



APPLICATION FORM FOR COUNTRY PROPOSAL: PHASE 2

For Support to:

New and Under-Used Vaccines

15 November 2006

This document is accompanied by an electronic copy on CD for your convenience.

**Please return a copy of the CD with the original, signed hard-copy of the document to:
GAVI Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.
All documents and attachments must be in English or French.**

**Please direct any enquiries to:
Dr Ivone Rizzo irizzo@gavialliance.org or representatives of a GAVI Alliance partner agency.**

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*** Annex 1 is attached in excel spreadsheet format – please update and complete the tables*

1. Executive Summary

2. Signatures of the Government and National Coordinating Body

The Government of Mozambique commits itself to developing national immunization services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan for Immunization (cMYP) or updated Multi-Year Plan presented with this document.

The table below shows the immunization targets outlined in the cMYP or updated Multi-Year Plan, the Government commitment to establish a partnership and participate with the GAVI Alliance in financing the plan for introduction of new vaccines, and the funds required from the GAVI Alliance.¹

Table 2.1a: Targets and budgets for the introduction of First Vaccine Presentation: Pentavalent DPT/Hep B + Hib (antigen) immunization using lyophilized 2 doses vial (vaccine presentation)

Total requirements		Base year	Year 1 2007	Year 2 2008	Year 3 2009
National target for children to be immunized		#	163,027	651,064	683,785
Total number of vaccine doses required		#	789,068	2,921,795	2,704,397
Total number of AD syringes required		#	806,428	2,972,187	2,732,580
Total number of reconstitution syringes required		#	437,933	1,621,596	1,500,940
Total number of safety boxes required		#	13,688	50,532	46,470
Total budget	Price per vaccine dose *	\$	3.816	3.816	3.816
	Total funding required	\$	5,474,168	11,581,690	10,717,699
Country co-financing	Co-financing per dose	\$	0.23	0.23	0.23
	Total country payment	\$	317,601 *	672,013	622,011
GAVI Alliance support requested	GAVI payment per dose	\$	3.586 **	3.586**	3.586**
	Total GAVI payment	\$	5,156,568	10,909,677	10,095,688

* Need to consider an additional amount of 268,425 for DPT/Hep B at 0.20 per dose, in 2007

** The cost per dose for GAVI will be 3.816-0.23 = 3.586; however there is a need to add vaccine freight cost and injection devices and their freight cost, all expected to be covered by GAVI.

Table 2.1b: Targets and budgets for Tetravalent – DPT/Hep B(antigen) during 2007 immunization using Liquid vaccine – 10 doses vial (vaccine presentation)

Total requirements		Base year	Year 1 2007	Year 2 2008	Year 3 2009
National target for children to be immunized		#	448,324		
Total number of vaccine doses required		#	1,845,427		
Total number of AD syringes required		#	1,735,952		
Total number of reconstitution syringes required		#	0		
Total number of safety boxes required		#	19,095		
Total budget	Price per vaccine dose *	\$	1.367		
	Total funding required	\$	1,974,696		
Country co-financing	Co-financing per dose	\$	0.20		
	Total country payment	\$	268,425		
GAVI Alliance support requested	GAVI payment per dose	\$	1.167		
	Total GAVI payment	\$	1,706,270		

Please note that in 2007, the total country payment amounts at (369,085+181,486), if the country is to introduce Penta partially.

¹ Please complete all tables for the years that match the cMYP or updated Multi-Year Plan. This could be more or less than 5 years.

Following the regulations of the internal budgeting and financing cycles the Government will normally release its portion of the funds in the month of **June**. Payment of the procurement of the first year of co-financed support will be around **June, 2007** (*specify month and year*).

The Government agrees to use UNICEF Supply Division (Copenhagen) as its procurement agency for the purchase of the supply detailed in this application. If this is not possible, the Government agrees to comply with the GAVI Alliance requirements, and has included details of the proposed mechanism in Section 6, with details of the relevant National Regulatory Authority procedures.

Districts' performance on immunization will be reviewed annually through a transparent monitoring system. The Government requests that the Alliance and its partners contribute financial and technical assistance to support immunization of children as outlined in this application.

Minister of Health (or senior official):

Minister of Finance (or senior official):

Signature:

Signature:

Title:

Title:

Date:

Date:

National Coordinating Body: Inter-Agency Coordinating Committee for Immunization:

We, the members of the ICC met on the to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation, which is attached.

➤ The endorsed minutes of this meeting are attached as DOCUMENT NUMBER:

Name/Title	Agency/Organization	Signature
.....
.....
.....
.....
.....
.....

In case the GAVI Secretariat has queries on this submission, please contact:

Name:

Title:

Tel No.:

Address:

Fax No.:

.....

Email:

.....

The GAVI Secretariat is unable to return documents and attachments. Unless otherwise specified by the country, documents may be shared with the GAVI Alliance partners and collaborators.

The Inter-Agency Coordinating Committee for Immunization

Agencies and partners (including development partners, NGOs and Research Institutions) that are supporting immunization services are co-ordinated and organized through an inter-agency coordinating mechanism (ICC).

The ICC are responsible for coordinating and guiding the use of the GAVI Alliance New and Under-Used Vaccine support, as well as all other immunization activities in the country. Please provide information about the ICC in your country in the spaces below.

Profile of the ICC

Name of the ICC: Interagency Coordinating Committee for EPI

Date of constitution of the current ICC: 1999

Organizational structure (e.g., sub-committee, stand-alone): Stand alone committee

Frequency of meetings: every two months

Major functions and responsibilities of the ICC:

Coordinate all efforts to cover EPI needs in order to avoid duplication

Monitor the implementation of both EPI annual and multi annual plans

Identify program technical and financial gaps and provide guidance and support to EPI, in order to achieve the goals set in both annual and multi annual plans, and in emergency situations.

Advocate to enhance interest on EPI at national level

Decide on national policies in support to EPI and follow up their implementation

Follow up the implementation of Government compromises with regard to EPI

Three major strategies to enhance the ICC's role and functions in the next 12 months:

1. Establish and maintain regular meetings

2. Share all relevant information on EPI with all ICC Members

3. Evaluate the coordination mechanisms and its impact on the EPI performance

3. Immunization Program Data

Please complete the tables below, using data from available sources. Please identify the source of the data, and the date. Where possible use the most recent data, and attach the source document.

- Please refer to the Comprehensive Multi-Year Plan for Immunization (or equivalent plan), and attach a complete copy (with an executive summary) as DOCUMENT NUMBER
- Please refer to the two most recent annual WHO/UNICEF Joint Reporting Forms on Vaccine Preventable Diseases and attach them as DOCUMENT NUMBERS
- Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.

