APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by

The Government of Ghana

for

Yellow fever preventive mass vaccination campaign

Gavi
The Vaccine Alliance

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

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

Preparatory transition

Date of Partnership Framework Agreement with Gavi

11 July 2014

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

November 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?

13,817,567,567

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

828,797,297

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

11,251,600

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

27,687,128

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

26,046,973

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	2018
To	2021

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

2015-2019

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	2015
To	2019

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

Nil

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.

All EPI vaccine shipments are consigned directly to the Procurement and Stores Division (PSD) of the Ministry of Health, which is responsible for the clearing of shipments using their appointed clearing agent. The shipping documents are sent by the UNICEF Global Freight Forwarders to the UNICEF country office as notified party. UNICEF then forwards the shipping documents to the Ministry of Health with a copy to the EPI Office. The Ministry of Health then submits the documents to the Customs Authority and the authorized clearing agent on behalf of the Government for clearance of the shipment at least 5 working days before the arrival of shipment. The shipping documents are directly addressed to customs to expedite the processing time as the vaccines must be cleared within a few hours of arrival. The Local Customs Authority assesses the duties and taxes (CD/VAT) based on the value of the vaccine shipment. The consignee arranges payment on a provisional basis of duties and taxes to the Customs Authority. If there are any delays, UNICEF immediately takes action and asks all concerned authorities and concerned parties to take immediate action to ensure the safe storage of vaccines.

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.

The Food and Drugs Authority (FDA) is the national regulatory authority mandated by the Public Health Act, 2012(Act 851) of the Republic of Ghana to regulate drugs and medical devices including vaccines. The FDA is an Agency under the Ministry of Health and a WHO-certified center.
Contact details;
Name: Mrs Delese Mimi Darko
Title: Chief Executive Officer
Contact No.: +233 244 337250
Email: mimidarko66@yahoo.co.uk

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2018	2019	2020	2021	2022
Country Co-financing (US$)					
Gavi support (US$)	1,047,500	1,189,580	1,196,365	1,203,569	1,211,090

MenA Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	224,218	286,962	326,583	382,329	447,596
Gavi support (US$)	695,000	741,500	711,493	674,477	628,349

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	2,207,362	3,554,460	4,236,130	4,868,577	5,633,565
Gavi support (US$)	6,558,500	9,193,000	7,447,136	6,807,515	6,116,156

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	431,760	816,432	937,827	1,084,829	1,255,609
Gavi support (US$)	1,250,000	1,986,500	1,851,934	1,721,251	1,568,167

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	1,009,071	1,528,538	1,758,960	2,035,084	2,354,985

Gavi support (US$)	2,721,500	3,379,500	3,155,890	2,909,748	2,621,028

Yellow fever preventive mass vaccination campaign

	2018	2019
Country Co-financing (US$)		
Gavi support (US$)		7,691,000

YF Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	307,940	506,540	579,966	670,994	776,479
Gavi support (US$)	916,000	1,251,000	1,172,288	1,091,951	997,583

Summary of active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US$)	4,180,351	6,692,932	7,839,466	9,041,813	10,468,234
Total Gavi support (US$)	13,188,500	25,432,080	15,535,106	14,408,511	13,142,373
Total value (US$) (Gavi + Country co-financing)	17,368,851	32,125,012	23,374,572	23,450,324	23,610,607

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:

- Health work force: availability and distribution;
- Supply chain readiness;
- Gender-related barriers: any specific issues related to access by women to the health system;
- Data quality and availability;
- Demand generation / demand for immunisation services, immunisation schedules, etc;
- 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;
- 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;
- 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).

