639

Gavi contribution per live birth (US\$)

0.8

Total in (US\$)

155,711.2

Funding needed in
country by

31 October 2019

3.4.2 Campaign Operational Costs Support grant(s)

Typhoid conjugate vaccine catch-up campaign

Population in the target age cohort (#)

Note 7

1,901,130

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

0.65

Total in (US\$)

1,235,734.5

Funding needed in
country by

31 October 2019

3.4.3 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant and the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign and the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

Total amount - Gov. Funding / Country Co-financing (US\$)

0

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

1235650

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

0.2

Amount per target person - Other donors (US\$)

0

Amount per target person - Gavi support (US\$)

0.65

3.4.4 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

1. Programme Management and Coordination (Monitoring & Supervision);
2. Planning and Preparation (Microplanning)
3. Training & Meetings
4. Advocacy, Communication, Social Mobilization and Community Engagement
5. DSA for participants
6. Repair and Maintenance (Cold Chain Equipment)
7. Vehicle and Transport
8. Waste Management

9. Surveillance and Monitoring
10. Post Introduction Evaluation (PIE)
11. Logistics

3.4.5 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

The Office of Financial Management of the Ministry of Health has a financial management manual that guides the day to day operations of the Ministry. In addition, there is also an internal audit unit that ensures compliance and internal controls. All procurements of the Ministry of Health will follow the government's Public Procurement Concession Commission (PPCC) Act.

3.4.6 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

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

Government

3.4.7 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

Note 8

Campaign and / or routine TCV funds will not be used to support any TA needs. However, the country will leverage on the existing TCA platform to address any other gap.

3.5 Strategic considerations

3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Vaccine Introduction Plan or Campaign Plan of Action, please cite the sections only.

Stool culture data indicate that both *S. Typhi* and *Salmonella Paratyphi* (*S. Paratyphi*) occur throughout all counties in Liberia, in both urban and rural settings. These same data also show that an alarmingly high proportion of *S. Typhi* are resistant to all of the currently used antibiotics in Liberia. Neighboring countries similarly report a high incidence of typhoid, including a high proportion of antibiotic-resistant isolates. Unsafe drinking water, unimproved sanitation, and poor hygiene practices contribute to typhoid transmission in Liberia. According to the World Bank, 57% of 204 water points in Monrovia tested positive for fecal coliforms in 2011. Further, from 2010 through 2015, 15% of acute abdomen surgeries performed at John F. Kennedy Memorial Hospital in Monrovia were to repair typhoid ileal perforations, evidence of the existence of severe forms of typhoid disease. It is against this backdrop that Liberia is applying to Gavi, the Vaccine Alliance, for support of a TCV campaign and introduction of the vaccine into the routine immunization schedule.

3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

The current cMYP (2016 -2020) has been updated to reflect TCV catch-up campaign.

3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.

If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

The HSCC will be responsible for the overall coordination of the TCV campaign implementation. See attachments (HSCC Terms of Reference). Discussions for NITAG establishment are ongoing with committee members identified, terms of reference available and invitation letter being process. WHO is the TA Agency on this process alongside the MoH.

3.5.4 Financial sustainability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

The Government of Liberia is commitment to paying its co-financing obligations as enshrined within the partnership framework agreement signed on July 29, 2013 and is pleased to note that it has not defaulted on its co-finance obligations.

3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

The conduct of TCV catch-up campaign will be used as a platform to further strengthen routine immunization activities which in term will bridge immunization gaps attributed to low coverage and equity. In order to do this, the below activities are very critical:

- training: capacity building for vaccinators on vaccine administration, handling, storage is key as this is a new vaccine with a different target age group that routine vaccinators are not familiar with.
- acceptability: even though vaccine hesitancy is not pronounced in Liberia, awareness creation is critical to ensure increased uptake of the TCV vaccine
- cold chain: the proposed formulation of the TCV (five doses) places a huge demand on the immunization supply chain at the operational level in terms of storage space; therefore, the CCEOP provides a unique opportunity to address foreseeable cold chain challenges.

3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing the proposed activities and budget will contribute to overcoming key barriers.

In order to improve immunization coverage rates and address issues associated with inequities, the NVS support will be used as a platform to strengthen key immunization system components that have direct/indirect impact on coverage and equity:

- monitoring and supervision: this will allow granular analysis of immunization data to identify underserved populations especially at the sub-national to ensure that deprived and hard-to-reach populations have unhindered access to quality immunization services through the conduct:

1. Focused health facility outreach;
2. Periodic Intensification of Routine Immunization (PIRI);
3. Deployment of national technical assistants in poorly performing counties
4. Provide technical assistance for the development/updating county-specific equity improvement plans.

3.5.7 Synergies

Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.

Note 9

The program will ensure that every opportunity provided by the introduction of TCV will be used to (a). Properly coordinate resources (i.e. quality and quantity); (b) Using existing HSS 3 funds to address issues such as trainings, development of health facility micro-plans, monitoring and supportive supervision, etc.

3.5.8 Chosen Immunisation Strategy

Please provide an explanation of the chosen immunisation strategy (routine only versus routine and catch-up) and the target age of vaccination; if this information is provided in the NVIP / POA, please cite sections only.

xxxxx decided to use routine and catch-up strategy based on the below data:

3.5.9 Risk-Based or Phasing and Explanation

Will a risk based or phased introduction approach be adopted?