Table 3.1: Basic facts for the year 2006 (most recent; specify dates of data provided and source)

	Figure	Date	Source
Total population		2007	Projections from the 1997 national population census
Infant mortality rate (per 1000)	124	2003	Demographic Health Survey (DHS) - 2003
Surviving Infants*			
GNI per capita (US\$)	250	2004	
Percentage of GDP allocated to Health			
Percentage of Government expenditure on Health			

* Surviving infants = Infants surviving the first 12 months of life

Please provide some additional information on the planning and budgeting context in your country:

Please indicate the name and date of the relevant planning document for health

- Strategic Plan for Health Sector
- PRSP

Is the cMYP (or updated Multi-Year Plan) aligned with this document (timing, content etc)

Yes, it is.

Please indicate the national planning budgeting cycle for health

Planning budgeting cycle takes place every year.

Please indicate the national planning cycle for immunization

EPI planning cycle takes place every three years (MYP), in this case covering the 2007-2009 period . Thus, every annual plan is part of the master MYP.

Table 3.2: Current Vaccination Schedule: Traditional, New Vaccines and Vitamin A Supplement (refer to cMYP pages or updated Multi-Year Plan)

Vaccine (do not use trade name)	Ages of administration (by routine immunization services)	Indicate by an "x" if given in:		Comments
		Entire country	Only part of the country	
BCG	At birth	X		
OPV0	At birth	X		
OPV1/ DPT-HeB1	At 6 weeks	X		
OPV2/ DPT-HepB2	At 10 weeks	X		
OPV3/ DPT-HepB3	At 14 weeks	X		
Measles	At 9 months	X		
Vitamin A	At 6 and 12 months	X		

Table 3.3: Trends of routine immunization coverage and disease burden (as per last two annual WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases)

Trends of immunization coverage (in percentage)					Vaccine preventable disease burden		
Vaccine	Reported		Survey - DHS		Disease	Number of reported cases	
	2005	2006	2003	200...		2005	2006
BCG		119			Tuberculosis*	-	-
DTP	DTP1	109			Diphtheria	-	-
	DTP3	98	71.6		Pertussis	-	-
Polio 3		97	69.9		Polio	0	0
Measles (first dose)		95	76.7		Measles	12,598	183
TT2+ (Pregnant women)		83			Neonatal Tetanus **	26	18
Hib3		nr			Hib ***	-	-
Yellow Fever		nr			Yellow fever	Nr	nr
HepB3		98			Hepatitis B sero-prevalence*	nd	nd
Vit A supplement	Mothers (<6 weeks post-delivery)	nd	nd				
	Infants (>6 months)	nd	nd				

* If available ** If 'total' tetanus data only is available, please give it and note that this is the case *** Note: JRF asks for Hib meningitis

If survey data is included in the table above, please indicate the years the surveys were conducted, the full title and if available, and the age groups the data refers to:

Table 3.4: Baseline and annual targets (refer to cMYP pages or updated Multi-Year Plan)

Number	Baseline and targets			
	Base year	Year 1 2007	Year 2 2008	Year 3 2009
Births		917,027	939,035	961,572
Infants' deaths		101,892	104,337	106,841
Surviving infants		815,135	834,698	854,731
Pregnant women		1,018,919	1,043,373	1,068,414
Target population to be vaccinated with BCG		917,027	933,035	961,572
BCG coverage*		871,175 (95%)	892,084 (95%)	913,494 (95%)
Target population to be vaccinated with OPV3		815,135	834,698	854,731
OPV3 coverage**		611,351 (75%)	651,064 (78%)	683,785 (80%)
Target population to be vaccinated with DTP/HepB3***		611,351		
DTP/Hep B3 coverage**		448,324 ^(a) (55%)		
Target population to be vaccinated with DTP/HepB1 ***		521,307		
Wastage ² rate in base-year and planned thereafter		1.18 (15%)		
Target population vaccinated with 3 rd dose of DTP/HepB+Hib		611,351	834,698	854,731
DTP/HepB+Hib3 Coverage**		163,027 ^(a) (20%)	651,064 (78%)	683,785 (80%)
Target population to be vaccinated with 1 st dose of DTP/HepB+Hib		189,566	739,846	759,761
Wastage ¹ rate in base-year and planned thereafter		1.11 (10%)	1.11 (10%)	1.11 (10%)
Target population to be vaccinated with 1 st dose of Measles		815,135	834,698	854,731
Target population to be vaccinated with 2 nd dose of Measles		Na	NA	Na
Measles coverage**		570,594 (70%)	626,024 (75%)	683,785 (80%)
Pregnant women vaccinated with TT+		1,018,919	1,043,373	1,068,414
TT+ coverage****		713,243 (70%)	782,529 (75%)	854,731 (80%)
Vit A supplement	Mothers (<6 weeks from delivery)			
	Infants (>6 months)			
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x 100		14%	12%	10%
Annual Measles Drop out rate (for countries applying for YF)		Na	Na	Na

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

(a) Please note that 448,327 (DTP/HepB) +163,027 (DTP/HepB+Hib) equals 611,351 (the same target group for OPV), which represents 75% coverage target for 2007, as stated in cMYP.

² The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check **table α** after Table 7.1.

Table 3.5: Summary of current and future immunization budget (or refer to cMYP pages or updated Multi-Year Plan)