Detailed information on Coverage and Equity Analysis is found in Section 3.1 (pages 5-10) of the 2016 Joint Appraisal Report (JAR) for Ghana. Key highlights are summarised below:

Ghana improved in immunization coverage rates for all Gavi supported antigens. The country attained the 99% coverage for Penta-3 in 2016. A total of 1,060,178 children were vaccinated in 2016 compared to 1,012,362. Thus, an additional 47,816 children were reached with Penta 3
Out of the 216 districts, 153 (70.8%) achieved Penta-3 coverage of 90% and above, 34 (15.7%) had coverage rates between 80-89% and 29 (13.4%) districts had coverage rates between 50-79%. No district had coverage rate below 50%
The number of districts with Penta-3 coverage of 80% and above increased from 81% in 2015 to 87% in 2016. Though, this was a marked improvement over previous years, Ghana could not achieve the Gavi and Global Vaccine Action Plan (GVAP) target of 90% of districts achieving Penta-3 coverage of 80% and above
Measles-Rubella Vaccination also saw improvements over previous years. In terms of equity, the proportion of districts achieving MR-1 coverage of 80% and above increased from 72% in

2014 to 76% in 2015 and 79% in 2016. The national coverage rate for MR-1 also increased from 94% to 95%. However, the number of districts achieving MR-2 coverage of 80% and above reduced from 43% in 2015 to 41% in 2016. On the positive side, the national coverage for MR-2 increased from 72% in 2015 to 74% in 2016.
The 2014 Ghana Demographic and Health Survey (Ghana DHS 2014) showed that 90.3% of females surveyed received Penta-3 compared to 86.8% for males. This represents a decline in equity in terms of sex compared to what the country achieved in the GDHS 2008; where the coverage rate for both males and females was 88.8%. There was an improvement in bridging immunization rates among children in rural and urban. The 2014 DHS showed a difference of 0.7 percentage points compared to 2.6 percentage points in the 2008 DHS.
The EPI Programme also made some gains in addressing inequities in vaccination coverage associated with wealth quintiles. Though the GDHS 2008 showed a difference of 5.3 percentage points between the highest and the lowest wealth quintiles, the 2014 GDHS showed a decrease. About 87.4% of children in the lowest wealth quintile received Penta-3 whilst 91.9 of children in the highest wealth quintile had the vaccine.

The challenges underlying the performance of the immunisation system have been discussed in details in Section 3.2 (pages 11-14) of the JAR. Key highlights are summarised below;
Health Workforce: There is uneven distribution of community health nurses (CHN) in Ghana in relation to the targeted number of children for vaccination. Averagely, the ratio is 75 children per CHN. However, this varies across regions and within regions. In terms of regions, it ranges from 43 per CHN in Upper East Region to 121 per CHN in Northern Region. (Human Resource Division, GHS, 2015).
Supply Chain: About 45% of health facilities providing immunization services do not have vaccine refrigerators. In such health facilities, CHNs have to travel long distances to collect vaccines and also have to commute similar distances to their outreach points. New CHPs compounds are built without provision of cold chain equipment. This has contributed to the cold chain gaps at the lower level. Provision of cold chain equipment to these facilities will help improve the overall immunization coverage of the country.
Demand generation/ Demand for vaccination: Some key challenges identified are insufficient demand creation for routine immunization, weak links with communities and knowledge gaps in immunization basics and policy. UNICEF has supported the programme to review its immunization policy and field guide. These documents are being used to improve staff knowledge through trainings and supportive supervision at health facilities. CDC is also support the country to improve communication and social mobilization for routine immunization
Leadership, management and coordination: Gaps in management of immunization services especially at the district level and below as well as knowledge gaps across all levels have been identified. As a result, the Service is conducting middle level managers (MLM) training for staff at all levels. It is expected that training will help bridge the leadership and managerial gaps that have been identified.
Public Financial Management: The Ghana Health Service has a robust financial management system with control systems for managing public funds. The Service will continue to work on the occasional delays which directly or indirectly affect programme implementation.
Shortages of Recording Materials: In 2016, there were shortages of key recording materials such as tally book, child health register and child health records. Lack of these materials, especially the tally book, invariably affected the numerator and subsequently the quality of the data.
Irregular review and validation of data: Though, the Ghana Health Service has instituted monthly data validation and quarterly data reviews at all levels, the quality of these reviews is questionable. This was evident when data from facilities were reviewed at the national level. Whilst most facilities reported immunization data throughout the year, there were clear gaps in reporting for some facilities. In addition to this, some questionable data (outliers) were identified

from some facilities. Most often, these gaps were identified when the database (DHIMS) had been locked after a 90-day grace period.
Inadequate use of data for decision making: There is limited capacity at the lower levels to analyse and use data to make decisions. As such, the peripheral level, which generates the data, mostly sends the data to the next higher level without recourse for its use in improving on their performance. In addition to this, feedback from higher levels to lower levels is often not regular and untimely.

