**Request Form**

**Adjustments to support HPV programme**

*The completed request, together with supporting documents and endorsements must be submitted to Gavi by e-mail to* [*proposals@gavi.org*](mailto:proposals@gavi.org)*, copying the Senior Country Manager, and will be subject to review.*

*Please refer to the* [*Gavi Vaccine Funding Guidelines*](https://www.gavi.org/news/document-library/gavi-vaccine-funding-guidelines) *and* [*Gavi Programme Funding Guidelines*](https://www.gavi.org/news/document-library/gavi-programme-funding-guidelines) *for guidance on Gavi support towards HPV programmes.*

SECTION 1. COUNTRY INFORMATIONS & GRANT TYPE

|  |  |
| --- | --- |
| Country |  |
| Contact details of the country focal point for this request | Name:  Position:  Email:  Telephone: |

Please indicate which funding options are being requested (*tick all that apply*).

**□ Ops/MAC adjustment**

**□ HPV Schedule switch**

**□ HSS top-up**

SECTION: Common ASPECTS for all types of requests

Rationale and brief description of the requested programme amendment

Pleaseprovide a brief explanation of the rationale for all the funding requests and adjustments selected above, (i.e., Ops/MAC adjustment, schedule switch, and/or HSS top-up funds).

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Changes to country and programme context

Briefly outline the country’s current HPV programme context relevant for the specific request(s) selected (Ops/MAC adjustment, schedule switch, and/or HSS top-up). Please include information on the following (detailed descriptions and plans may be provided in the annexes):

*(maximum 1000 words)*

* HPV vaccination programme activities and delivery strategies to date.
* HPV vaccination coverage by age for 2021 and 2022, including numerators and denominators and data sources for each.
* Changes in country context since introduction (country situation, epidemiological context, etc.)
  + What are the challenges and opportunities resulting from these changes? What interventions are necessary to address these changes?
  + Changes to the objectives, key indicators, and expected outcomes.
  + What changes or updates to the country’s workplan will need to be made?
* How will this request ensure that HPV vaccination is integrated within the country’s EPI routine activities?
* What are potential synergies and opportunities for integration with other ongoing / planned programmes or initiatives?
* How will your proposed programme changes address equity, socio-cultural and gender issues?
* Briefly summarise the ongoing/planned engagements with key stakeholders (Alliance partners, CSOs, etc).
* For HSS top-up funding, how will this additional funding facilitate improved coverage and sustainable delivery of HPV vaccines?

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Past implementation challenges and lessons learned

Explain how previous challenges and lessons learned, including on implementing Gavi and other partner support have been taken into account in this request. If a root cause analysis for low vaccination coverage has been conducted, please include a summary of the findings.

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Budget narrative

Please note that you will need to attach a detailed budget with the specifics of your request with your submission. Here, please briefly explain the key changes made to your previously approved budget and financial amounts being requested as indicated above (Ops/MAC adjustment, schedule switch, and/or HSS top-up reallocation. Please be sure to include a description of the implications these changes will have on your co-financing requirements.

Operational support grants, switch grants, and HSS top-up funds cannot be used to cover the same activities and budgets should clearly indicate the discrete activities that each support type will fund avoiding any duplication.

Please also highlight any supplementary contributions expected from other sources (domestic or other donors).

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Other comments (optional)

Provide any additional contextual information relevant to this request (any explanations that further clarify any possible linkages, data, or any other considerations that informed this request).

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Section: request-SPECIFIC items

For Ops/MAC adjustment

Please fill out the tables below if you are requesting an Ops/MAC adjustment.

**Table 1: Vaccine and target information for requested MAC adjustment**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Currently approved | Requested change | Explanation / Notes |
| Introduction Date (i.e. planned timing of MAC) |  |  |  |
| Vaccine / presentation |  |  |  |
| Vaccine schedule (i.e. 1 or 2-dose schedule) |  |  |  |
| Target age |  |  |  |
| Population in target age cohort |  |  |  |
| Target population to be vaccinated according to coverage target |  |  |  |
| Data source used for target population |  |  |  |
| Accounting for 10% or 5% wastage as applicable\*. |  |  |  |
| Additional girls targeted (only if applicable; requires justification) |  |  |  |
| Total |  |  |  |

*\*Cervarix: 10% / Gardasil: 5%*

**Table 2: Adjusted Vaccine supply information for MAC doses**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Vaccine / presentation | Date of latest stock data | Current stock | Doses Approved but not yet shipped (Unshipped Approvals) | Target population to be vaccinated according to coverage target | Vaccine doses needed to cover target population on dosing schedule indicated | Difference between doses needed and current stock + unshipped approvals |
|  |  |  | *A* | *B* | *C* | *C \* schedule = D* | *D – A +B = E* |
|  |  |  |  |  |  |  |  |
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**Table 3: Requested Operational cost support (Ops) adjustment for MAC**