EPI BASELINE COST (2006) AND COST ESTIMATES FOR 2007 - 2009

Component	2006	2007	2008	2009	TOTAL 2007/2009
	USD	USD	USD	USD	USD
Vaccines and injection safety materials	5,625,679	9,107,060	13,379,353	12,640,902	35,127,315
Vaccines	4,868,333	8,348,678	12,486,047	11,712,235	32,546,960
Vaccines (6 traditional antigens)	1,015,779	1,155,194	1,224,981	1,289,060	3,669,235
Vaccines (new and under-used vaccines)	3,852,554	7,193,484	11,261,066	10,423,175	28,877,725
Injection material	757,346	758,381	893,306	928,667	2,580,355
Personnel	2,007,624	2,588,747	2,650,877	2,714,498	7,954,122
Salary of EPI Staff		937,274	959,768	982,803	2,879,845
Allowances for out reach (include non EPI staff)		1,143,692	1,171,141	1,199,248	3,514,082
Perdiem for supervision		281,845	288,609	295,536	865,990
Staff shared cost		225,936	231,358	236,911	694,206
Transport	451,164	552,462	565,721	579,298	1,697,480
Fixed site vaccine delivery	78,731	116,308	119,099	121,957	357,364
Outreach	372,433	436,154	446,622	457,340	1,340,116
Maintenance of transport and equipment	481,863	440,118	450,681	461,497	1,352,296
Transport	97,327	189,231	193,772	198,423	581,426
Cold Chain	297,536	231,887	237,453	243,151	712,491
Other equipment	-	11,308	11,579	11,857	34,744
Building	87,000	7,692	7,877	8,066	23,635
Short-term training	109,951	671,906	452,101	462,951	1,586,957
IEC/social mobilization	223,312	956,465	979,420	1,002,927	2,938,812
Surveillance and monitoring	115,963	375,000	384,000	393,216	1,152,216
Other recurrent costs	215,672	296,892	304,018	311,314	912,224
Overhead		29,385	30,090	30,812	90,286
Fuel/gas/electricity for refrigerators	215,672	267,508	273,928	280,502	821,938
Initiate new vaccine introduction		1,754,536	-	-	1,754,536
Operational research		50,000	51,200	52,429	153,629
Subtotal -- Operating costs	9,231,228	16,793,185	19,217,370	18,619,032	54,629,588

Component	2006	2007	2008	2009	TOTAL 2007/2009
Campaigns		-	-	-	-
Polio Campaign (round I with measles)		-	-	-	-
Vaccines		-	1,217,857	-	-
Allowances for round II		-	400,000	-	-
Fuel for round II		-	200,000	-	-
Subtotal Polio	0	-	1,817,857	-	-
Mesales Campaign		-	-	-	-
Vaccines		-	958,252	-	-
AD syringes		-	336,408	-	-
Mixing syringes for Measles		-	20,388	-	-
Safety boxes		-	56,804	-	-
Operational costs		-	-	-	-
Soc Mob (includes OPV and Vit A)		-	1,000,000	-	-
Campaign implementation (incl OPVI round and Vit A)		-	-	-	-
Allowances		-	600,000	-	-
Fuel		-	200,000	-	-
Training and supervision at all levels		-	600,000	-	-
Subtotal Measles	0	-	3,771,852	-	-
TT Campaign		-	-	-	-
Vaccines and supplies	212,863	425,726	-	-	-
Operational costs	352,079	704,158	-	-	-
Subtotal TT	564,942	1,129,884	-	-	-
Vitamin A supplementation Campaign		-	-	-	-
Capsules		-	1,295,869	-	-
Scissors		-	6,019	-	-
Operational costs (included with Measles)		-	-	-	-
Subtotal Vitamin A	0	-	1,301,888	-	-
Subtotal Campaigns	564,942	1,129,884	6,891,597	-	8,021,481
Capital costs		-	-	-	-
Vehicles		152,000	217,286	222,501	591,787
Motorbikes 33/year		195,000	199,680	204,472	599,152
Refrigeration equipment 300/year	345,000	690,000	706,560	723,517	2,120,077
Computers (including laptops) 30/year		45,000	46,080	47,186	138,266
Incinerators - 30/year		98,077	100,431	102,841	301,349
EPI manual printing - 500/year		100,000	102,400	104,858	307,258
EPI tools printing		200,000	204,800	209,715	614,515
Subtotal --Capital costs	345,000	1,480,077	1,577,237	1,615,090	4,672,404
Grand total	10,141,170	19,403,146	27,686,204	20,234,123	67,323,473

Please list in the tables below the funding sources for each type of cost category (if known). Please try and indicate which immunization program costs are covered from the Government budget, and which costs are covered by development partners (or the GAVI Alliance), and name the partners.

Table 3.6: Summary of current and future financing and sources of funds (or refer to cMYP or updated Multi-Year Plan)

Component	Total Fund Requirement for 2007	Funding Govern.	Risk type	Funding SWAP	Risk type	Funding WHO	Risk type	Funding UNICEF	Risk type	Funding GAVI	Risk type	Funding FDC-Vreach	Risk type	Funding JICA	Risk type	Total Funding	Funding GAP
	USD	USD		USD		USD		USD		USD		USD				USD	USD
Vaccines and injection safety materials		2,254,971								6,852,088							
Vaccines	8,348,678	1,741,221	1	-		-		-		6,607,458	1	-		-		8,348,678	-
Vaccines (6 traditional antigens)	1,155,194	1,155,194	1													1,155,194	-
Vaccines (new and under-used vaccines)	7,193,484	586,026	1							6,607,458	1					7,193,484	-
Injection material	758,381	513,751	1							244,630	1					758,381	-
Personnel	2,588,747	1,696,893	1	521,846	1	165,000	1	125,000	1	49,850	1	30,158	1			2,588,747	0
Salary of EPI Staff	937,274	937,274	1													937,274	-
Allowances for out reach (include non EPI staff)	1,143,692	521,846	1	521,846	1			100,000	1							1,143,692	0
Perdiem for supervision	281,845	176,837	2					25,000	1	49,850	1	30,158	1			281,845	- 0
Staff shared cost	225,936	60,936	1			165,000	1									225,936	-
Transport	552,462	20,623	1	-		-		105,000	1	-		90,685	1	-		216,308	336,154
Fixed site vaccine delivery	116,308	20,623	1					5,000	1			90,685				116,308	- 0
Outreach	436,154							100,000	1							100,000	336,154
Maintenance of transport and equipment	440,118	168,672	1	-		-		29,027	1	-		216,360	1	-		414,059	26,059
Transport	189,231	157,364	1					13,500	1							170,864	18,367
Cold Chain	231,887							15,527	1			216,360				231,887	0
Other equipment	11,308	11,308	1													11,308	- 0
Building	7,692	-														-	7,692
Short-term training	671,906	30,000	1			266,080	1			150,150		225,676	1			671,906	- 0
IEC/social mobilization	956,465	65,000	2	100,000	1			85,973	1			242,551	1			493,524	462,941
Surveillance and monitoring	375,000	-				375,000	1									375,000	-
Other recurrent costs	296,892	29,385	1	-		-		-		-		-		-		29,385	267,507
Overhead	29,385	29,385	1													29,385	- 0
Fuel/gas/electricity for refrigerators	267,508	-														-	267,508
Initiate new vaccine introduction	1,754,536	25,000	2	25,000	2			5,000	2							55,000	1,699,536
Operational research	50,000	-								25,000	2					25,000	25,000
Subtotal -- Operating costs	16,793,185	4,290,544		646,846		806,080		350,000		7,077,088		805,430		-		13,975,988	2,817,197

