APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by

The Government of Uganda

for

Yellow fever preventive mass vaccination campaign and Yellow Fever routine

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

Initial self-financing

Date of Partnership Framework Agreement with Gavi

28 June 2013

Country tier in Gavi's Partnership Engagement Framework

1

Date of Programme Capacity Assessment

March 2016

2.1.2 Country health and immunisation data

Please ensure your Country health and immunisation data is up to date. If not, please go to the Overall expenditures and financing for immunisation section of the portal to submit this information.

	2019	2020
Total government expenditure	2,467,033,269	
Total government health expenditure	1,459,684,355	
Immunisation budget	81,096,349	18,357,806

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

The government planning cycle starts on the

1 July

The current National Health Sector Plan (NHSP) is

From 2016

To 2020

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	2020
To	2025

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

The current Health Sector Development Plan is expiring in 2020. A new Health Sector Strategic Plan (HSDP) 2020/21-2024/25 is under development and will be shared as soon as it is ready. The introduction of Yellow Fever into the routine vaccination schedule is however planned in the National Development Plan (NDP) 2020/21-2024/25 and will be included in the HSDP 2020/21-2024/25

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.

Procurement of the Yellow Fever vaccine and supplies for PMVC will be done with the support of UNICEF in line with procedures followed on other routine vaccines from WHO qualified manufacturers,. This will follow usual agreed-upon procedures between the MoH, UNICEF and Gavi. Bundling guidelines will be adhered to during the procurement of vaccines, Injection devices and safety boxes.
1. Also, within two weeks before arrival of consignment, share copies of AWB, Commercial Invoice, Certificates of Analysis and Packing list
2. Vaccine should be WHO prequalified
3. At time of arrival of consignment, vaccine formulation and manufacturer should be licensed with NDA in Uganda

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 yellow fever vaccine has been in use in Uganda and is registered by the National Drug Authority (NDA). Brands prequalified by the WHO and Registered by the NDA will be considered. Currently, Uganda is using a 10 dose vial YF vaccine procured from Sanofi Pasteur/France for vaccinating travellers. For outbreak response, the country receives YF vaccine from the international stockpile through ICG.
Any additional information and their contact visit website www.nda.or.ug

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

HPV Routine

Note 2

	2020	2021	2022	2023	2024
Country Co-financing (US$)	251,407	506,305	525,701	290,200	303,855
Gavi support (US$)	5,522,229	11,060,837	10,862,437	5,721,387	5,990,605

IPV Routine

	2020	2021	2022
Country Co-financing (US$)			
Gavi support (US$)	3,879,493	3,962,139	4,045,119

MR Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	1,150,244	962,703	997,562	1,033,020	1,069,006
Gavi support (US$)	1,477,171	1,236,326	1,281,093	1,326,628	1,372,843

PCV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	715,997	1,940,070	1,990,355	798,236	824,381

Gavi support (US$)	9,346,537	26,862,271	27,550,742	10,420,077	10,761,369

Pentavalent Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	715,997	747,030	772,434	798,236	824,381
Gavi support (US$)	1,976,266	2,061,921	2,132,042	2,203,259	2,275,423

Rota Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	465,228	485,163	501,477	518,041	534,821
Gavi support (US$)	4,926,593	5,137,698	5,310,458	5,485,871	5,663,565

Summary of active Vaccine Programmes

	2020	2021	2022	2023	2024
Total country co-financing (US$)	3,298,873	4,641,271	4,787,529	3,437,733	3,556,444
Total Gavi support (US$)	27,128,289	50,321,192	51,181,891	25,157,222	26,063,805
Total value (US$) (Gavi + Country co-financing)	30,427,162	54,962,463	55,969,420	28,594,955	29,620,249

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).

Uganda equity assessment was conducted in 2016 and identified 36 districts with immunization inequities. The Ministry of Health and Health Partners supported the districts with interventions to address identified immunisation gaps. Immunisation coverage was affected by inequities in the districts and these were the focus for mitigation through updated micro plans with inequities, engagement of communities in the districts to create awareness and demand, coordination meeting and financial support to implement micro plans. Some of the findings affecting immunisation included: urban poor settlements, migrants, ethnic minorities, some religious sects especially muslims, Bisaka sect and triple 6, upcoming town settlements, fishing communities, Refugee communities, remote rural, Island and mountainous communities.
The immunisation coverage of majority of the districts (31) supported technically and financially improved in performance. However, some 5 districts who missed out on some quarterly funding due to accountability issues had some decline in performance.

Lessons learnt:
i. Good practices:
- Regular communication and feedback by the District Health Officer (DHO) to all HFs on immunisation performance created improvement in immunisation.
- The DHT conducted regular quarterly support supervision to all the health facilities for corrective action and guidance on next quarter plans greatly contributed to improved performance.
- Involvement of political leaders especially by MPs, LCV, LCI to advocate and mobilise for immunisation services generated great awareness and demand for immunisation.
ii. Identified challenges
- Inadequate investment in community mobilization and supervision due to limited PHC funding.
- Lack of adequate transport and funding for outreache activities.
- Lack of transparency on EPI funds by the in charges.
- Lack of regular refresher training in EPI to improve practice and attitude.
- Episodes of vaccine stock outs in Health Facilities.
iii. Agreed on tasks to implement in the districts
- All health facilities to display the allocated PHC funds expenditure for transparency and accountability.
- Districts to start using EPI indicators for the yearly performance appraisal.
- Conduct regular EPI review meetings to inform areas of support.
- ADHO to use the radio free airtime for EPI provided to political and administrative leaders.
- Use integration with other health programs such as transport to deliver EPI services.
In 2018 UNEPI with partners conducted another program coverage and equity analysis to assess progress and identify districts for prioritization. A total of 22 districts were identified with inequities, Apac, Bududa, Bukomansimbi, Bulambuli, Bushenyi, Dokolo, Kaliro, Kampala, Kitgum, Kyotera, Mayuge, Mbarara, Mitooma, Ntungamo, Nwoya, Pallisa, Rubirizi, Sheema, Tororo, Wakiso, Iganga and Amudat districts (Figure below). The 22 districts contributed 85,516/ 267,237 (32%) unimmunized children with measles; and 66,632/154,958 (43%) unimmunized DPT3 children. Among these were 5 districts (Kampala, Wakiso, Iganga, Amudat and Sheema) from the previous 36 still had persisting inequities.
To ensure improvement in immunization coverage, four RED/REC consultants were hired to provide technical assistance. Using the lessons learnt and good practices from the previous experience, the 22 districts were supported in RED/REC microplanning; cold chain and vaccines and logistics management; capacity building of mid-level managers and operational level health workers in practices that increase reach and overall delivery of quality EPI services as well as following up on surveillance activities.

