Hon. Maithreepala Sirisena
Minister of Health
Suwasiripaya
No. 385, Rev. Baddegama Wimalawansa Thero Mawatha
Colombo IO, Sri Lanka

12 December 2014

Dear Minister,

***Request for 2015 Renewal of Gavi support for Pentavalent vaccines***

I am writing in relation to Sri Lanka's request for renewal for New Vaccines Support (NVS) for Pentavalent vaccines, which was reviewed by the Gavi High Level Review Panel (HLRP) on 27-29 October 2014.

Following the recommendations made by the Panel, I am pleased to inform you that Gavi has approved Sri Lanka for support for Pentavalent vaccines, as specified in the Decision Letter(s) attached to this letter.

In addition to the renewal decision that has been outlined above, we would also like to draw your attention to the recommendations of the HLRP and the action points it endorsed.

The Appendices includes the following important information:
Appendix A: Decision letter(s) containing financial and programmatic information per type of support
Appendix B: Internal Appraisal Report

Please do not hesitate to contact my colleague athomson@gavi.org if you have any questions or concerns.

Yours sincerely,

Hind Khatib-Othman

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

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## Appendix A

## Sri Lanka VACCINE SUPPORT

**This Decision Letter sets out the Programme Terms of a Programme.**

**1. Country: Sri Lanka**

**2. Grant Number:** 1415-LKA-04c-X

**3.** Date of Decision Letter: 12 December 2014

**4.** Date of the Partnership Framework Agreement: 3 April 2014

**5. Programme Title:** NVS, Pentavalent Routine

**6.** Vaccine type: Pentavalent

**7.** Requested product presentation and formulation of vaccine: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

**8.** Programme Duration[1]: 2008 - 2015

**9.** Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement):

| | 2008 - 2014 | 2015 | Total[2] |
|---|---|---|---|
| Programme Budget (US$) | US$17,484,723[3] | US$94,000 | US$17,578,723 |

**10.** Vaccine Introduction Grant: Not applicable

[1] This is the entire duration of the programme.
[2] This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.
[3] This is the consolidated amount for all previous years.

| |
|---|
| **17. Financial Clarifications:** The Country shall provide the following clarifications to GAVI*: Not applicable.<br><br>**Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements* |
| ***18.*** **Other conditions:** Not applicable. |

Signed by,
**On behalf of the GAVI Alliance**

Hind Khatib-Othman
Managing Director, Country Programmes
12 December 2014

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**11. Indicative Annual Amounts (subject to the terms of the Partnership Framework Agreement):**[4]

| Type of supplies to be purchased with GAVI funds in each year | 2008-2014 | 2015 |
|---|---|---|
| Number of Pentavalent vaccines doses | | 55,000 |
| Number of AD syringes | | 55,200 |
| Number of re-constitution syringes | | |
| Number of safety boxes | | 625 |
| Annual Amounts (US$) | US$17,484,723[5] | US$94,000 |

**12. Procurement agency:** UNICEF. The Country shall release its Co-Financing payments each year to UNICEF

**13.** Self-procurement: Not applicable.

**14.** Co-financing obligations: Reference code: 1415-LKA-04c-X-C According to the Co-Financing Policy, the Country falls within the Graduating group.
The following table summarises the Co-Financing Payment(s) and quantity of supply that will be procured with such funds in the relevant year.

| Type of supplies to be purchased with Country funds in each year | 2015 |
|---|---|
| Number of vaccine doses | 1,252,500 |
| Number of AD syringes | 1,248,600 |
| Number of re-constitution syringes | |
| Number of safety boxes | 13,750 |
| Value of vaccine doses (US$) | US$1,967,002 |
| Total Co-Financing Payments (US$) (including freight) | US$2,118,150 |

**15.** Operational support for campaigns: Not applicable

**16. Additional documents to be delivered for future disbursements: Not applicable**

| Reports, documents and other deliverables | Due dates |
|---|---|
| Annual Progress Report or equivalent | To be agreed with Gavi Secretariat |

[4] This is the amount that GAVI has approved.
[5] This is the consolidated amount for all previously approved years.

