Application Form for Gavi NVS support

Submitted by

The Government of

Angola

Date of submission: **Not yet submitted**

Deadline for submission:

i. **1 May 2016**
ii. 1st May 2015
iii. 9 September 2015

Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)

Start Year 2016 End Year 2017

Form revised in 2015

(To be used with Guidelines of November 2015)

Note: Please ensure that the application has been received by Gavi on or before the day of the deadline.

Gavi
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the 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 the Gavi. All funding decisions for the application are made at the discretion of the Gavi Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the Gavi in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application.The Gavi will document any change approved by the Gavi, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the Gavi all funding amounts that are not 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 the Gavi, within sixty (60) days after the Country receives the Gavi's request for a reimbursement and be paid to the account or accounts as directed by the Gavi.

SUSPENSION/ TERMINATION

The 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 programmes described in the Country's application, or any Gavi-approved amendment to the application.The Gavi retains the right to terminate its support to the Country for the programmes described in its application if a misuse of Gavi funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the 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.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the Gavi, as requested. The 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 the Gavi in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE Gavi TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the Gavi Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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 the 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 the 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 the Gavi. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The 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.

The Gavi will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

1. Type of Support requested

Please specify for which type of Gavi support you would like to apply to.

Type of Support	Vaccine	Start Year	End Year	Preferred second presentation[1]
Preventive campaign	MR, 10 does/vial, lyophilized	2017	2020	

[1] Gavi may not be in a position to accommodate all countries first product preferences, and in such cases, Gavi will contact the country and partners to explore alternative options. A country will not be obliged to accept its second or third preference, however Gavi will engage with the country to fully explore a variety of factors (such as implications on introduction timing, cold chain capacity, disease burden, etc.) which may have an implication for the most suitable selection of vaccine. If a country does not indicate a second or third preference, it will be assumed that the country prefers to postpone introduction until the first preference is available. It should be noted that this may delay the introduction in the country.

2. Table of Contents

3. Executive Summary

Please provide a summary of your country's proposal, including the following the information:

This application refers to rubella-measles (MR) vaccine. The type of vaccine is MR, 10 doses per vial, LYOPHILISED for preventive campaign. The expected date of the introduction of the vaccine or the catch-up campaign is on 17 to 28 October 2017. The estimated cost of the MR vaccine is about 15,954,148 USD, out of which 50% will be covered by the government and the remaining 50% corresponding to about 7,977,074 USD will be covered by GAVI. The country also expect a lump sum of about 1,010,124 USD as GAVI new vaccine introduction grant which will be used particularly in the preparation phase of the MR vaccine introduction in to the routine immunization. The MR vaccine will be introduced into the routine immunization immediately after completing the catch-up campaign. The presentation of the MR vaccine chosen above is because it has very similar presentation with the measles vaccine the country is using in the program.
The routine immunization measles vaccine coverage was 85 and 80 percent in 2014 and 2015 respectively. The penta3 coverage for the same period was 80% for both years mentioned above.
The MR vaccine introduction plan is already prepared; it includes the action plan for the catch-up campaign. The introduction plan was developed jointly with local and international partners. The ICC has also evaluated the introduction plan and approved. Activities are already going on in order to improve the cold chain capacity of sub national level. There is EVM improvement plan and it is already in the phase of implementation.
Concerning the commitment of the government for sustainable financing of the MR vaccine, it is already part of the c-MYP 2016-2020 and it is already budgeted and approved by the authorities.

4. Signatures

4.1. Signatures of the Government and National Coordinating Bodies

4.1.1. Government and the Inter-Agency Coordinating Committee for Immunization

The Government of Angola would like to expand the existing partnership with the Gavi for the improvement of the infants routine immunization programme of the country, and specifically hereby requests Gavi support for:

MR, 10 dose (s) per vial, LYOPHILISED for preventive campaign.

The Government of Angola commits itself to developing national immunization services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan presented with this document. The Government requests that the Gavi and its partners contribute financial and technical assistance to support immunization of children as outlined in this application.