2.4 Country documents

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

✓	**Country strategic multi-year plan** Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	GH_cMYP 2015-2019_22-01-18_15.18.39.docx
✓	**Country strategic multi-year plan / cMYP costing tool**	cMYP_Costing_Tool_3 6_EPIedit_17012018_17-01-18_16.30.08.xlsx
✓	**Effective Vaccine Management (EVM) assessment**	GHA_EVM Assessment Report - 2014_14-01-18_23.20.05.pdf

✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	GHAReport on status of implementation of IP_10-09-18_16.29.57.docx
✓	**Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators**	2017 EPI Cluster Survey_14-01-18_23.26.38.pptx
✓	**Data quality and survey documents: Immunisation data quality improvement plan**	GH_Data Quality Improvement Plan_14-01-18_23.27.19.xlsx
✓	**Data quality and survey documents: Report from most recent desk review of immunisation data quality**	GH_Data Quality Assessment Report_14-01-18_23.24.57.docx
✓	**Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation**	GH_Data Quality Assessment Report_14-01-18_23.27.53.docx
	Human Resources pay scale If support to the payment of salaries, salary top ups, incentives and other allowances is requested	**No file uploaded** No salaries, top up or other allowances will be paid from the operational funds

Coordination and advisory groups documents

✓	**National Coordination Forum Terms of Reference** ICC, HSCC or equivalent	Terms of Reference for ICC_19052017_14-01-18_23.29.16.docx

✓	**National Coordination Forum meeting minutes of the past 12 months**	Minutes of ICC meeting_25_04_2017_14-01-18_23.36.12.docx Minutes of ICC meeting_29_08_2017_14-01-18_23.35.52.pdf Minutes of ICC meeting_12_01_2017_19-01-18_17.17.53.pdf

Other documents

✓	**Other documents (optional)** 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.	DSA Rates for Programme Implementation pdf_14-01-18_23.31.51.pdf

3 Yellow fever preventive mass vaccination campaign

3.1 Vaccine and programmatic data

Choice of presentation and dates

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

Note 3

Yellow fever preventive mass vaccination campaign

Preferred presentation	YF, 10 doses/vial, Lyo
Is the presentation licensed or registered?	Yes ☒ No ☐
2nd preferred presentation	YF, 5 doses/vial, lyo
Is the presentation licensed or registered?	Yes ☒ No ☐

Required date for vaccine and supplies to arrive	31 August 2019
Planned launch date	16 October 2019
Support requested until	2019

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.

Both preferred presentation are licensed

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 campaign vaccination

Gavi will provide 100% of the doses needed to vaccinate the population in the target age cohort. Please describe the target age cohort for the Yellow fever preventive mass vaccination campaign:

Note 4

From	10	weeks ☐	months ☐	years ☒
To	60	weeks ☐	months ☐	years ☒

	2019
Population in target age cohort (#)	5,598,784
Target population to be vaccinated (first dose) (#)	5,598,784
Estimated wastage rates for preferred presentation (%)	10

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US$) - Yellow fever preventive mass vaccination campaign

	2019
10 doses/vial, Lyophilised	1.17

Commodities Price (US$) - Yellow fever preventive mass vaccination campaign (applies only to preferred presentation)