Appendix B

**Internal Appraisal**
**Geneva, October 2014**

**Country name: Sri Lanka**
**Type of support requested: Pentavalent vaccine support**
**Vaccines requested: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

# Sri Lanka

# Internal Appraisal 2014

## 1. Executive Summary

Sri Lanka's immunization programme enjoys strong government support, is well managed, and has generated high coverage of all antigens over many years, including in conflict-affected areas. No major challenges were identified in 2013. Sri Lanka will fund 80% of its Pentavalent programme in 2015 and 100% from January 2016 onwards, when it graduates from Gavi support. A graduation assessment is currently planned for Q4 2014.

This Internal Appraisal recommends approval of Pentavalent support for 2015, the final year of the programme. The US$ 4.5 million HSS Grant is already fully disbursed, activities are well on track for completion and all targets are expected to be reached by the end of 2014. Sri Lanka's IPV application was approved in April 2014 for introduction in January 2015.

## 2. Achievements and Constraints

2013 coverage targets have been met with respect to all vaccines. Reported coverage for BCG, OPV3 and DTP-HepB-Hib ranges from 97 to 98 % against the targets of 100%. The dropout and wastage rates are both within the expected ranges, at less than 1%. The administrative data is of high quality showing no significant difference with other coverage surveys. Actually coverage surveys show better figures than administrative data, as they also take into account a small private sector (1-2%).

Sex-disaggregated data is not routinely available, but given the almost 100% coverage over the past decade, major gender equity issues seem unlikely. With almost universal coverage, geography, ethnicity, economics and social level are not seen as barriers to immunization.[6] This holds also for the former conflict-affected

[6] Please note that Sri Lanka's recent IPV application states that "vulnerable groups have been described. They are those marginalized from mainstream education and other services due to various barriers

northeast, where small EPI surveys carried out in early 2014 in Kilinochchi and Mulativue, two heavily impacted districts, showed very good coverage. Primary health care services in these conflict-affected regions have been a target of Gavi HSS.

## 3. Governance

The National Advisory committee on Communicable Diseases met 4 times in 2013 and once in 2014, and Joint Health Sector Coordinating Committee and ICC meetings were held once each in 2013 and 2014. The membership includes government, international organisations and professional medical associations, but has no civil society representation. The Advisory committee discussed various issues related to vaccine preventable diseases and the progress of immunization program was shared with the committee. Minutes show that no major concerns were raised on the progress of implementation. The HSS grant was also discussed at meetings of the Health Master Plan Implementation Steering Committee.

## 4. Programme Management

The EPI is well managed. There is an established system for reporting and monitoring, with performance at divisional and district level reviewed on a monthly and quarterly basis. Annual reports are examined centrally and published online. The cMYP for the period 2012-2016 gives an excellent overview of the EPI and its place within the health system, as well as of plans for vaccine delivery and coverage. The costing component is comprehensive and takes into account government as well as donor funding mechanisms. The proposal for introduction of IPV will be aligned with the 2012-2016 cMYP. The country has also indicated its willingness to introduce HPV if GAVI price is accessible.

## 5. Programme Delivery

The last EVM assessment was done in May 2012 and the next is due in 2015. There was no major problem with supply chain and the performance of 4 out of 9 criteria of the EVM assessment was above 80%. There is no shortage of cold storage space, even taking new introductions into account. There are 32 well maintained cold rooms and installation of additional cold room at central level will be completed prior to IPV introduction. The assessment also recommended procurement of refrigerated vehicles for distribution of vaccines to the 26 regional medical supply divisions. The progress on EVM improvement plan is satisfactory, but maintenance standards in particular still require improvement.

The country has a safe injection plan and has reached 100% injection safety by using AD syringes, safety boxes and incinerators. Sharp wastes are incinerated in urban areas and burnt and buried in rural areas.