Please note that this application will not be reviewed or recommended for approval by the Independent Review Committee (IRC) without the signatures of both the Minister of Health and Minister of Finance or their delegated authority. These signatures are attached as DOCUMENT NUMBER 2 and 3: Document not referenced and Document not referenced in Section 10. Attachments.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr. Luis Gomes Sambo	**Name**	Dr.Archer de Sousa Mangueira
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted in case the Gavi Secretariat has queries on this document):

Full name	Position	Telephone	Email
Dr. Alda Morais Pedro de Sousa	**EPI Manager**	**+244912501232**	**aldamorais@yahoo.com.br**

4.1.2. National Coordinating Body - Inter-Agency Coordinating Committee for Immunization

Agencies and partners (including development partners and NGOs) supporting immunization services are coordinated and organized through an inter-agency coordinating mechanism (ICC, Health Sector Coordinating Committee (HSCC), or equivalent committee). The ICC, HSCC, or equivalent committee is responsible for coordinating and guiding the use of the Gavi NVS routine support and/or campaign support. Please provide information about the ICC, HSCC, or equivalent committee in your country in the table below.

Profile of the ICC, HSCC, or equivalent committee

Name of the committee	Interagency Coordination Committee
Year of constitution of the current committee	1995
Organizational structure (e.g., sub-committee, stand-alone)	Technical, Logistic and social mobilization subcommittees
Frequency of meetings	Weekly/Monthly

The Terms of Reference or Standard Operating Principles for the ICC, including details on the ICC membership, quorum, dispute resolution process and meeting schedules is attached as DOCUMENT NUMBER 4: Document not referenced.

Major functions and responsibilities of the ICC/HSCC:

Coordination

Resource mobilization
Monitoring of program implementation
Review plans and budget
Advocacy and promotion of social mobilization
Provide orientation

Please describe how partners have provided support in preparation of the proposal:

The proposal was prepared with involvement of all EPI international and local partners. They were involved in developing the nation plan of action for the introduction of the MR vaccine. Provided up-to-date information on the epidemiology of the disease, latest updates on the vaccine options. Received external mission to support the preparation activities for the application for the new vaccine introduction and did advocacy to the minister of health, finance and commerce for sustainability of the funding.

4.1.3. Signature Table for the Coordinating Committee for Immunization

We the members of the ICC, HSCC, or equivalent committee *[1]* 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 minutes of the meeting endorsing this proposal are attached as Document number Document not referenced. The signatures endorsing the proposal are attached as Document number Document not referenced (please use the list for signatures in the section below).

Please refer to Annex C of the 'Gavi HSS and NVS General Guidelines' for more information on ICCs.

Function	Title / Organization	Name	Please sign below to indicate the attendance at the meeting where the proposal was endorsed	Please sign below to indicate the endorsement of the minutes where the proposal was discussed
Chair	Vice Minister of Health	Dr. Constatina Pereira Furtado Machado		
Secretary	Chief of Department of Hygiene and epidemiology	Dr. Eusebio Manuel		
	EPI Manager	Dr. Alda Morais Pedro de Sousa		
	IVE Team Leader/WHO	Dr. Jean Marie Kipela		
Members	WHO Country Representative	Dr. Hernando Agudelo		
	UNICEF Immunization Officer	Dr. Titus Angi		
	Core Group	Ms. Ana Pinto		

By submitting the proposal we confirm that the quorum has been met. **Yes**

The minutes from the three most recent ICC meetings are attached as DOCUMENT NUMBER 6 : Document not referenced.

4.2. National Immunization Technical Advisory Group (NITAG)

Has a NITAG been established in the country ? No,

In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG. This document is attached as **(Document Number: Document not referenced)**

NITAG has not been yet established in Angola. The process has been initiated with nomination of members of NITAG. The final decision of the members and chair of the group will be taken by the ICC in the next meeting. Once the decision is taken about the composition and the ToR for the NITAG, the group will start functioning immediately.

Currently the functions of the NITAG have taken by EPI Technical Team (composed of Ministry of Health and major MoH EPI partners), members of medical scientific societies and ICC.