	2019
AD syringes	0.04
Reconstitution syringes	0
Safety boxes	0
Freight cost as a % of device value	0.05

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

Yellow fever preventive mass vaccination campaign

	2019

Vaccine doses financed by Gavi (#)	
AD syringes financed by Gavi (#)	
Reconstitution syringes financed by Gavi (#)	
Safety boxes financed by Gavi (#)	
Freight charges financed by Gavi ($)	

	2019
Total value to be financed (US$) Gavi	
Total value to be financed (US$)	

3.4 Financial support from Gavi

3.4.1 Campaign operational costs support grant(s)

Yellow fever preventive mass vaccination campaign

Population in the target age cohort (#)

Note 5

5,598,784

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

0.55

Total in (US$)

3,079,331.2

Funding needed in country by 16 June 2019

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how 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. 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$)

227058

Total amount - Other donors (US$)

220000

Total amount - Gavi support (US$)

3079332

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

0.04

Amount per target person - Other donors (US$)

0.04

Amount per target person - Gavi support (US$)

0.55

3.4.3 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.

The key budgeted activities include;
1. Micro-planning and training at all levels
2. Advocacy, communication and social mobilization
3. Printing of reference materials and data recording tools
4. Provide food, water and incidentals for all actors during campaign implementation
5. Provide transportation to all actors
6. Repair non-functional but serviceable vaccine refrigerators
7. Safety monitoring, injection safety and waste management
8. Independent evaluation of campaign

the various amounts were calculated based on 1. The number of people involved, the number of days required to undertake the activity, the unit cost for man hours/per item and in some cases the number of times that activity would be undertaken (frequency). The unit cost/rate (activity_cost (standard) applied in the budget are rates used by the Ghana Health Service (attached). In this preparation of this budget, most of the rates were reduced on the 'activity_cost (standard)' sheet.

3.4.4 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.

There is a laid down financial management procedure for managing funds in the health sector including funds for operational cost for campaigns. The financial management system is decentralized. Budget Management Centers manage funds for their activities. Funds for this campaign will be sent to the decentralized levels using existing structures (i.e. through region to districts). Transfers are made through the banks (bank to bank transfer). There are internal controls for assessing funds at all levels.
At the national level, the EPI Manager initiates the process for the release of funds by preparing a financial memo. The memo is then approved by the Divisional Director (the Director for Public Health). The memo is then sent to the Accounts Division for processing. As part of the processing, all documents are sent to the Audit Division for clearance after which a cheque is then written and endorsed by the Financial Controller (or Deputy) and the Director for Public Health. Similar arrangements are used at the regional and district levels.
The Public Procurement Act (PPA) requires that each government entity submits its procurement plan to the Public Procurement Board. Each year, the procurement plan is prepared to cover all commodities to be procured from the sector programmes of work (including donor supported programmes and projects).

3.4.5 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.

- **UNICEF Tripartite Agreement: 5%**
- **UNICEF Bilateral Agreement: 8%**

- **WHO Bilateral Agreement: 7%.**

Funds for the campaign should be transferred directly to Government using the attached banking form

3.4.6 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 6

Provision was made in the 2018 TCA for the Yellow Fever Preventive Campaign under 'Additional Activities' for support in the preparation of the application.

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 Campaign Plan of Action, please cite the sections only.

Yellow fever is endemic in Ghana and suspected and confirmed cases continue to be reported annually in nearly all districts. These are interspersed with focal outbreaks in spite of high routine infant immunisation coverage and previous selective mass campaigns . Before 2010 (from 2005 to 2007), 22 districts were vaccinated. In 2010, following YF outbreaks in La Cote d'Ivoire (with which Ghana shares international border), the Government of Ghana with the support of health partners (notably WHO and UNICEF), convened a meeting in November 2010 to assess the levels of risk of yellow fever in Ghana. YF risk assessment (RA) was done using a WHO mathematical modelling tool. The results showed that nearly all districts in Ghana are at medium to very high risk.