Results of support to the 22 districts with inequities
i.Prior to the intervention districts were not updating the micro plans regularly and not implementing equity focused microplanning. Support provided enabled all the 22 districts to update the micro plans. The district micro plans were informed by Health Facility micro plans with clearly mapped areas of inequity, communities mapped to immunisation points and the developed micro plans were implemented to contribute to immunisation coverage improvement
ii. Cold chain and vaccine management were strengthened with all District Vaccine Stores and health facilities with fridges assessed followed by on job training.
iii.Comparing DPT3 coverage for the 22 districts identified with inequities in 2018 and 2019, a total of 13 districts had achieved 67%-<80%, 5 districts 80%-≤90% and 4 districts ≥ 90% in 2018. Due to support provided to the districts, improvement was registered with 6 districts achieving 67%-<80%,10 districts 80%-≤90% and 6 districts ≥ 90%
iv. The support has registered improved immunisation coverage in the 22 districts with 16 (73%) districts achieving DPT3 coverage above 80 percent and a reduction in numbers of

unimmunised by 16% in the districts.
Lessons learned
i) Districts who included the RED/REC micro plans budgets in the district annual health budget work plan easily access funding, optimally utilize available funds including external funding from partners for immunisation
ii) Inequities exist in the communities but are easily missed if districts are not mentored and supervised to institutionalize it in REC micro planning and implementation
iii) In mountainous district mobilization of the community is best done using megaphones due to poor radio network
iv) Established good relationship and coordination with non-health stakeholder improves immunisation service delivery
v) Revolving monthly EPI in-charges meetings help in problem sharing and solution finding
vi) Annual review meetings of district performance with the immunisation focal persons and DHOs greatly improves immunisation coverage and implementation of micro plans
Interventions that may be required to sustain coverages
i) Annual coverage and Equity analysis are required to guide program implementation focus.
ii) Onsite mentorships with focus on health facilities with high numbers of un immunised and under immunised children
iii) Regular Technical support supervision, monitoring and ensuring micro plan are updated and implemented
iv) Supplementary funding to bridge PHC funding sustain immunisation coverage
v) Financial support for community mobilisation and creation of demand for immunisation services
vi) Engagement of private and NGO health facilities through training and supportive supervision and reporting
Gender-related barriers: any specific issues related to access by women to the health system;
Data from the Uganda Demographic and Health Survey (UDHS) of 2006 shows that level of education may affect access to health services by women with subsequent low vaccination to children. Analysis shows that children whose mothers had at least primary education increased the probability of being fully immunized by 8-14% ($p<0.05$) compared to the counterparts with no education. Children whose mothers had at least secondary education were 6-7% ($p<0.05$) more likely to receive the three doses of DPT and polio vaccines compared to the counterparts having mothers with no education. Children whose mothers had at least primary education were 7-11% ($p<0.01$) more likely to be vaccinated against polio compared to the counterparts having mothers with no education.
Also, findings reveal the importance of the type of occupation of parents of the child. Children whose mothers were in agriculture and blue-collar jobs reduced the probability of receiving the 3 doses of DPT by 8% ($p<0.05$) and 5% ($p<0.1$) respectively compared to the counterparts whose mothers had white-collar jobs. Similarly, children whose fathers were in agriculture and blue-collar jobs reduced the probability of being fully immunized and immunized against measles by 8-10% ($p<0.01$) and 11-15% ($p<0.01$) respectively compared to the counterparts whose fathers had white-collar jobs
Data quality and availability;
One of the main challenges in achieving and maintaining high vaccination coverage is the lack of reliable and relevant data to be used for evidence-based planning and decision-making throughout the health system. Only data can transparently show the root causes of quality of vaccination and other health services. The lack of attention to the quality of care is rooted in the problem that quality can be difficult to measure. Current measures used depend mostly on women's/household reports (surveys) of care received, and with some caution from the routine health system data obtained directly from health services. As we are aware that the whereas surveys provide a broader perspective of the situation at population level with emphasis on