Yes

No

If a risk-based or phased approach will be adopted, please provide an explanation for this approach, if this information is provided in the NVIP / POA, please cite sections only.

No Response

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

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

Required

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

Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

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

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

3.7 Upload new application documents

3.7.1 Upload new application documents

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

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

Application documents

- ✓ **New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline** [LBREPIFinalFinal NVIP POA 22012019 22-01-19_09.13.45.pdf](#)

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

- ✓ **Gavi budgeting and planning template** [Liberia FinalFinalEPIATCJan222019Budgeting and Planning Template 22-01-19_09.15.37.xlsm](#)

- ✓ **Most recent assessment of burden of relevant disease** [Typhoid Fever Disease Burden 21-01-19_16.41.01.pdf](#)

If not already included in detail in the Introduction Plan or Plan of Action.

- ✓ **Campaign target population (if applicable)** [TCV Catchup campaign target 21-01-19_16.48.28.pdf](#)

Endorsement by coordination and advisory groups

- ✓ **National coordination forum meeting minutes, with endorsement of application, and including signatures** [HSCC MinutesTCV Application 21-01-19_15.30.31.pdf](#)
-



NITAG meeting minutes

[NITAG_21-01-19_15.31.06.pdf](#)

with specific recommendations on the NVS introduction or campaign

Other documents



Other documents (optional)

[LBREPIFinal ATC NVIP POA 21012019_21-01-19_15.31.45.pdf](#)

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

Active Vaccine Programmes

Note 10

HPV routine, with multi-age cohort in the year of introduction

	2019	2020
Country Co-financing (US\$)		
Gavi support (US\$)	2,005,000	

IPV Routine

	2019	2020	2021	2022
Country Co-financing (US\$)				
Gavi support (US\$)	171,024	177,865	180,791	183,744

Measles 1st and 2nd dose routine

	2019	2020
Country Co-financing (US\$)	93,000	82,500
Gavi support (US\$)	84,500	73,500

PCV Routine

	2019	2020	2021	2022
Country Co-financing (US\$)	114,370	119,200	120,273	122,235
Gavi support (US\$)	1,867,500	2,017,000	1,724,958	1,753,097

Pentavalent Routine

	2019	2020	2021	2022
Country Co-financing (US\$)	140,699	146,519	151,125	151,327
Gavi support (US\$)	364,500	379,500	382,991	383,505

Rota Routine

	2019	2020	2021	2022
Country Co-financing (US\$)	63,000	66,900	67,121	68,216
Gavi support (US\$)	591,500	628,500	630,088	640,366

YF Routine

	2019	2020	2021	2022
Country Co-financing (US\$)	40,180	50,490	49,788	51,187
Gavi support (US\$)	192,500	241,500	236,501	243,145

Total Active Vaccine Programmes

	2019	2020	2021	2022
Total country co-financing (US\$)	451,249	465,609	388,307	392,965

Total Gavi support (US\$)	5,276,524	3,517,865	3,155,329	3,203,857
Total value (US\$) (Gavi + Country co-financing)	5,727,773	3,983,474	3,543,636	3,596,822

New Vaccine Programme Support Requested

Typhoid conjugate vaccine routine, with catch-up campaign

	2020
Country Co-financing (US\$)	40,500
Gavi support (US\$)	3,368,000

Total country co-financing (US\$)	
Total Gavi support (US\$)	
Total value (US\$) (Gavi + Country co-financing)	

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

	2019	2020	2021	2022
Total country co-financing (US\$)	451,249	506,109	388,307	392,965
Total Gavi support (US\$)	5,276,524	6,885,865	3,155,329	3,203,857
Total value (US\$) (Gavi + Country co-financing)	5,727,773	7,391,974	3,543,636	3,596,822

Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Adolphus T. Clarke	EPI Manager	+231775-901-619	aclarke954@yahoo.com	

Samson Q. Wiah	Deputy EPI Manager	+231886962926	sqwiah@gmail.com
Dr. N'gozi Kennedy	Immunization Specialist	+231770267453	nkennedy@unicef.org
Dr. Abdullahi Suleiman	EPI Medical Officer	+231770480429	abdullahis@who.int

Comments

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

No Response

Government signature form

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

Typhoid conjugate vaccine routine, with catch-up campaign

The Government of Liberia commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.¹

Minister of Health (or delegated authority)

Minister of Finance (or delegated authority)

Name

Name

Date

Date

Signature

Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

Minister of Education (or delegated authority)

Name

Date

Signature

¹ In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

Appendix

NOTE 1

The new cMYP must be uploaded in the country document section.

NOTE 2

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates.

Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

NOTE 3

* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: <http://www.gavi.org/library/gavi-documents/supply-procurement/detailed-product-profiles/>

* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

* Due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

NOTE 4

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

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

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

* The wastage rate applies to first and last dose.

NOTE 5

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

* For indicative wastage rates, please refer to the detailed product profiles available here: <http://www.gavi.org/library/gavi-documents/supply-procurement/detailed-product-profiles/>

NOTE 6

Co-financing requirements are specified in the guidelines.

NOTE 7

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

NOTE 8

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

NOTE 9

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

NOTE 10

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates. Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.