Following that meeting, a 2-phased YF campaign was conducted. The first phase covered 40 districts (in 7 regions) in a Preventive Mass Vaccine Campaign–PMVC in 2011. During that same period, three additional districts (Jirapa, Nadowli and Wa East districts in the Upper West Region) were covered in a Reactive Vaccination Campaign. The second phase PMVC covered 15 districts in (3 Regions) in 2012. Thus, 79 districts were covered between 2005 and 2012. Of the 216 districts in the country, 137 are yet to be covered. In addition, two districts, previously covered in the 2005-2007 PMVC achieved a coverage of <60% (Assin North-59% and Wassa-

Amenfi West-44%) and are potentially still at risk. Therefore, 139 districts in total are potentially 'uncovered'.

In 2015, Gavi approved six million doses of YF vaccine for PMVC in 65 selected districts (hereafter referred to as 'Phase A' PMVC). The campaign was deferred due to Ghana's default in honouring its Gavi co-financing obligations vis-à-vis global vaccine shortages as a result of reactive vaccination response to outbreaks in Angola and Democratic Republic of Congo (DRC) and Uganda in 2015/2016 which depleted the global stocks. The "Phase A" PMVC is now scheduled for 3rd Quarter 2018. Therefore, 74 districts will still be unvaccinated.

Under the new Global Strategy for Elimination of Yellow Fever Epidemics (EYE) which aims at protecting risk populations, preventing international spread and containing and outbreaks rapidly, there is need to vaccinate 'unreached' at risk populations in the country in order to prevent outbreaks. Hence, the 74 "left-out" districts need to be covered.

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.

This proposed Yellow Fever Preventive Campaign is in line with the country's comprehensive multi-year plan (2015-2019). Within this multi-year plan, the country intends to protect all citizens against vaccine preventable diseases (VPDs) which is in line with the Global Vaccine Action Plan (GVAP).

Specific, the EYE strategy which is being used to cover these 74 districts have been captured in the plan as well as the target population and the vaccination strategy. The Yellow Fever Addendum of the CMYP provides more information on this.

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 ICC reviewed and cleared the Yellow Fever Application after which the document was sent to the Minister of Health and the Minister of Finance and Economic Planning for final endorsement. Member of the ICC, particularly, WHO, UNICEF, PATH and the Ghana Coalition

of NGOs in Health supported the development of the application. ICC continues to play its role as the highest decision making body for the Expanded Programme on Immunization (EPI) in Ghana.

NITAG has been established in Ghana but the Group is not yet fully function as members are yet to be trained. A comprehensive training programme is scheduled for 17- 21 September 2018.

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 additional co-financing obligations will be borne by the government with the support of health partners, particularly, WHO, UNICEF and CDC. The Ghana Health Service may also fall on Gavi's HSS and Performance Based Funding Award for 2016 if need be.

In the past three years, the government has defaulted in the payment of cost of vaccines. The country transitioned from one democratically elected government to the other and the transition period contributed to the delay in vaccine payment. There were also financial challenges.

The Ministry of Health intends to set aside a special line in the budget dedicated for the payment of the cost of vaccines. This will bring an end to the delays in the payment of co-financing 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.

Reaching hard-to-reach populations: Delivery of immunization services in the Volta Basin remain a challenge. There are about 7 districts of the 74 implementing districts with over 1000 island and lake communities in the basin. Accessing these communities especially in the rainy season is a challenge. A special budget line has been created in the budget to support vaccination teams that will be sent to these communities.

Management of AEFI and Risk Communication: Effective communication on AEFI and its management especially at the lower level will be key to the success of the programme. Vaccinators do not provide information on AEFI to vaccine recipients especially during mass vaccination. This will be addressed during training of vaccination teams.

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 the budgetary allocation have been made for the construction of incinerators. The incinerators will be constructed in districts which do not have one. The filling of this gaps, as identified in the national incinerator inventory, will help bridge the gap in this areas and help strengthen the health system.
A special line has been created in the budget for island and riverine communities which are very difficult to reach and require more funding in order to cover such communities within the campaign implementation period. During the campaign, the island and lake teams will be made to go with routine vaccines as well and provide a holistic routine immunization services in addition to the campaign.
The Government of Ghana has partnered with the Ghana Coalition of NGOs in Health to conduct public education and create the necessary demand for immunization activities. The Coalition and its membership will be used in disseminating information on the preventive campaign in the various districts they will be working in. This will help generate demand.