equity, they have some limitations of frequency and unavailability of information at lower levels to direct quicker and focussed interventions.
In 2013 and 2018, UNEPI, DHI together with Uganda's Health Development Partners (HDPs) and other stakeholders conducted a Data Quality Self-Assessment (DQSA) which majorly focused on issues that affect the quality of the EPI data generated through HMIS. The following observations were made at that time;
a) Limited use of empirical evidence from EPI data in decision making at the points of data generation and beyond.
b) Lack of updated data collection tools and monitoring charts which was undermining the completeness and reliability of data.
c) Lack of reliable denominators for calculating EPI coverage indicators especially at lower levels.
d) Inadequate surveillance of VPD and weak EPI performance monitoring at all levels of the health system.
e) Poor quality data due to miscounting, tallying, recording, transcribing and lack of verification at data entry point.
f) Poor data management processes at district level leading to problems with completeness, timeliness, and accuracy of data and reports.
g) Systemic issues like guidelines and operational manuals not shared across all levels or at least not being used; the roles and responsibilities of M&E officers at each level not specified
h) Parallel system through self-designed reporting tools.
i) Understaffing at all levels (health facility, district, and national).
j) Limited capacity building opportunities and lack of formal training needs assessment for data staff.
Parallel systems by Implementing Partners that take over the lead from MoH and or DHOs.
Demand generation / demand for immunisation services, immunisation schedules, etc;
The 2016 coverage and equity assessment conducted by Ministry of Health with support from immunisation partners, identified factors that impact demand for immunisation services and immunisation performance. The assessment found that 36 of Uganda's 116 districts contained important immunization inequities and that these districts also contained 53% of the total under-immunized children in Uganda. The Eastern region contained the largest number, at 32%, followed by Central at 30%, (with South West at 21% and Northern at 17%). Key factors effecting low coverage and equity in districts included: inadequate social community mobilization, due to low Village Health Team (VHT) involvement; socio-economic factors, including certain religious beliefs, individual's distance from health facilities, and low education levels of mothers. Wider system factors identified included: inadequate gas supplies for health facilities, irregular service and repair of faulty fridges in districts, lack of spare parts for faulty fridges both at district and national level; the creation of new sub-counties/districts with few/inadequate health facilities; health staff absenteeism, and the non-distribution of vaccines to sub-district levels by District Health Teams (DHTs) causing vaccine shortages. During this assessment, the underserved communities identified were: urban poor settlements, migrants, ethnic minorities, some religious sects (especially Muslims, Bisaka sect and triple 6), upcoming town settlements, fishing communities, refugee communities, remote rural, island and mountainous communities. The recommendations following the assessment included: better facilitation of VHT to support community mobilization, children registration and defaulter tracking; increasing dialogue with religious leaders and communities holding negative views on immunization; increasing outreaches in under-served areas and to high risk communities; carrying out micro planning at facility level and ensuring planned activities are actually implemented, through regular supervision and monitoring by DHTs; conducting targeted equity assessments in each of the 36 districts identified with immunization inequities, using an equity assessment tool18tailored to Uganda's specific context. The equity assessment tool for

identifying high risk communities has been incorporated into health facility micro planning tool.
Planning & Budgeting- To ensure sustainable financing for immunization, the GoU has the following key documents in place: National Health Financing Framework, Health Financing Strategy 2015/16 to 2024/25, and Resource mobilization framework, cMYP 2016-2020, Annual Work Plans and the Grant performance framework.
The funding from Partners and activities in cMYP and Annual work plans are captured in National health budgets. Except for Gavi funding channeled directly through partners including funding for non-traditional vaccines. However, there is need for Government to have a wholistic picture of the total funding needed to sustain the immunization program post Gavi support.
Budgeting – The Gavi Project budgeting and planning cycle for HSS 2 is aligned to the GoU financial reporting cycle of 1 Jul to 30 Jun. However, the lack of timely and accurate data on sub national statistics (Schools, administrative units, general population, refugees, etc) is negatively affecting forecasting and planning. There is need for MoH to work closely with other government departments like Bureau of statistics, Ministry of Local Governments and Ministry of Education to have updated planning statistics at any one time.
Disbursement of funds to districts – There was a one and half year's delay from the receipt of the Decision Letter for HSS 2 and the first Disbursement of funds from Gavi due to protracted negotiations between GoU and Gavi on the funding modalities. In addition, disbursements and execution of funds is affected by the following;
• Delayed access to funds by Local Governments from the consolidated district accounts (Treasury Single Accounts) due to: lack or inadequate budget limits or diversion of funds to other activities;
• Non-compliance with financial management guidelines issued to Local Governments.
• High staff attrition due to transfers and separations at Local Government Level leading to financial management capacity gaps.
• Delayed submission of accountability documents and reports by Local Governments.

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	cMYP Costing tool_UG__To Update Feb 2018_16-01-18_17.52.48.xlsx UGcMYP 20162020_Finalrev31_15-05-20_18.30.39.pdf
✓	**Country strategic multi-year plan / cMYP costing tool**	cMYP Costing tool_UG__To Update Feb 2018_16-01-18_17.01.51.xlsx
✓	**Effective Vaccine Management (EVM) assessment**	Uganda EVMA 2018 Report_15-05-20_18.26.45.doc UG_EVMA_Final_15-01-18_20.47.01.pdf
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	Uganda EVMA Improvement plan_NVS,LD and SP_Progress Update_15-01-18_20.49.52.xls
✓	**Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators**	UDHS 2016_18-01-18_18.56.58.pdf UgandaDHS2016KIR_15-05-20_18.32.39.pdf
✓	**Data quality and survey documents: Immunisation data quality improvement plan**	EPI Multiyear Data Quality Plan 20192023 submission final20 June 2019_15-05-20_18.33.59.pdf Data Quality Improvement Plan 13.10.2017_15-01-18_20.53.23.xlsx

✓	**Data quality and survey documents: Report from most recent desk review of immunisation data quality**	Data Quality Improvement Teams_14AUG2017_16-01-18_16.38.15.docx Uganda Performance analysis and Desk review Report17042020_15-05-20_18.35.05.pdf
✓	**Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation**	UDHS 2016_16-01-18_17.13.41.pdf UgandaDataReview_15-05-20_18.35.36.pdf
✓	**Human Resources pay scale** If support to the payment of salaries, salary top ups, incentives and other allowances is requested	Salary structure 2017 20180001-4_16-01-18_16.14.14.pdf

Coordination and advisory groups documents

✓	**National Coordination Forum Terms of Reference** ICC, HSCC or equivalent	UNICC ToR_FINAL November 2017_16-01-18_18.15.54.docx
✓	**National Coordination Forum meeting minutes of the past 12 months**	HPAC MINUTES_16-01-18_17.52.59.zip

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.

HEALTH SECTOR INTEGRATED REFUGEE RESPONSE PLAN FOR UGANDA_09-10-20_12.19.53.pdf

Timelinescmyp09Oct2020_09-10-20_12.18.58.docx

MAPPING OF PASSIVE CARRIERSIRC_22-09-20_17.33.21.xlsx

Human_Resource_for_Health ANNUAL PERFORMANCE REPORT2016_2017_16-01-18_17.07.49.docx

3.1 Yellow fever preventive mass vaccination campaign

3.1.1 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, Lyophilised
Is the presentation licensed or registered?	Yes ☒ No ☐
2nd preferred presentation	YF, 20 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	1 August 2022
Planned launch date	3 October 2022

Support requested until	2024

3.1.1.2 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. The vaccine to be used is already registered in Uganda.