Component	Total Fund Requirement for 2007	Funding Govern.	Risk type	Funding SWAP	Risk type	Funding WHO	Risk type	Funding UNICEF	Risk type	Funding GAVI	Risk type	Funding FDC-Vreach	Risk type	Funding JICA	Risk type	Total Funding	Funding GAP
	USD	USD		USD		USD		USD		USD		USD				USD	USD
Campaigns																-	-
Polio Campaign (round I with measles)																-	-
Vaccines																-	-
Allowances for round II																-	-
Fuel for round II																-	-
Subtotal Polio																-	-
Measles Campaign																-	-
Vaccines																-	-
AD syringes																-	-
Mixing syringes for Measles																-	-
Safety boxes																-	-
Operational costs																-	-
Soc Mob (includes OPV and Vit A)																-	-
Campaign implementation (incl OPV round and Vit A)																-	-
Allowances																-	-
Fuel																-	-
Training and supervision at all levels																-	-
Subtotal Measles																-	-
TT Campaign																-	-
Vaccines and supplies								425,726	1							425,726	
Operational costs								704,158	1							704,158	
Subtotal TT								1,129,884								1,129,884	
Vitamin A supplementation Campaign																-	-
Capsules																-	-
Scissors																-	-
Operational costs (included with Measles)																-	-
Subtotal Vitamin A																-	-
Subtotal Campaigns	1,129,884							1,129,884								1,129,884	
Capital costs																-	-
Vehicles	152,000													50,000	1	50,000	102,000
Motorbikes 33/year	195,000							165,000	1					30,000	1	195,000	-
Refrigerator equipment 300/year	690,000	48,355	2	150,000	2											198,355	491,645
Computers (including laptops) 30/year	45,000	45,000	2													45,000	-
Incinerators - 30/year	98,077			77,606	1											77,606	20,471
EPI manual printing - 500/year	100,000															-	100,000
EPI tools printing	200,000															-	200,000
Subtotal --Capital costs	1,480,077	93,355		227,606		-		165,000		-		-		80,000		565,961	914,116
Grand total	19,403,146	4,383,899		874,452		806,080		1,644,884		7,077,088		805,430		80,000		15,671,833	3,731,313

Component	Total Fund Required for 2008	Funding Govern.	Risk type	Funding SWAP	Risk type	Funding WHO	Risk type	Funding UNICEF	Risk type	Funding GAVI	Risk type	Funding FDC-Vreach	Risk type	Funding JICA	Risk type	Total Funding	Funding GAP
	USD	USD		USD		USD		USD		USD		USD				USD	USD
Vaccines and injection safety materials		2,469,676								10,909,676							
Vaccines	12,486,047	1,896,994	1	-		-		-		10,589,053	1	-		-		12,486,047	-
Vaccines (6 traditional antigens)	1,224,981	1,224,981	1													1,224,981	-
Vaccines (new and under-used vaccines)	11,261,066	672,013	1							10,589,053	1					11,261,066	-
Injection material	893,306	572,683	1							320,623	1					893,306	-
Personnel	2,650,877	1,737,618	1	534,370	1	168,960	1	128,000	1	51,046	1	30,882	1	20,000		2,670,877	- 20,000
Salary of EPI Staff	959,768	959,768	1	-		-		-		-		-				959,768	-
Allowances for out reach (include non EPI staff)	1,171,141	534,370	1	534,370	1	-		102,400	1	-		-				1,171,141	0
Perdiem for supervision	288,609	181,081	2	-		-		25,600	1	51,046	1	30,882	1	20,000	1	308,609	- 20,000
Staff shared cost	231,358	62,398	1	-		168,960	1	-		-		-				231,358	-
Transport	565,721	21,118	1	-		-		107,520	1	-		92,861	1	-		221,499	344,221
Fixed site vaccine delivery	119,099	21,118	1	-		-		5,120	1	-		92,861				119,099	- 0
Outreach	446,622	-		-		-		102,400	1	-		-				102,400	344,222
Maintenance of transport and equipment	450,681	172,720	1	-		-		29,724	1	-		221,553	1	65,000		488,996	- 38,316
Transport	193,772	161,141	1	-		-		13,824	1	-		-		30,000	1	204,965	- 11,192
Cold Chain	237,453	-		-		-		15,900	1	-		221,553		35,000	1	272,452	- 35,000
Other equipment	11,579	11,579	1	-		-		-		-		-				11,579	- 0
Building	7,877	-		-		-		-		-		-				-	7,877
Short-term training	452,101	30,720	1	-		272,466	1	-		153,754		231,092	1	30,000		718,032	- 265,931
IEC/social mobilization	979,420	66,560	2	102,400	1	-		88,036	1	-		248,372	1			505,369	474,052
Surveillance and monitoring	384,000	-		-		384,000	1	-		-		-				384,000	-
Other recurrent costs	304,018	30,090	1	-		-		-		-		-		-		30,090	273,927
Overhead	30,090	30,090	1	-		-		-		-		-		-		30,090	- 0
Fuel/gas/electricity for refrigerators	273,928	-		-		-		-		-		-		-		-	273,928
Initiate new vaccine introduction	600,000	25,600	2	25,600		-		5,120	2	-		-		-		56,320	543,680
Operational research	51,200	-		-		-		-		25,600	2	-				25,600	25,600
Subtotal -- Operating costs	19,817,370	4,554,103		662,370		825,426		358,400		11,140,076		824,760		115,000		18,480,136	1,337,234