An AEFI system is present. Serious cases are reported immediately and non serious ones are reported on monthly basis. These reports are reviewed by an independent AEFI committee. Sentinel surveillance for rota virus, pneumococcal and meningococcal diseases are carried out in addition to special studies for these VPDs.

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generated by economic, social, and geographic fault-lines and physical disabilities and other specific constraints.'

## 6. Data Quality

As mentioned above, the minor discrepancy between independent coverage survey and administrative data is because of a very small private sector (1-2%) not covered in administrative data. The country is planning a phased expansion of web based immunization information system to other districts to further improve the web based immunization registry.

## 7. Global Polio Eradication Initiative, if relevant

Sri Lanka is polio free since 1993 and has achieved high level coverage against polio. IPV will be introduced in January 2015, with preference for a 1-dose vial, then a 5-dose vial.

## 8. Health System Strengthening

Gavi HSS in Sri Lanka focused on ten districts in the former conflict affected regions of the northeast, and the total grant amount of US$ 4,505,000 has been disbursed. The aim was re-establishment of primary health services in these areas, with particular emphasis placed on improving human resource, capacity, outreach and monitoring. The HSS component performed well, improving the quality of coverage of immunization in the 10 districts under focus. Major targets were achieved by the end of 2013, but because take-off had been slow in the early years of the Grant, a one-year no-cost extension to use the remaining US$ 1.1 million was granted. The country reported 80% expenditure through March 2014. Implementation will be completed by December 2014, by which time 100% of the expected targets are likely to have been achieved.

In 2012, US$ 439,926 from the last HSS tranche was reprogrammed to focus on renovation and upgrading the National Training Institute for Health Professionals, to ensure training facilities for PHC and other staff. Some reprogrammed funds also went to improvement of the cold chain.

The fund management has been satisfactory with robust control fiscal control. Some issues in disbursement at local level were observed for which remedial measures have been adopted. External audits did not reveal any outstanding issues. An end of grant assessment is planned for Q4 2014.

## 9. Financial Management

The PFO team keeps track of the pending requirements and clarifications for financial management. An FMA was conducted in 2012 and its recommendations have been implemented.

The Auditor General's report for the HSS Grant for 2012 concluded that overall, proper accounts had been maintained, that financial statements accurately reflected the state of affairs of the programme and that funds had been utilized for the purposes for which they were provided. Issues highlighted included non-maintenance of a separate bank account for the programme, difficulty of assessing delayed utilization of funds due to lack of a detailed action plan, and lack of distribution and

utilization of a few purchased medical supplies and motorcycles at provincial office level.

Sri Lanka has been requested to show that issues raised in the Auditor General's report have been resolved, and to provide the 2013 HSS External Audit Report. The Aide-mémoire signed in 2013 governing the financial management of Gavi cash grants has been provided to the Auditor General's Department for the next audit.

## 10. NVS Targets

The reported coverage with the third dose of DTC-HepB-Hib was 97% in 2013 compared to the target of 100%. The reported wastage rate is 1%, which meets the target for the single dose vial preparation. There is a large stock of DTC-HepB-Hib vaccine shown at the beginning of 2014 and the country is planning to reach 370,000 children (101%) with the third dose of this vaccine in 2014. The change from single dose to 10 dose vial in 2014 will increase wastage rates.

## 11. EPI Financing and Sustainability

The government share of total immunization expenditure in 2013 was 71.8%. GAVI's share was 27.8%, with the remainder covered by UNICEF and WHO. Traditional vaccines are fully funded by the government.

Co-financing of Pentavalent vaccine began in 2010 and payment has always been timely. Sri Lanka will fund 80% of its Pentavalent programme in 2015 and 100% from January 2016 onwards, when it graduates from Gavi support. A graduation assessment is currently planned for Q4 2014.

## 12. Renewal Recommendations

| Topic | Recommendation |
|---|---|
| NVS | Renew Pentavalent vaccine for 2015, without a change in presentation. |

## 13. Other Recommended Actions

| Topic | Action Point |
|---|---|
| | |