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 7

The YF PMVC is planned for the 4th Quarter of 2019.
The EPI Programme has lined up a number of activities for the second half of 2018 and the first half of 2019. These include the pilot introduction of RTS,S malaria vaccines (Mosquirix), dubbed the Malaria Vaccine Implementation Programme (MVIP), nationwide measles-rubella (MR) follow-up campaign, the Yellow Fever Preventive Campaign (Phase A) and this Yellow Fever Preventive Campaign (Phase B). The country is currently benefitting from Gavi's Health Systems Strengthening (HSS) as well as CDC's Second Year of Life (2YL) Flagship Project. Three (3) out of the nine (9) regions which will conduct the Yellow Fever Preventive Campaign have also been selected for the MVIP. These are Brong-Ahafo, Central and Volta regions. The cold chain needs of districts in these regions have been extensively assessed and provision has been made in the MVIP budget to provide these districts with cold chain equipment. Non-functioning but serviceable incinerators will also be repaired. These would help improve the cold chain situation in these regions for the successful introduction of the malaria vaccine and subsequently the Yellow Fever Campaign. The incinerators which would be repaired will also help strengthen waste management.
The MR Campaign will also provide a platform for the dissemination/sensitization on the Yellow Fever Campaign. Parents/caregivers who present at vaccination sites with their wards will be informed about the Yellow Fever Campaign in implementing districts. Again, lessons that would be learnt during the MR campaign would be applied to improve the quality of the Yellow Fever Campaign. Additionally, the data collection tools and communication materials that will be developed for the Yellow Fever Phase A campaign would be adapted for this (Phase B) campaign.

Through the support of the HSS Funds, civil society organizations (CSOs) under the Ghana Coalition of NGOs in Health (GCNGOH) are supported to mobilize communities for vaccination. The Coalition, with membership in all regions and districts in the country, will not only help in creating awareness on the campaign, but would also move house-to-house during campaign implementation days to mobilize eligible persons.
CDC's 2YL Project also supports the EPI Programme in awareness creation through the Ghana Red Cross Society. This partnership will be extended to benefit the Yellow Fever Campaign.
The two 4WD vehicles that will be procured with the support for the Yellow Fever Phase A Campaign will be used to support monitoring and supervision activities in the country.
Largely, the capacity that will be built during the introduction of these vaccines will contribute to an improvement in the quality of routine immunization in general. The Yellow Fever Campaign will not be integrated with any other intervention. However, all districts will plan to improve coverage of routine immunization services especially in areas with low coverage levels during the campaign.

3.5.8 Yellow fever vaccine routine vaccination

Gavi requires that countries requesting support for preventative mass campaigns, that have not yet introduced yellow fever vaccines into the routine EPI, commit to introducing routine immunisation within 6 to 12 months after conducting the campaign. Has a yellow fever vaccine already been introduced nationally on a routine basis?

Yes☒ No☐

If you have not already introduced yellow fever nationally on a routine basis, you should provide evidence that the country plans to introduce yellow fever vaccine into the routine programme in your Plan of Action.

3.6 Report on Grant Performance Framework

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

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.

POA for Yellow Fever Phase B Campaign10.09.18_10-09-18_19.28.32.docx

✓	**Gavi budgeting and planning template**	GhanaYF Budget Phase B10092018_10-09-18_19.18.23.xlsm
✓	**Most recent assessment of burden of relevant disease** If not already included in detail in the Introduction Plan or Plan of Action.	High Risk Districts for Yellow Fever 2010_current_16-01-18_22.37.50.xls
✓	**Campaign target population (if applicable)**	Target Population for YF B_10-09-18_19.29.18.docx