Component	Total Fund Required for 2008	Funding Govern.	Risk type	Funding SWAP	Risk type	Funding WHO	Risk type	Funding UNICEF	Risk type	Funding GAVI	Risk type	Funding FDC-Vreach	Risk type	Funding JICA	Risk type	Total Funding	Funding GAP
	USD	USD		USD		USD		USD		USD		USD				USD	USD
Campaigns																-	-
Polio Campaign (round I with meales)	-															-	-
Vaccines	1,217,857															-	1,217,857
Allowances for round II	400,000															-	400,000
Fuel for round II	200,000															-	200,000
Subtotal Polio	1,817,857	-		-		-		-		-		-		-		-	1,817,857
Mesales Campaign	-															-	-
Vaccines	958,252															-	958,252
AD syringes	336,408															-	336,408
Mixing syringes for Measles	20,388															-	20,388
Safety boxes	56,804															-	56,804
Operational costs	-															-	-
Soc Mob (includes OPV and Vit A)	1,000,000															-	1,000,000
Campaign implementation (incl OPVI round and	-															-	-
Allowances	600,000															-	600,000
Fuel	200,000															-	200,000
Training and supervision at all levels	600,000															-	600,000
Subtotal Measles	3,771,852	-		-		-		-		-		-		-		-	3,771,852
TT Campaign	-															-	-
Vaccines and supplies	-							-	1							-	-
Operational costs	-							-	1							-	-
Subtotal TT								-								-	-
Vitamin A supplementation Campaign	-															-	-
Capsules	1,295,869															-	1,295,869
Scissors	6,019															-	6,019
Operational costs (included with Measles)	-															-	-
Subtotal Vitamin A	1,301,888	-		-		-		-		-		-		-		-	1,301,888
Subtotal Campaigns	6,891,597	-		-		-		-		-		-		-		-	6,891,597
Capital costs																-	-
Vehicles	217,286	-		-		-		-		-		-	50,000	1		50,000	167,286
Motorbikes 33/year	199,680	-		-		-	168,960	1		-		-	70,000	1		238,960	39,280
Refrigerator equipment 300/year	706,560	49,516	2	153,600	2	-	-			-		-	115,000	1		318,116	388,444
Computers (including laptops) 30/year	46,080	46,080	2	-		-	-			-		-				46,080	-
Incinerators - 30/year	100,431	-		79,469	1	-	-			-		-				79,469	20,962
EPI manual printing - 500/year	102,400	-		-		-	-			-		-				-	102,400
EPI tools printing	204,800	-		-		-	-			-		-				-	204,800
Subtotal --Capital costs	1,577,237	95,596		233,069		-	168,960			-		-	235,000			732,624	844,613
Grand total	28,286,204	4,649,699		895,439		825,426	527,360			11,140,076		824,760		350,000		19,212,760	9,073,444

Component	Total Fund Requirement for 2009	Funding Govern.	Risk type	Funding SWAP	Risk type	Funding WHO	Risk type	Funding UNICEF	Risk type	Funding GAVI	Risk type	Funding FDC-Vreach	Risk type	Funding JICA	Risk type	Total Funding	Funding GAP
	USD	USD		USD		USD		USD		USD		USD				USD	USD
Vaccines and injection safety materials		2,545,219								10,095,684							
Vaccines	11,712,235	1,911,071	1	-		-		-		9,801,164	1	-		-		11,712,235	-
Vaccines (6 traditional antigens)	1,289,060	1,289,060	1													1,289,060	-
Vaccines (new and under-used vaccines)	10,423,175	622,011	1							9,801,164	1					10,423,175	-
Injection material	928,667	634,147	1							294,520	1					928,667	-
Personnel	2,714,498	1,779,321	1	547,195	1	173,015	1	131,072	1	52,272	1	31,623	1	20,000		2,734,498	- 20,000
Salary of EPI Staff	982,803	982,803	1	-		-		-		-		-		-		982,803	-
Allowances for out reach (include non EPI staff)	1,199,248	547,195	1	547,195	1	-		104,858	1	-		-		-		1,199,248	0
Perdiem for supervision	295,536	185,427	2	-		-		26,214	1	52,272	1	31,623	1	20,000	1	315,536	- 20,000
Staff shared cost	236,911	63,896	1	-		173,015	1	-		-		-		-		236,911	-
Transport	579,298	21,625	1	-		-		110,100	1	-		95,090	1	-		226,815	352,483
Fixed site vaccine delivery	121,957	21,625	1	-		-		5,243	1	-		95,090		-		121,958	- 0
Outreach	457,340	-		-		-		104,858	1	-		-		-		104,858	352,483
Maintenance of transport and equipment	461,497	176,865	1	-		-		30,437	1	-		226,870	1	65,000		499,172	- 37,675
Transport	198,423	165,008	1	-		-		14,156	1	-		-		30,000	1	209,164	- 10,741
Cold Chain	243,151	-		-		-		16,281	1	-		226,870		35,000	1	278,151	- 35,000
Other equipment	11,857	11,857	1	-		-		-		-		-		-		11,857	- 0
Building	8,066	-		-		-		-		-		-		-		-	8,066
Short-term training	462,951	31,457	1	-		279,005	1	-		157,444		236,638	1	30,000	1	734,545	- 271,593
IEC/social mobilization	1,002,927	68,157	2	104,858	1	-		90,149	1	-		254,333	1	-		517,497	485,429
Surveillance and monitoring	393,216	-		-		393,216	1	-		-		-		-		393,216	-
Other recurrent costs	311,314	30,812	1	-		-		-		-		-		-		30,812	280,502
Overhead	30,812	30,812	1	-		-		-		-		-		-		30,812	- 0
Fuel/gas/electricity for refrigerators	280,502	-		-		-		-		-		-		-		-	280,502
Initiate new vaccine introduction	-	-		-		-		-		-		-		-		-	-
Operational research	52,429	-		-		-		-		26,214	2	-		-		26,214	26,214
Subtotal -- Operating costs	18,619,032	4,653,457		652,053		845,236		361,759		10,331,614		844,555		115,000		17,803,673	815,360

Component	Total Fund Requirement for 2009	Funding Govern.	Risk type	Funding SWAP	Risk type	Funding WHO	Risk type	Funding UNICEF	Risk type	Funding GAVI	Risk type	Funding FDC-Vreach	Risk type	Funding JICA	Risk type	Total Funding	Funding GAP
	USD	USD		USD		USD		USD		USD		USD				USD	USD
Campaigns																-	-
Polio Campaign (round I with measles)																-	-
Vaccines																-	-
Allowances for round II																-	-
Fuel for round II																-	-
Subtotal Polio																-	-
Mesales Campaign																-	-
Vaccines																-	-
AD syringes																-	-
Mixing syringes for Measles																-	-
Safety boxes																-	-
Operational costs																-	-
Soc Mob (includes OPV and Vit A)																-	-
Campaign implementation (incl OPVI round and Vit A)																-	-
Allowances																-	-
Fuel																-	-
Training and supervision at all levels																-	-
Subtotal Measles																-	-
TT Campaign																-	-
Vaccines and supplies								-	1							-	-
Operational costs								-	1							-	-
Subtotal TT								-								-	-
Vitamin A supplementation Campaign																-	-
Capsules																-	-
Scissors																-	-
Operational costs (included with Measles)																-	-
Subtotal Vitamin A																-	-
Subtotal Campaigns								-								-	-
Capital costs																-	-
Vehicles	222,501	-		-		-		-		-		-		50,000	1	50,000	172,501
Motorbikes 33/year	204,472	-		-		-		173,015	1	-		-		70,000	1	243,015	38,543
Refrigeration equipment 300/year	723,517	50,704	2	157,286	2	-		-		-		-		115,000	1	322,990	400,527
Computers (including laptops) 30/year	47,186	47,186	2	-		-		-		-		-		-		47,186	-
Incinerators - 30/year	102,841	-		81,376	1	-		-		-		-		-		81,376	21,465
EPI manual printing - 500/year	104,858	-		-		-		-		-		-		-		-	104,858
EPI tools printing	209,715	-		-		-		-		-		-		-		-	209,715
Subtotal --Capital costs	1,615,090	97,890		238,662		-		173,015		-		-		235,000		744,567	870,523
Grand total	20,234,123	4,751,347		890,715		845,236		534,774		10,331,614		844,555		350,000		18,548,240	1,685,883