3.1.1.3 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.

3.1.2 Target Information

3.1.2.1 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	9	weeks ☐	months ☒	years ☐
To	60	weeks ☐	months ☐	years ☒

	2022	2023	2024
Population in target age cohort (#)	15,055,107	13,170,504	13,613,499
Target population to be vaccinated (first dose) (#)	15,055,107	13,170,504	13,613,499
Estimated wastage rates for preferred presentation (%)	10	10	10

3.1.3 Co-financing information

3.1.3.1 Vaccine and commodities prices

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

	2022	2023	2024
10 doses/vial,lyo	1.18	1.18	1.18

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

	2022	2023	2024
AD syringes	0.036	0.036	0.036
Reconstitution syringes	0.004	0.004	0.004
Safety boxes	0.005	0.005	0.005
Freight cost as a % of device value	4.49	4.49	4.49

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

Yellow fever preventive mass vaccination campaign

	2022	2023	2024
Vaccine doses financed by Gavi (#)	16,711,200	14,619,300	15,111,000
AD syringes financed by Gavi (#)	16,560,700	14,487,600	14,974,900

Reconstitution syringes financed by Gavi (#)			
Safety boxes financed by Gavi (#)	182,175	159,375	164,725
Freight charges financed by Gavi ($)	925,572	809,709	836,943

	2022	2023	2024
Total value to be financed (US$) Gavi	21,326,500	18,657,000	19,284,500
Total value to be financed (US$)	21,326,500	18,657,000	19,284,500

3.1.4 Financial support from Gavi

3.1.4.1 Campaign operational costs support grant(s)

Yellow fever preventive mass vaccination campaign

Population in the target age cohort (#)

Note 5

15,055,107

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

0.65

Total in (US$)

9,785,819.55

Funding needed in country by: 9 May 2022

3.1.4.2 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$)

0

Total amount - Other donors (US$)

0

Total amount - Gavi support (US$)

0

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

0.65

Amount per target person - Other donors (US$)

0

Amount per target person - Gavi support (US$)

0.65

3.1.4.3 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 operational funds will be used to support the following activities so that a high quality campaign is implemented i) micro planning at national, regional, district and sub county level ii) coordination meetings at national, regional and district level with sub committees for core areas such as logistics management, training etc that will feed into the higher level coordination/steering committees iii) communication and social mobilization activities at national and district level including a national launch iv) training of health workers right from the national

level in a cascade manner to the sub county level where health workers and mobilizers will receive knowledge and skills about the YF PMVC v) facilitation of the vaccination teams during the actual exercise of administering the vaccine vi) AEFI monitoring and real time investigation vii) data management through command centres so that real time data is received at all levels viii) post vaccination coverage survey

3.1.4.4 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.

In Uganda, the Ministry of Health adheres to the financial reporting and audit requirements that are stated in the Gavi Aide Memoire/Financial management requirements. MoH manages all the grant funds according to approved budgets in a transparent and accountable manner with financial records and accounts meeting the requirements of GAAP and IFRS. MoH has instituted external audits for the smooth management of grants in addition to internal audits.

In Uganda, the Ministry of Health adheres to the financial reporting and audit requirements that are stated in the Gavi Aide Memoire/Financial management requirements. MoH manages all the grant funds according to approved budgets in a transparent and accountable manner with financial records and accounts meeting the requirements of GAAP and IFRS. MoH has instituted external audits for the smooth management of grants in addition to internal audits.

3.1.4.5 Compliance with guidelines for use of Gavi financial support for human resources (HR) costs

Does the submitted application and budget comply with existing guidelines, criteria and requirements for use of Gavi financial support for human resources (HR) costs?

Yes☒ No☐

Please provide further information and justification concerning human resources costs, particularly when issues and challenges have been raised regarding the compliance with Gavi guidelines.

The current rates being used in the government to cater for per diem and safari day allowances have been used to estimate the budget requirements for the campaign. The guidelines are attached for reference.

3.1.4.6 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.

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

The funds will be transferred to the government and banking form has been attached

3.1.4.7 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 7

TA will be required at national level during the planning and implementation phase.; coordination and implementation grant, planning and implementation of data and surveillance activities, social mobilization component, cold chain and vaccine logistics management and service delivery

3.1.5 Strategic considerations

3.1.5.1 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.

The campaign plan of action which is attached on this application section 1.3.1 has a detailed justification why a yellow fever Preventative Mass Vaccination should be conducted. The key rational is Uganda has been repeatedly affected by yellow fever epidemics in the past years (1942-2020) and is classified as Yellow Fever Endemic high-risk country. More information will be found in the section mentioned.

3.1.5.2 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 clearly stipulates the importance of having a YF PMVC. However the country is currently in a process of developing a new cMYP 2021 - 2025 that will be aligned with the National Health Sector Development Plan will clearly articulate the different phases of the PMVC that will be conducted over a period of three years.

3.1.5.3 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 was presented with the proposal in order to provide effective and financial oversight over immunization in Uganda; specifically their mandate was to provide strategic guidance and oversight of immunization performance to ensure sustainable coverage and equity of immunization services, and compliance with Immunization Act 2017 ii) To provide strategic oversight and guidance over immunization funds to ensure transparency and accountability to all stakeholders iii) To mobilize financial resources for immunization activities to improve sustainability of resources for immunization iv) To enhance the profile of immunization. The NITAG was contacted in 2017 to provide a vaccine prioritization framework to introduce vaccines into the routine immunization program and in their final vaccine prioritization report recommended that YF vaccine should be introduced into routine immunization program as priority number 3 following switch from TT to Td and introduction of MR vaccine that have all been achieved.