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| --- | --- | --- | --- |
|  | *Instructions* | Amount (in US$) | Notes |
| Previously requested / approved Ops amount | *As per the previous application* |  |  |
| Revised maximum Ops amount accessible | *US$0.65/.55/.45 (depending on country transition phase) \* number of targeted girls* |  |  |
| **Revised Ops budget amount requested now** | *As per the revised budget attached to this request* |  |  |
| Is the submitted budget request within the maximum ceiling? | *Yes/No* |  |  |
| Difference between previously approved Ops amount and revised Ops request | *Revised Ops budget requested – previously approved Ops amount* |  |  |

For HPV Schedule Switch

In the table below, please provide targets and doses requested and approved earlier, the changes to girls targeted, and doses now requested as a result of switching to 1-dose HPV vaccination schedule.

**Table 4: Vaccine and target information for Schedule Switch**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Introduction Date (i.e. when the country is planning to switch schedule) | Vaccine / presentation | Vaccine schedule (i.e. 1 or 2-dose schedule) | Target age | Population in target age cohort | Target population to be vaccinated according to coverage target | Data source used for target population | Accounting for 10% or 5% wastage  as applicable | Explanation / Notes | Total |
|  |  |  |  |  |  |  |  |  |  |  |
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**Table 5: Vaccine supply information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Vaccine / presentation | Date of latest stock data | Current stock | Doses Approved but not yet shipped (Unshipped Approvals) | Target population to be vaccinated according to coverage target | Vaccine doses needed to cover target population on dosing schedule indicated | Difference between doses needed and current stock + unshipped approvals |
|  |  |  | *A* | *B* | *C* | *C \* schedule = D* | *D – A +B = E* |
|  |  |  |  |  |  |  |  |
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**Table 6: Request switch grant for HPV schedule switch**

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Instructions* | Amount (in US$) | Notes |
| Maximum switch grant amount accessible | *Calculated as US$0.80 \* targeted girls in the routine cohort or a lump sum of US$ 30,000, whichever is higher* |  |  |
| **Switch grant amount requested now** | *As per the budget attached to this request* |  |  |
| Is the submitted budget request within the maximum ceiling? | *Yes/No* |  |  |

**Switch impact assessment summary:** The HPV schedule switch will impact one or more of the six dimensions listed below. Please fill in the table based on EPI and or NITAG assessment of the advantages and disadvantages of the schedule switch.

**Table 7: Simplified switch impact assessment (for HPV schedule switch from 2-doses to 1-dose)**

|  |  |  |
| --- | --- | --- |
| **Key Areas for Consideration** | **Potential switch impact to country** | |
| **Ease of use** (e.g. single dose, liquid form, oral, dose schedule) | No change  Impacted | Description: |
| **Cold chain, transport, storage requirements** | No change  Impacted | Description: |
| **Efficacy, effectiveness, or safety** | No change  Impacted | Description: |
| **Coverage** (acceptability, missed opportunities) | No change  Impacted | Description: |
| **Financial Sustainability** (cost, price, wastage) | No change  Impacted | Description: |
| **Supply** (availability, security, locally-made) | No change  Impacted | Description: |

For HSS top-up

**Table 8: HSS Top Up for HPV vaccinations**

|  |  |  |
| --- | --- | --- |
|  | ***Instructions*** | **Amount (in US$)** |
| Maximum HSS Top Up amount accessible | *Calculated based on need* |  |
| **HSS Top Up budget requested now** | *As per the revised budget attached to this request* |  |
| Is the submitted budget request within the maximum ceiling? | *Yes/No* |  |

SECTION 4. GOVERNMENT SIGNATURE FORM

The Government of [country] 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 the portfolio as outlined in this request concerning

[HPV Multi-Age Cohort / HPV Schedule Switch / HSS Top-Up]

The Government of [country] commits itself to the continued development of 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 as outlined in this application.

*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 set out in the Partnership Framework Agreement between Gavi and the Country, its Annexes and associated Decision Letters remain in full effect and shall apply to any and all Gavi support made pursuant to this application.[[1]](#footnote-2)*

|  |
| --- |
| **Minister of Health (or delegated authority)** |
| Name |
| Date |
| Signature |

SECTION 5. SUPPORTING DOCUMENTATION

To support your request, please ensure the following information or documents are attached to this form.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Ops / MAC | HPV Schedule Switch | HSS Top Up |
| * Updated version of the **HPV implementation plan** (template provided) | X | X | X |
| * Updated **workplan / chronogram** of activities | X | X | X |
| * Updated **budgets** for all funding support requested | X | X\* | X |
| * Notification to Minster of Finance | X |  | X |
| * Notification to Ministry of Education (if using schools as delivery location) | X |  | X |
| * Interagency Coordinating Committee and/or NITAG meeting minutes endorsing request |  | X |  |

\*If switch grant requested

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. [↑](#footnote-ref-2)