



GAVI/12/047/sk/rh

The Minister of Health and Social Welfare
Ministry of Health and Social Welfare
PO Box 514
Maseru 100
Lesotho

13 April 2012

Dear Minister,

Lesotho's Proposal to the GAVI Alliance

In a letter of 29 February 2012, we informed you that the Independent Review Committee (IRC) recommended "**Approval with clarifications**" of your proposal for pneumococcal vaccine introduction. In relation to your proposal, Lesotho has provided satisfactory clarifications that were required by the IRC.

We are pleased to inform you that the GAVI Executive Committee (EC), at its meeting on 12 April 2012, considered and **endorsed the IRC recommendation** of your 2012-2016 proposal for the introduction of pneumococcal vaccine. For your reference, the IRC summary report is attached in Appendix A.

As specified and agreed in the submitted application form, Lesotho will co-finance the procurement of pneumococcal vaccine. The level of co-financing is determined by GAVI's co-financing policy where Lesotho is classified in the intermediate group based on the 2010 GNI per capita data released by the World Bank. Therefore, Lesotho's co-financing requirement is US\$ 0.20 per dose in the first year, followed by an annual increase of 15%. Please note that the requirement to co-finance this vaccine will begin only once the supply of the vaccine commences.

We are keen to support you to make the earliest possible introduction of pneumococcal vaccines. However, due to an unprecedented demand for pneumococcal vaccines and the lead time required by manufacturers to increase vaccine production, it is possible that the global vaccine supply will not meet all country requirements approved by GAVI in the short term.

As a consequence, we regret to inform you we cannot meet your request to introduce pneumococcal vaccines in 2012. GAVI is committed to providing regular updates to countries and we expect to send you new information on the status of supply in the third quarter of 2012. The final total dollar amount of Lesotho's co-financing requirement and the allocated number of doses will be communicated to you in a separate letter in due course.

Please do not hesitate to contact my colleague Jorn Heldrup at jheldrup@gavialliance.org if you have any questions or concerns.

Yours sincerely,



Helen Evans
Deputy Chief Executive Officer

Attachments: Appendix A: IRC country report, February 2012

cc: The Minister of Finance
 The Director of Medical Services
 Director Planning Unit, MoH
 The EPI Manager
 WHO Country Representative
 UNICEF Country Representative
 Regional Working Group
 WHO HQ
 UNICEF Programme Division
 UNICEF Supply Division
 The World Bank
 The GAVI Finance Unit

Independent Review Committee, Geneva, February 6-10 2012

Review or response to conditions

Condition 1:

The IRC could not determine whether the cold chain was ready for the introduction of the requested vaccine.

Response:

The readiness of the cold chain system is based on the adequacy of the vaccine storage capacity and good vaccine management practices. Condition one refers to vaccine storage capacity whereas condition two refers to vaccine management practices.

Cold chain capacity at the central level is sufficient. Two calculations were made available to prove the adequacy of the vaccine storage capacity. Table 2 in the Introduction plan which was submitted by the country has indicated that the vaccine storage capacity is insufficient with the introduction of PCV. This prompted the country to increase their vaccine storage capacity by procuring an additional walk-in cold room through WHO to be installed by 2012. Gross or net capacity of the cold room was not mentioned. Construction for the expansion of vaccine and dry storage facility is underway. This will ensure that dry supplies such as syringes, safety boxes, droppers and spare parts are stored in a safe place.

There was no calculation on the vaccine storage capacity at the district and health facility levels. Based on the VMA of 2008 it was indicated that there was an insufficient vaccine storage capacity at the district and health facility levels. Since 2008 up to now many changes have already happened and substantial improvement may have taken place. The country is in the process of procuring vaccine fridges for all ten district and health facilities to increase the vaccine storage capacity and replace the non-functional units. Funding has been secured from MoHSW to procure these cold chain equipment under technical guidance from WHO and UNICEF. To ensure continuous operation of LPG powered vaccine refrigerators health facilities were provided with a standby filled gas cylinder. Five hundred cold box and one thousand vaccine carrier were also procured by MoHSW as preparation for the introduction of PCV. The magnitude of the insufficient capacity at the district or service facility levels was not mentioned but actions were taken to address the issue.

Plans are in place for the procurement of the vaccine refrigerators to increase vaccine storage capacity and replace the non-functional units for the district and health facility level. It was confirmed by CCL that the central level has an adequate vaccine storage capacity and the procurement and installation of the walk-in cold room by end 2012 will have no drastic effect on the cold chain capacity.

Condition 1 is met.

Condition 2:

There was no evidence that the numerous issues raised in the VMA of 2008 are being addressed. Therefore the country should provide an implementation plan status report demonstrating that major issues highlighted in the VMA of 2008 are being resolved.

Response:

An EVM assessment was conducted in August/September 2011 and the results are similar to the VMA of 2008. However there was no EVM report attached to the response document. Based on the latest EVM assessment an EVM improvement plan for all cold

chain level was prepared and issues were addressed. The improved plan includes the budget, the source of funding and comment columns which mention the status of the plan.

Condition 2 is met with clarification

Recommendation: Approval with clarification

Clarification:

Country has to send the EVM report and clarify with GAVI the status of the implementation of the findings and recommendations of the EVM.