3.1.5.4 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 Uganda is fully committed to its co-financing obligations and has never defaulted for the last 3 years. The financial implication is that GOU will have to increase its domestic resource allocation to meet the co-financing obligation for the new vaccine. GOU has demonstrated progressive commitment to co-financing obligations in the past and there is confidence that the GOU will meet the co-financing obligations for the YF vaccine. Regarding the transition, discussions are currently under way and some actions have been put in place to account for the transition and these include: An increase of over 100% in GOU's financial contribution to traditional vaccines, Development of a sustainability plan for the Expanded Program on Immunization and Passing of the immunization Act which proposes the establishment of an immunization fund. The immunization fund however has not yet been operationalized.

3.1.5.5 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.

Disparity in immunization coverage and dropouts in some regions due to many reasons, including, remote hard to reach locations, and underserved areas: Institutionalization of Coverage and Equity in microplanning and implementation has helped to overcome the disparity.
- Human resource challenges and lack of adequate operational health facility community micro plans: The health sector staffing has improved slightly in 2018/19 to 76%, the health worker population ratio improved from 1.85/1000 (2018) to 1.87/1000 population (2019) though still below the WHO ratio of 2.5% per 1000 population. The Government is still committed to recruiting of the much needed health cadres. Recurrent training, supervision and mentorship remains crucial in building capacity in planning and implementation odf immunisation services.
- Denominator issues worsened by refugee and migrant populations: Delivery of Immunisation services are focused on equitable immunisation service delivery through target population registration and mapping to inform effective and efficient immunisation sessions. A strong collaboration between Office of the prime minster, UNHCR and MoH exists in planning and health service implementation to ensure equitable service delivery.
- Ramp down of polio program, resulting in reduction of budget and staff: The Government and health partners are bridging the essential staffing where gaps are identified, with Government mobilising resources to continuously improve the human resource staffing.
- Creation of demand and Awareness for immunisation is inadequate: Through training of village health teams, advocacy with community leaders and engagement of the private sector stakeholders this has contributed in improved service provision.
- UNEPI and partners have been conducting leadership, management and coordination trainings and orientation. Though not yet country wide, impressive results in improving immunisation coverage in areas of implementation have been registered. This is an area that requires enhancement to sustain immunisation coverage.

3.1.5.6 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 how the proposed activities and budget will contribute to overcoming key barriers.

UNEPI and health partners are using immunisation equity analysis to inform planning of targeted interventions to reach the underserved and missed out target populations. In 2018 such analysis indicated 22 districts had inequities and these have been supported in 2019/2020. Similar interventions are continuing and will be used in the implementation of the YF new vaccine introduction. Among the plans include:
• Mobile units will visit hard to reach areas (mobile communities/nomads)
• Special mobilization, including door to door social mobilization and outreach activities will be conducted in urban slums
• Special border posts will be established
• Door to door strategy will be used for identified hard to reach communities.
• Funds will be allocated for districts with inequities (hard to reach) to ensure every child is reached
• Lessons learned from MR national campaign and MR new vaccine introduction will be used to plan and implement appropriately

3.1.5.7 Synergies

Describe potential synergies across planned and existing Gavi support, including planned introductions, campaigns and HSS support. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions. Furthermore, how is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and GFF?

Note 8

The Yellow Fever VIG and Campaign will be executed and coordinated by the EPI Program (UNEPI) which is also responsible for implementation of the; HSSII, PBF, C&E and CCEOP Grants. The Yellow fever program will benefit from the existing; skills, resources, experience and systems of the EPI program developed through implementing various immunisation programs. The Program has built strong systems in; Program management and service delivery, M&E and data management, procurement and supply chain management, cold chain management, training & capacity building and financial management. The Program therefore has capacity and appropriate systems to handle multiple vaccine introductions and SIAs.

The Uganda National Expanded Programme for Immunization (UNEPI) is located within the Department of National Communicable Disease Control within the Directorate of Clinical and Community Services and headed by an Assistant Commissioner of Health Services (EPI Manager). Coordination of the Program activities will be done using existing functional health structures for; Governance and coordination. The program is also supported by the PDU and the Accounts Division. This will enable the participation of key stakeholders at central and Subnational level in the; planning, implementation and monitoring of the Program.

Oversight role for Gavi grants is currently being executed by the TCC and ICC. Composition of the TCC and ICC considered abroad range of key stakeholders including internal MoH staff, representation from development partners, MoFPED, MOES, MoLG and Civil Society. The HPAC supported by technical working groups provides overall health sector guidance and oversight.

Gavi grants are captured in National and Local Government budgets in line with the; NDP, HSD and Local Government work plans. The Program coordinates the development a Multi-year plan (cMYP) to guide; resource allocation and funding, implementation of activities, and investment decisions in the immunization programme of the Uganda Government and its development partners over the next 5 years. On an annual basis, detailed activities will be elaborated in the annual plan which will be extractions from the cMYP.

Gavi grants are managed using the official GoU financial management system (IFMIS) at central and Local Government Level. The IFMIS system has inbuilt; accounting, administrative and budget controls that safe guard program funds from misuse. The program is audited by the Office of the Auditor General and Internal Auditor General. Gavi has also appointed a Fiduciary Management Agent to provide hands on fiduciary assurance and capacity building to the Program.

3.1.5.8 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.

3.1.6 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.