4. New and Under-Used Vaccines (NVS)

Please give a summary of those aspects of the comprehensive multi-year immunization plan that refer to the introduction of new and under-used vaccines (refer to the cMYP or Multi-Year Plan). Please outline the key points that informed the decision-making process (data considered etc):

1. Results from the Hib RAT review, which indicated that Hib is an important cause of morbidity and mortality among < 5 years old in Mozambique. In addition the incidence rate recorded was as high as those seen in several other AFRO countries in which the Hib vaccine is now in routine use.
2. A study on "*Hemophilus Influenza among children less than 5 years old in Manhica, Mozambique*" conducted in Manhica Research Centre found high incidence of Hib associated diseases and also high case fatality rate in meningitis and pneumonia associated to Hemophilus influenza type B. Additionally, the study also found an increasing resistance to the most commonly used antibiotics in the treatment of Hib related diseases.
3. The perception of pediatricians that Hib associated diseases represents a high disease burden among less than 5 years old in hospitals.

Please describe (or refer to the relevant section of the cMYP or Multi-Year Plan) how your country intends to move towards financial sustainability for the chosen new vaccines, how the co-financing payments will be met, and any other issues regarding financial sustainability that were considered:

As stated in the cMYP, for the Government of Mozambique and its Partners EPI is a high priority. Therefore, the MoH and Partners have decided to set aside each year, the necessary amount to meet the co-financing payments regardless of the shortages in the global budget that might be faced.

In addition, the MoH and Partners, through the National Immunization Program (NIP) is committed at improving the program efficiency through reduction of the wastage and dropout rates, and fostering integration and sharing of resources whenever possible at all levels, particularly at service delivery level.

Please list the vaccines to be introduced with support from the GAVI Alliance (and presentation):

1. Pentavalent vaccine – DPT/Hep B + Hib – begin introduction (national target objective of 20%), using two doses lyophilized for Hib and two doses liquid for DPT/Hep B to be used also as a diluent.
2. Continue Tetravalent – DPT/Hep B during 2007 (national target objective of 55%), using a 10 doses vial liquid for DPT/Hep B.

Assessment of burden of relevant diseases (if available):

Disease	Title of the assessment	Date	Results
Hib associated diseases (meningitis and pneumonia)	Rapid Assessment of Hib Disease burden in Mozambique	July, 2004	Incidence rate of 49/100,000 children less than 5 years old

If new or under-used vaccines have been already introduced, please give details of the lessons learnt about storage capacity, protection from accidental freezing, staff training, cold chain, logistics, drop out rate, wastage rate etc., and the action points to address them in the new plan:

Lessons Learned	Action Points
1. Drop out rate still remains high in some districts (around 20%)	Implement RED approach – community involvement and institutionalize the utilization of the child vaccination register book. Provide enough funds for the districts to implement regular mobile brigades to distant areas (at least 3 visits per year per site)
2. Wastage rate is not recorded; some vaccine wastage due to freezing	Improve data collection tools to include wastage rate, and make its reporting mandatory MLM training including vaccine management Central level is purchasing vaccines with VVM Empower districts to regularly conduct vaccine management assessment to their health facilities Regular supportive supervision
3. Cold chain / logistic – cold chain break down due essentially to lack of spare parts and kerosene. Sometimes kerosene of bad quality	Inventory of cold chain equipment countrywide Centralization of cold chain spare parts procurement and their distribution according to the needs expressed by each province Started replacement of obsolete cold chain

	<p>equipment and gradual replacement of kerosene refrigerators by gas\electric, electrics and solar, as appropriate</p> <p>Meanwhile, centralized the procurement of fuel at provincial level where kerosene can purchased from reliable suppliers and its distribution to districts, to minimize problems linked to quality.</p> <p>Training of provincial cold chain technicians and provision of funds for cold chain maintenance activities</p> <p>Training of users on daily basic maintenance of refrigerators</p>
4. Storage Capacity	<p>It has not been a problem. The central level is using the vaccine store management tool. The tool is also being installed at provincial level, along with users' training. The country has also installed 4 additional cold rooms to be used as regional vaccine deposits, with enough capacity to accommodate vaccines for the respective region.</p> <p>At peripheral level, most refrigerators have between 20 to 24 liters storage capacity. It is enough to accommodate the necessary vaccines for any health area.</p>

First Preference Vaccine

- Please complete Table A.1 in Annex 1 (an excel spreadsheet), for the first vaccine required.

To fill out Table A.1, please update the figures in Table β and Table μ in Annex 1 with the most recent UNICEF Supply Division Prices and Charges on the UNICEF website.

Please refer to www.unicef.org/supply for the most recent GAVI Alliance Vaccine Product Selection Menu, and review the GAVI Alliance NVS Support Country Guidelines to identify the appropriate country category, and the minimum country co-financing level for each vaccine in each group.

Please indicate in the table below the required number of vaccine doses, the vaccine presentation, the associated injection safety material required and safety boxes for the first vaccine required as per the calculation made in Annex 1.

Table 4.1a: Material requirements for the introduction of Pentavalent DPT/HepB + Hib (specify antigen) immunization using lyophilized 2 doses vial (specify vaccine presentation) vaccine

		Base year	Year 1 2007	Year 2 2008	Year 3 2009
National target for children to be immunized	#		331,714	739,846	759,761
Total number of vaccine doses required	#		1,380,872	2,219,538	2,279,283
Total number of AD syringes required	#		1,411,251	2,840,807	2,854,961
Total number of reconstitution syringes required	#		766,384	1,555,906	1,566,631
Total number of safety boxes required	#		23,954	48,364	48,638

Please indicate in the table below the price per dose, the total funds required to meet the estimated demand, the country co-financing contribution, and the funds required from the GAVI Alliance according to the calculations made in the Annex 1 spreadsheet.