Endorsement by coordination and advisory groups

✓	**National coordination forum meeting minutes, with endorsement of application, and including signatures**	ICC-EPI_19-01-18_16.45.20.pdf Minutes of ICC_January_22-01-18_15.06.50.doc
✓	**NITAG meeting minutes** with specific recommendations on the NVS introduction or campaign	NITAGFormation Report_10-09-18_19.31.40.pdf

Vaccine specific

✓	**Risk assessment report**	Report YF concensus meeting Ghana 17_11_10_16-01-18_22.32.17.doc

✓	**Consensus meeting report**	YF Consensus Meeting Report 25 07 2017_16-01-18_22.28.44.docx
✓	**Other documents (optional)**	Banking form_22-01-18_15.12.58.pdf YF Addendum to cMYP_22-01-18_15.17.22.docx High Risk Districts for Yellow Fever 2010_current_16-01-18_22.32.48.xls

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 8

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)					
Gavi support (US$)	1,047,500	1,189,580	1,196,365	1,203,569	1,211,090

MenA Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	224,218	286,962	326,583	382,329	447,596

Gavi support (US$)	695,000	741,500	711,493	674,477	628,349

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	2,207,362	3,554,460	4,236,130	4,868,577	5,633,565
Gavi support (US$)	6,558,500	9,193,000	7,447,136	6,807,515	6,116,156

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	431,760	816,432	937,827	1,084,829	1,255,609
Gavi support (US$)	1,250,000	1,986,500	1,851,934	1,721,251	1,568,167

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	1,009,071	1,528,538	1,758,960	2,035,084	2,354,985
Gavi support (US$)	2,721,500	3,379,500	3,155,890	2,909,748	2,621,028

Yellow fever preventive mass vaccination campaign

	2018	2019
Country Co-financing (US$)		
Gavi support (US$)		7,691,000

YF Routine

	2018	2019	2020	2021	2022
Country Co-financing (US$)	307,940	506,540	579,966	670,994	776,479

Gavi support (US$)	916,000	1,251,000	1,172,288	1,091,951	997,583

Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US$)	4,180,351	6,692,932	7,839,466	9,041,813	10,468,234
Total Gavi support (US$)	13,188,500	25,432,080	15,535,106	14,408,511	13,142,373
Total value (US$) (Gavi + Country co-financing)	17,368,851	32,125,012	23,374,572	23,450,324	23,610,607

New Vaccine Programme Support Requested

Yellow fever preventive mass vaccination campaign

	2018	2019
Country Co-financing (US$)		
Gavi support (US$)		

	2018	2019
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$)

	2018	2019	2020	2021	2022
Total country co-financing (US$)	4,180,351	6,692,932	7,839,466	9,041,813	10,468,234

Total Gavi support (US$)	13,188,500	25,432,080	15,535,106	14,408,511	13,142,373
Total value (US$) (Gavi + Country co-financing)	17,368,851	32,125,012	23,374,572	23,450,324	23,610,607

Contacts

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
Dr George Bonsu	National EPI Manager	+233 24 4332217	gybonsu@yahoo.com	
Fred OSEI-SARPONG	NPO-EPI	+233 24 4321631	foseisarpong@who.int	
Dr Kwame Amponsa-Achiano	New Vaccines Coordinator	+233 24 4767757	kaash8@yahoo.com	

Comments

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

The total cost of providing food, water and incidentals for each member of a vaccination team is about $6 per day of an average of 10 hours of vaccination activities. This constitute a major component of every immunization campaign. The Ministry of Health cannot deploy volunteers, vaccinators and team supervisors to the field and expect them to use their own money to cater for themselves, including incidentals.

Government signature form

The Government of Ghana 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:

Yellow fever preventive mass vaccination campaign

The Government of Ghana 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/about/market-shaping/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
Please enter the target age cohort as a whole number in either weeks, months or years and then select Week(s), Month(s) or Year(s) accordingly.

NOTE 5
Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

NOTE 6
A list of potential technical assistance activities in each programmatic area is available here: http://www.gavi.org/support/pef/targeted-country-assistance/

NOTE 7

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

NOTE 8

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.