3.1.7 Upload new application documents

3.1.7.1 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**	YF PMVC plan Final091020_09-10-20_12.37.12.doc YF PMVC plan Final22092010.36.42 002 revised_25-09-20_18.37.50.doc YF PMVC plan_Final_15-05-20_10.36.42.doc

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**	PMVC Budgeting and Planning Template Campaign 14.05.2020_14-05-20_17.29.34.xls UGA YFBudgeting and Planning Template PMVC 23 Sept 2020_25-09-20_18.40.09.xlsm UGA PMVCYFBudgeting and Planning TemplateF_09-10-20_16.31.18.xlsm
✓	**Most recent assessment of burden of relevant disease** If not already included in detail in the Introduction Plan or Plan of Action.	REPORT OF YELLOW FEVER RISK ASSESSMENT IN UGANDA 2012_14-05-20_13.11.29.doc
✓	**Sources and justification of campaign target population estimates (if applicable)**	PopulationProjections20182030_14-05-20_13.14.34.xls

Endorsement by coordination and advisory groups

✓	**National coordination forum meeting minutes, with endorsement of application, and including signatures**	Minutes TCC_14-05-20_17.34.59.pdf
✓	**NITAG meeting minutes**	UNITAG Prioritisation Report 2017_14-05-20_10.30.02.pdf

with specific recommendations on the NVS introduction or campaign

Vaccine specific

✓	**Risk assessment report**	Subnational Risk AssessmentUganda30 April 2020_14-05-20_10.40.45.pdf
✓	**Consensus meeting report**	Meeting Report for_Kick Starting_Elminate Yellow Fever Epidermics EYE Strategy in Abuja Nigeria10th12th_April 2018_14-05-20_18.24.20.pdf
✓	**Other documents (optional)**	EVMAOctober 2018Improvement PlanOctober 2020Submitted_09-10-20_21.46.27.xls EVMAOctober 2018Improvement PlanvDecember 2019_14-05-20_13.17.11.xls UGAResubmissionYF introPMVC appGavi CT Prescreening feedback7 Oct20 002_09-10-20_16.34.25.docx Response to comments raised by the Independent Review Committee 22092020_25-09-20_18.58.46.docx INVENTORY OF INCINERATORS 1_25-09-20_18.49.13.xlsx MAPPING OF PASSIVE CARRIERSIRC_22-09-20_19.02.36.xlsx INVENTORY OF INCINERATORS1_22-09-20_19.01.12.xlsx

3.2 Yellow Fever routine

3.2.1 Vaccine and programmatic data

Choice of presentation and dates

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

Note 9

Yellow Fever routine

Preferred presentation	YF, 20 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☒ No ☐
2nd preferred presentation	YF, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	2 August 2021
Planned launch date	4 October 2021
Support requested until	2021

3.2.1.2 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.

The yellow fever vaccine has been in use in Uganda and is registered by the National Drug Authority(NDA). Brands prequalified by the WHO and Registered by the NDA will be considered. Currently, Uganda is using a 10 dose vial YF vaccine procured from Sanofi Pasteur/France for vaccinating travellers. For outbreak response, the country receives YF vaccine from the international stockpile through ICG.

3.2.1.3 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.

3.2.2 Target Information

3.2.2.1 Targets for routine vaccination

Please describe the target age cohort for the Yellow Fever routine immunisation:

Note 10

9 weeks ☐ months ☒ years ☐

	2021
Population in the target age cohort (#)	1,608,932
Target population to be vaccinated (first dose) (#)	1,448,039
Estimated wastage rates for preferred presentation (%)	40

3.2.3 Co-financing information

3.2.3.1 Vaccine and commodities prices

Price per dose (US$) - Yellow Fever routine

2021

20 doses/vial,lyo	0.89

Commodities Price (US$) - Yellow Fever routine (applies only to preferred presentation)

	2021
AD syringes	0.036
Reconstitution syringes	0.002
Safety boxes	0.005
Freight cost as a % of device value	1.12

3.2.3.2 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.
Please note that the values represented in this table do not account for any switches in co-financing group. The calculations for the entire five year period are based on the countries co-financing group in the first year.

Note 11

	2021
Country co-financing share per dose (%)	22.47
Minimum Country co-financing per dose (US$)	0.2
Country co-financing per dose (enter an amount equal or above minimum)(US$)	0.2

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

Yellow Fever routine

	2021
Vaccine doses financed by Gavi (#)	2,343,500
Vaccine doses co-financed by Country (#)	679,300

AD syringes financed by Gavi (#)	2,257,900
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	24,850
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi ($)	7,205
Freight charges co-financed by Country ($)	2,089

	2021
Total value to be co-financed (US$) Country	605,000
Total value to be financed (US$) Gavi	2,188,000
Total value to be financed (US$)	2,793,000

3.2.3.4 Co-financing payment

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

The process Uganda takes for ensuring that co-financing payments for all supported vaccines are made in a timely manner will apply to yellow fever. MoH ensures this by planning for the co-

financing in the next financial year and esnures that the funds are front loaded to the first two quarters of the financial year

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.

NA

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:	December

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

Month	December
Year	2021

3.2.4 Financial support from Gavi

3.2.4.1 Routine Vaccine Introduction Grant(s)

Yellow Fever routine

Live births (year of introduction)

1,608,932

Gavi contribution per live birth (US$)

0.8

Total in (US$)

1,287,145.6

Funding needed in country by: 1 March 2021

3.2.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during 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$)

321786.4

Total amount - Other donors (US$)

265941.6

Total amount - Gavi support (US$)

1287146

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

0.2

Amount per target person - Other donors (US$)

0.165292305

Amount per target person - Gavi support (US$)

0.8

3.2.4.3 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 introduction grant and additional resources to be mobilized at the country level will support the following activities to ensure that there is a smooth introduction of yellow fever vaccine into the routine immunization program. These are coordination meetings at the national and district level, capacity building efforts focusing on training the health workers, provision of monitoring and supervision tools at operational level, social mobilization to inform the communities about the new vaccine to be introduced, supervision of the smooth introduction and monitoring of AEFIs.

3.2.4.4 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.

In Uganda, the Ministry of Health adheres to the financial reporting and audit requirements that are stated in the Gavi Aide Memoire/Financial management requirements. MoH manages all the grant funds according to approved budgets in a transparent and accountable manner with financial records and accounts meeting the requirements of GAAP and IFRS. MoH has instituted external audits for smooth management of grants in addition to internal audits.

3.2.4.5 Compliance with guidelines for use of Gavi financial support for human resources (HR) costs

Does the submitted application and budget comply with existing guidelines, criteria and requirements for use of Gavi financial support for human resources (HR) costs?

Yes☒ No☐

Please provide further information and justification concerning human resources costs, particularly when issues and challenges have been raised regarding the compliance with Gavi guidelines.