Table 4.2a: Financial requirement for the introduction of Pentavalent DPT/HepB + Hib (specify antigen) immunization using lyophilized 2 doses vial (specify vaccine presentation) vaccine

		Base year	Year 1 2007	Year 2 2008	Year 3 2009
Total budget	Price per dose *	\$	3.816	3.816	3.816
	Total funds required	\$	5,474,168	11,111,622	11,187,767
Country co-financing	Co-financing per dose	\$	0.23	0.23	0.23
	Total country payment	\$	317,601	644,790	649,234
GAVI co-financing	GAVI payment per dose	\$	3.586	3.586	3.586
	Total GAVI payment	\$	5,156,568	10,466,832	10,538,533

* Total price per dose includes vaccine cost, plus freight, supplies, insurance, visa costs etc

Continue DPT/Hep B during 2007

- Please fill out Table A.2 in Annex 1, for the second vaccine required, after updating Table β and Table μ in Annex 1 with the most recent UNICEF Supply Division Prices and Charges.

Please refer to www.unicef.org/supply for the most recent GAVI Alliance Vaccine Product Selection Menu, and review the GAVI Alliance NVS Support Country Guidelines to identify the appropriate country category, and the minimum country co-financing level for each vaccine in each group.

Please indicate in Table 4.1b below the required number of vaccine doses, the vaccine presentation, the associated injection safety material required and safety boxes for the first vaccine required as per the calculation made in Annex 1.

Table 4.1b: Material requirements for Tetravalent DPT/Hep during 2007 (specify antigen) immunization using liquid 10 doses vial (specify vaccine presentation) vaccine

		Base year	Year 1 2007	Year 2 2008	Year 3 2009
National target for children to be immunized	#		379,132	0	0
Total number of vaccine doses required	#		1,342,127	0	0
Total number of AD syringes required	#		1,262,510	0	0
Total number of reconstitution syringes required	#		0	0	0
Total number of safety boxes required	#		13,888	0	0

Please indicate in the Table 4.2b below the price per dose, the total funds required to meet the estimated demand, the country co-financing contribution, and the funds required from the GAVI Alliance according to the calculations made in the Annex 1 spreadsheet.

Table 4.2b: Financial requirement for Tetravalent - DPT/Hep B during 2007 (specify antigen) immunization using liquid 10 doses (specify vaccine presentation) vaccine

		Base year	Year 1 2007	Year 2 2008	Year 3 2009
Total budget	Price per dose *	\$	1.367	0	0
	Total funds required	\$	1,1974,696	0	0
Country co-financing	Co-financing per dose	\$	0.20	0	0
	Total country payment	\$	268,425	0	0
GAVI co-financing	GAVI payment per dose	\$	1.167	0	0
	Total GAVI payment	\$	1,706,270	0	0

* Total price per dose includes vaccine cost, plus freight, supplies, insurance, visa costs etc

- Please complete an extra set of Tables A.3, A.4 for all new vaccines requested.
- Please complete an extra set of Tables 4.1 and 4.2 for all new vaccines requested.

Procurement and Management of New and Under-Used Vaccines

a) Please show how the support will operate and be managed including procurement of vaccines (GAVI expects that most countries will procure vaccine and injection supplies through UNICEF):

For new and under used vaccine support, the country will use UNICEF procurement system. The country will transfer its co-payment share to UNICEF office in Mozambique, each year around June, for procurement of new vaccines and related injection safety supplies.

b) If an alternative mechanism for procurement and delivery of supply (financed by the country or the GAVI Alliance) is requested, please document:

- That the functions of the National Regulatory Authority comply with WHO requirements for procurement of vaccines and supply of assured quality.
- That the delivery in country of the procured supply is in compliance with the co-financing plan.
- That acceptable procurement principles and processes are applied.

Not applicable

c) Please describe the introduction of the vaccines (refer to cMYP or updated Multi-Year Plan)

DPT/Hep B was introduced in 2001 country wide at once. Now the country is applying for the introduction of pentavalent – DPT/Hep B + Hib. This is expected to begin in the last quarter of 2007, covering at least 22 districts with good performance in the last three years. All these districts represent 20% of the country under 1 year population. In 2008, the pentavalent vaccine will be extended to the rest of the country.

d) Please indicate how funds should be transferred to the country by the GAVI Alliance (if applicable)

Not applicable

e) Please indicate how the co-financing amounts will be paid (and who is responsible for this)

The co-financing amounts will be paid by Central de Artigos Médicos e Medicamentos (CMAM), branch of the Ministry of Health in charge of Drug and Vaccine procurement. This unit will transfer the required amount annually by the month of June to UNICEF office in Mozambique, for the procurement of vaccine for the following year. **(Responsible person to be indicated by CMAM)**

e) Please outline how coverage of the new vaccine will be monitored and reported (refer to cMYP or updated Multi-Year Plan)

The new vaccines will be monitored by district, focusing on coverage, dropout rate and vaccine wastage.

If you are approved for new vaccines support, you will be entitled to receive a lump-sum of US\$ 100,000 to facilitate the introduction of each new vaccine. If you wish to receive these funds, please *submit the attached “Banking Form” (in Annex 2) along with this proposal, if you have not yet already done so for other types of support from the GAVI Alliance.*

The country has received this amount once to facilitate the introduction of tetravalent DPT/HepB vaccine in 2001.

4. Additional Comments and Recommendations from the Inter-Agency Coordinating Committee for Immunization (ICC) and other Health Sector Development Partners

After several meetings, in which the introduction of Hib vaccine was discussed in all its aspects, the ICC agreed that:

1. The burden of Hib related diseases in Mozambique is extremely high.
2. The logistical aspects for the introduction of pentavalent vaccine, including the cold chain capacity and vaccine distribution system, are adequate in the country
3. The cMYP contemplates activities that lead to an increase in the number of children to be vaccinated in a sustainable way.

Therefore, the ICC highly recommends that Pentavalent DPT/HepB + Hib vaccine be introduced in Mozambique, as soon as possible. It also recommends that the introduction of new vaccine be implemented countrywide at once, and not phased, as initially proposed.