No issue raised

3.2.4.6 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.

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

Funds should be transferred to the government and banking form has been attached

3.2.4.7 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 13

No additional costs identified although routine TA support is included in other PEF. The Activities include:
1) Planning and developing the grant proposal
2) Coordination and implementation of the VIG grant
3) Planning and implementation of data and surveillance activities, social mobilization component, cold chain and vaccine logistics management and service delivery

3.2.5 Strategic considerations

3.2.5.1 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.

Uganda has repeatedly been affected by yellow fever epidemics in the past years (1942-2020) and is classified as a Yellow Fever Epidemic high risk country. WHO has identified Uganda among the Yellow Fever endemic countries. The national risk assessment conducted in the four

ecological zones by UVRI in 2012, showed presence of YF virus circulation. Based on the 2012 Yellow Fever risk assessment results, it was recommended that Yellow Fever immunization should be introduced in the routine EPI, establish a strong YF laboratory based surveillance system, and undertake a well-organized entomological survey and surveillance to understand the types of arbo-viruses vectors present and their distribution in the country. Yellow Fever preventive mass vaccination campaigns are crucial to rapidly raise immunity levels to 80% of the population coverage to stop outbreaks. The WHO position paper 2017 recommends that all endemic countries should introduce the YF vaccine into their routine immunization program and preventive mass vaccination campaigns should be conducted for inhabitants of areas at risk of YF where there is low vaccination coverage . According to the global as well as Regional EYE strategy, all countries at high risk for Yellow Fever should introduce YF new vaccine into routine immunization by 2019 and complete PMVC by 2026. Uganda is one of the 4 countries in Africa that has not yet introduced YF vaccination into routine immunization programs nor started PMVC. Evidence shows PMVC and routine YF vaccination have synergistic effects and maintain population immunity at high levels and stops yellow fever outbreaks. Also, preventive mass vaccination campaigns have an immediate great impact in reducing the risk of yellow fever outbreak. Based on the recent WHO yellow fever categorization, Uganda is categorized as a high risk yellow fever country and we shall need to implement both introduction and PMVC consecutively.

3.2.5.2 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 Yellow Fever new vaccine introduction plan is contained in the cMYP 2016-2020, this contributes and is aligned to the Health Sector Development Plan (HSDP) which focuses on Health promotion and Disease Prevention.

3.2.5.3 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 Ministry of health has good experience in introducing new vaccines and conducting SIAs. Established and functioning is the Uganda National Immunisation Technical Advisory Committee (UNITAG) is responsible for technical guidance to UNEPI through independent

policy analyses, determine optimal national immunization policies, guiding the ministry and the national immunization program on the formulation of strategies for the control of vaccine-preventable diseases through immunization and prioritized decision making for new vaccine introductions. Yellow Fever introduction was prioritized by UNITAG in 2017 as a priority for introduction. There is already an established national New Vaccine Introduction Coordination Committee (NVICC)/National EPI Task Force. The committee is active and has been operating for the preparation and introduction of HPV, IPV, Rota and of MCV2. All EPI partners are included in the committee such as UNICEF, WHO, Clinton Health Access Initiative (CHAI), CDC, USAID, and other EPI partners. The Committee, under the leadership of the Ministry of Health, is responsible to coordinate all activities of the new vaccine introduction process and SIAs and provides regular updates to the ICC. There are sub-working groups under the NVICC/TF: Monitoring and Planning, Logistics, and Communication, data management and surveillance with representation of technical experts from the different agencies and EPI partners. The NVICC/TF and the technical working groups, based on their TORs, are responsible for the detailed planning, implementation and monitoring of the specific components of the YF new vaccine introduction and PMVCs. The ICC and HSCC are responsible for coordinating and guiding the use of the Gavi NVI/PMVC support and implementation of activities.

3.2.5.4 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 country always secures the budget required for co-financing of vaccines and shares costs for NVI (0.2 USD/dose) and rarely defaults payments to Gavi. At times, there is delay in effecting the budget transfer for the procurement of vaccines in a timely manner. A factor for delay may arise due to the difference in the Fiscal year of the Country from the G.C. Additional funds might be required for operational costs as the Gavi supports only caters for 0.80/birth cohort which may not be adequate to render all activities. As usual the government and partners will cover costs for operational costs exceeding the GAVI new vaccine introduction grant limits for NVI.

3.2.5.5 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.

- Disparity in immunization coverage and dropouts in some regions due to many reasons, including, remote hard to reach locations, and underserved areas: Institutionalization of

Coverage and Equity in microplanning and implementation has helped to overcome the disparity.
- Human resource challenges and lack of adequate operational health facility community micro plans: The health sector staffing has improved slightly in 2018/19 to 76%, the health worker population ratio improved from 1.85/1000 (2018) to 1.87/1000 population (2019) though still below the WHO ratio of 2.5% per 1000 population. The Government is still committed to recruiting of the much needed health cadres. Recurrent training, supervision and mentorship remains crucial in building capacity in planning and implementation odf immunisation services.
- Denominator issues worsened by refugee and migrant populations: Delivery of Immunisation services are focused on equitable immunisation service delivery through target population registration and mapping to inform effective and efficient immunisation sessions. A strong collaboration between Office of the prime minster, UNHCR and MoH exists in planning and health service implementation to ensure equitable service delivery.
- Ramp down of polio program, resulting in reduction of budget and staff: The Government and health partners are bridging the essential staffing where gaps are identified, with Government mobilising resources to continuously improve the human resource staffing.
- Creation of demand and Awareness for immunisation is inadequate: Through training of village health teams, advocacy with community leaders and engagement of the private sector stakeholders this has contributed in improved service provision.
- UNEPI and partners have been conducting leadership, management and coordination trainings and orientation. Though not yet country wide, impressive results in improving immunisation coverage in areas of implementation have been registered. This is an area that requires enhancement to sustain immunisation coverage.

3.2.5.6 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 how the proposed activities and budget will contribute to overcoming key barriers.

UNEPI and health partners are using immunisation equity analysis to inform planning of targeted interventions to reach the underserved and missed out target populations. In 2018 such analysis indicated 22 districts had inequities and these have been supported in 2019/2020. Similar interventions are continuing and will be used in the implementation of the YF new vaccine introduction. Among the plans include:
• Mobile units will visit hard to reach areas (mobile communities/nomads)
• Special mobilization, including door to door social mobilization and outreach activities will be conducted in urban slums
• Special border posts will be established
• Door to door strategy will be used for identified hard to reach communities.
• Funds will be allocated for districts with inequities (hard to reach) to ensure every child is reached
• Lessons learned from MR national campaign and MR new vaccine introduction will be used to plan and implement appropriately

3.2.5.7 Synergies

Describe potential synergies across planned and existing Gavi support, including planned introductions, campaigns and HSS support. If relevant, comment on capacity

and appropriate systems to introduce multiple vaccines. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions. Furthermore, how is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and GFF?

Note 14

The success of the EYE strategy will be highly dependent on the engagement of countries and global actors to ensure availability of vaccines, political commitment, strong governance and monitoring, synergies with other programs and sectors, and research to support better tools and informed practices. The EYE strategy was scientifically validated by the Strategic Advisory Group of Experts on Immunization (SAGE) in October 2016 and approved by the GAVI Board in December 2016. The strategy will succeed by engaging countries and multidisciplinary partners, and by coordinating efforts well.

3.2.6 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.

3.2.7 Upload new application documents

3.2.7.1 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.	YF Introduction into RIFinal091020_09-10-20_16.39.45.doc YF Introduction into RIFinal14052013.39.011_25-09-20_18.53.22.doc YF Introduction into RIFinal_14-05-20_13.39.01.doc
✓	**Gavi budgeting and planning template**	UGAVIGYFBudgeting and Planning TemplateF_09-10-20_16.41.24.xlsm UGAVIGYFBudgeting and Planning Template1_25-09-20_18.55.58.xlsm VIGUGABudgeting and Planning Template YF 12.05.2020_13-05-20_22.33.14.xls
✓	**Most recent assessment of burden of relevant disease**	REPORT OF YELLOW FEVER RISK ASSESSMENT IN UGANDA 2012_14-05-20_11.17.34.doc

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

Endorsement by coordination and advisory groups

✓ **National coordination forum meeting minutes, with endorsement of application, and including signatures**

Signature for MOF and MOH_09-10-20_21.59.44.pdf

Minutes TCC_14-05-20_17.38.00.pdf

✓ **NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

UNITAG Prioritisation Report 2017_14-05-20_10.54.01.pdf

Vaccine specific

✓ **Risk assessment report**

Subnational Risk AssessmentUganda30 April 2020_14-05-20_10.52.25.pdf

✓ **Consensus meeting report**

Meeting Report for_Kick Starting_Elminate Yellow Fever Epidermics EYE Strategy in Abuja Nigeria10th12th_April 2018_14-05-20_17.54.17.pdf

✓ **Other documents (optional)**

Timelinescmyp09Oct2020_09-10-20_16.44.43.docx

UGcMYP 20162020_14-05-20_10.43.48.doc

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 15

HPV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	251,407	506,305	525,701	290,200	303,855
Gavi support (US$)	5,522,229	11,060,837	10,862,437	5,721,387	5,990,605

IPV Routine

	2020	2021	2022
Country Co-financing (US$)			
Gavi support (US$)	3,879,493	3,962,139	4,045,119

MR Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	1,150,244	962,703	997,562	1,033,020	1,069,006
Gavi support (US$)	1,477,171	1,236,326	1,281,093	1,326,628	1,372,843

PCV Routine

2020	2021	2022	2023	2024

Country Co-financing (US$)	715,997	1,940,070	1,990,355	798,236	824,381
Gavi support (US$)	9,346,537	26,862,271	27,550,742	10,420,077	10,761,369

Pentavalent Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	715,997	747,030	772,434	798,236	824,381
Gavi support (US$)	1,976,266	2,061,921	2,132,042	2,203,259	2,275,423

Rota Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	465,228	485,163	501,477	518,041	534,821
Gavi support (US$)	4,926,593	5,137,698	5,310,458	5,485,871	5,663,565

Total Active Vaccine Programmes

	2020	2021	2022	2023	2024
Total country co-financing (US$)	3,298,873	4,641,271	4,787,529	3,437,733	3,556,444
Total Gavi support (US$)	27,128,289	50,321,192	51,181,891	25,157,222	26,063,805
Total value (US$) (Gavi + Country co-financing)	30,427,162	54,962,463	55,969,420	28,594,955	29,620,249

New Vaccine Programme Support Requested

Yellow fever routine

2021

Country Co-financing (US$)	605,000
Gavi support (US$)	2,188,000

Yellow fever preventive mass vaccination campaign

	2022	2023	2024
Country Co-financing (US$)			
Gavi support (US$)	21,326,500	18,657,000	19,284,500

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$)

	2020	2021	2022	2023	2024
Total country co-financing (US$)	3,298,873	5,246,271	4,787,529	3,437,733	3,556,444
Total Gavi support (US$)	27,128,289	52,509,192	72,508,391	43,814,222	45,348,305
Total value (US$) (Gavi + Country co-financing)	30,427,162	57,755,463	77,295,920	47,251,955	48,904,749

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. Driwale Alfred	Assistant Commissioner -	+256772515222	driwalealfred2019@gmail.com	Ministry of Health; Uganda

	Vaccines and Immunization Division (Programme Manager)

Comments

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

No Major Comment

Government signature form

The Government of Uganda 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 and Yellow Fever routine

The Government of Uganda 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
https://www.gavi.org/support/process/apply/additional-guidance/#leadership

NOTE 7

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

NOTE 8

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

NOTE 9

* 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 10

* 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 11

Co-financing requirements are specified in the guidelines.

NOTE 12

https://www.gavi.org/support/process/apply/additional-guidance/#leadership

NOTE 13

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

NOTE 14

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

NOTE 15

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.