Documents Required

Document	DOCUMENT NUMBER	Duration *
Comprehensive Multi-Year Plan (cMYP) or updated Multi-Year Plan	X	2007-2009
WHO / UNICEF Joint Reporting Form (last two)	X	2004/2005
Plan for introduction of New Vaccine (if not already included in the cMYP or updated Multi-Year Plan)	Already included in the cMYP	2007-2008
Endorsed minutes of the ICC meeting discussing the requested GAVI Alliance New and Under-Used Vaccine (NVS) support	X	
Endorsed minutes of the National Coordinating Body meeting where the GAVI Alliance NVS proposal was endorsed		
Minutes of the three most recent ICC meetings		
ICC work plan for the forthcoming 12 months		

** Please indicate the duration of the plan / assessment / document where appropriate*

REPLY TO CONDITIONS AFTER SUBMITTING THE ABOVE PROPOSAL OCTOBER 2008

Mozambique submitted to GAVI Alliance on April 2007, its New Vaccine Support proposal for introduction of vaccination against *Haemophilus Influenzae type b* using DPT-HepB+Hib vaccines. The Independent Review Committee has reviewed the proposal and recommended "Conditional Approval"

In order to qualify for final approval, the country was requested to provide answers to the following conditions:

1. Conduct an assessment of the cold chain storage capacity that includes the available existing capacity and the amount that will be required for the new and traditional vaccines
2. Develop financial sustainability strategy for the program based on an analysis of the funding gap.
3. Correct the inconsistent numbers between the documents

In response to the conditions above mentioned, the country has implemented the following activities:

- conducted the cold chain storage capacity, which is incorporated in the attached file named "Introduction Plan for Pentavalent vaccine in Mozambique".
- developed a financial sustainability strategy as a separate file named "Achieving Financial Sustainability for Immunization in Mozambique", also attached to this letter.
- checked out and corrected internal discrepancies in the documents
- checked out and corrected inconsistencies among documents (JRF 2006, 2006 GAVI Progress Report, EPI cMYP and New Vaccine Application).
- harmonized data amongst the documents (JRF 2006, 2006 GAVI Progress Report, EPI cMYP and New Vaccine Application).
- recalculated The GAVI payment and country co-payment , in the New Vaccine Support proposal, based on the last update of cost of vaccine per dose received from GAVI (Excel sheet Annex 2a, 15th July).
- informed ICC members about the conditional approval, the conditions to be met for an eventual final approval, and fully involved them in the review process.

SUMMARY

1. Cold chain storage capacity assessment

The cold chain capacity for storing traditional and new vaccines is adequate at all levels for 2008, the expected year of penta introduction. However, a gap in terms of storage capacity at central level starting from 731 liters in 2009 up to 3,000 liters in 2012. This will be addressed by increasing positive storage capacity at central level by 10,000 liters to accommodate vaccine storage needs in a long term. On the other hand, the storage capacity in Nampula and in other provinces is much higher than at central level. Thus, Vaccines will be able to be transferred to the provinces on their arrival in the country if the cold chain capacity at central level is not increased before 2009.

2. Financial sustainability strategy

The costing and gap analysis for pentavalent introduction (*which takes into account the \$ 250,249 calculated from the birth cohort at \$ 0.30/child, expected from GAVI as its share for new vaccine introduction*) shows that training of Health workers at district level, printing of monitoring tools (vaccination cards and reporting tools), supportive supervisory visits and information dissemination through radio and television (this item has been calculated for a period of one year, starting 6 months before introduction and continuing for another 6 months after introduction to continue keeping people informed about pentavalent), are the items consuming more than half (about 70%) of resources needed for operational cost with penta introduction and respond for 87% of the gap. However, their weight in the gap can be reduced by incorporating to the possible extent the activities related to these items into the routine activities. Further reduction in global gap can be achieved with good communication (allowing additional resource mobilization either in kind or cash), coordination and integration with nutrition and IMCI programs.

3. Correction of inconsistencies

Inconsistencies were corrected related to population figures, target objectives for coverage, wastage and dropout rates. Vaccine cost were recalculated using UNICEF price per dose as in annex 2A of 15th July, and GAVI payment and country co-financing were adjusted accordingly. All figures and tables were harmonized in the following documents: JRF 2006, 2006 GAVI Progress Report, EPI cMYP and New Vaccine Application.

REPLY TO CONDITIONS AFTER SUBMITTING THE ABOVE REPLIES MARCH 2008

Response to the Independent Review Committee (IRC) regarding application for the introduction of the Pentavalent Vaccine in Mozambique

1 Summary

In October 2007 Mozambique submitted an application for Introduction of the Pentavalent vaccine to GAVI, with the following recommendations of the evaluation from the Independent Review Committee (IRC) on the application:

2 Conditional Approval

1. Develop a plan to improve the cold chain capacity at the central level before 2009 with a timeline and list of activities; and
2. Correct the inconsistencies in the data in the application;

In response to the issues raised, Mozambique`s Ministry of Health developed the following strategies:

1. A plan for cold chain capacity was developed for the Central Level with timelines and list of activities. The most crucial aspect of the plan is the acquisition of **2 cold Units, 1 Cold room** and **1 Freeze room** with the capacities of **40 CBM** and **20 CBM** respectively, which will not only resolve the outstanding problem of gap in storage space from 2009 at National level for the introduction of Pentavalent vaccine, but with the acquired storage space, it will equally accommodate any other vaccines that are either currently available (but not in the plans for introduction in Mozambique in short period of time) or in the pipeline, see Cold Chain Installation Plan document;

At the moment the public tender for the acquisition of the units has already been authorized by his excellence the Minister of Health of Mozambique (see copy of authorization letter signed by the Minister himself) and the tender process is in process. It is expected that by the end July the cold units will be fully installed and operational;

2. The Financial Strategy for the Program has been developed in a separate document "Achieving Financial Sustainability for Immunization in Mozambique" and sent for appraisal. According to the IRC the strategies appear reasonable; however a minor point was that baseline indicators were missing.

In response to the indicators point, the Ministry of Health already developed the baseline target values to monitor the strategy , see table in the last page of the Financial Strategy document.

3. All documents have been thoroughly evaluated by more than one person and the inconsistencies corrected;

Please find attached the following list of support documents:

- a. Summary page of recommendations of IRC and strategies developed by Mozambique MoH;
- b. Application for the New Vaccine form;
- c. 2006 GAVI Annual Progress Report (APR);
- d. Country Multi Annual Year Plan (Cmyp);
- e. Joint Report Form (JRF) 2006;
- f. Cold Chain Installation Plan (Included in the Pentavalent Introduction Plan)
- g. Timeframe for cold chain installation;
- h. Scanned copy of the letter for authorization of the tender for cold units acquisition;
- i. ICC Minute

Kind Regards,

National Director of Health Promotion and Disease Control
Dr. Mouzinho Saide

Maputo, 7 February 2008