5. Immunisation Programme Data

5.1 Background information

Please complete the table 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 (cMYP) (or equivalent plan) and attach a complete copy (with an Executive Summary) as DOCUMENT NUMBER 9. Please attach the cMYP costing tool as DOCUMENT NUMBER 10.
- Please attach relevant Vaccine Introduction Plan(s) as DOCUMENT NUMBER 12:
- Please refer to the two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases
- Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.
- Please refer to the attached risk assessments in the case of yellow fever and meningitis A mass preventive campaigns.

Please use the most recent data available and specify the source and date.

	Figure	Year	Source
Total Population	27,200,431	**2016**	National Institute of Statistics
Corte de naissance	**1,360,022**	**2016**	National Institute of Statistics
Infant Mortality Rate /10000	**96**	**2010**	Integrated Population Welfare Survey
Surviving infants	**1,169,619**	**2016**	National Institute of Statistics
GNI per capita (USD)	6,450	**2015**	World Bank, International Comparison Program database
Total Health expenditure as percentage of GDP	**47,000,000**	**2014**	Global Health Observatory data repository, WHO
General Government expenditure on Health as percentage of general government expenditure	**5%**	**2014**	Global Health Observatory data repository, WHO

[3] Surviving infants = Infants surviving the first 12 months of life

5.1.1 Lessons learned

Routine New Vaccines Support

Before embarking on application for NVS, it is very important to secure strong support and commitment of all high level decision makers particularly the Minister of Health and Finance. This help to secure the financial sustainability of the program.
Advocacy to high level national and provincial decision makers is also important mobilize financial and other resources to ensure the continuity of the vaccination activities.
Important to identify the best strategy for the vaccination.

5.1.2 Health planning and budgeting

Please provide information on the planning and budgeting cycle in your country

The national operational planning and budgeting cycle for health is annual from January to December.

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

The National Health Development Plan, 2012-2025

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

Yes

Please indicate the national planning budgeting cycle for health

January to December

Please indicate the national planning cycle for immunization

The annual budget cycle is from January to December and for the c-MYP is from 2016-2020

5.1.3 Gender and equity

Please describe any barriers to access, utilisation and delivery of immunisation services at district level (or equivalent) that are related to geographic, socio-economic and/or gender equity. Please describe actions taken to mitigate these barriers and highlight where these issues are addressed in the vaccine introduction plan(s).

There is no data demonstrating gender inequity for vaccination services in general. There are many hard to reach areas with no health and fixed post vaccination services. In these localities outreach and mobile team vaccination services are provided.

Discuss how equity issues (geographic, socio-economic and/or gender) are being taken into account in the design of social mobilisation and other strategies to increase immunisation coverage. Highlight where these issues are addressed in the vaccine introduction plan(s).

Local community leaders, faith based organizations, military health services, police and local government administrations are targeted to mobilize the community and resources

Please indicate if sex disaggregated data is collected and used in immunisation routine reporting systems.

No

Is the country currently in a situation of fragility (e.g. insecurity, conflict, post-conflict, refugees/and or displaced persons and recent, current or potential environmental disaster, such as flooding, earthquake or drought or others)? If Yes, please describe how these issues may impact your immunisation programme, planning for introduction of routine vaccines or campaigns and financing of these activities.

The country is in yellow fever outbreak situation. The outbreak has taken the attention of local and international health authorities and technicians. Even though the outbreak is at its end stage, it has destructed the immunization and other health services resources.

If available, please provide additional information and documents on subnational coverage data, e.g. comparing urban/rural districts or districts with highest/lowest coverage, etc.

NA

5.1.4 Data quality

Please attach a data quality assessment (DQA), report if one has been completed within the previous 48 months (DOCUMENT NUMBER: 27). If available, an improvement plan and progress report on the implementation of the improvement plan should also be submitted (DOCUMENT NUMBER:11 , DOCUMENT NUMBER:28).

If DQA not available, please briefly describe plans to establish mechanisms for data quality assessment.

NA

Please indicate what routine mechanisms to independently assess the quality of administrative data are in place, and if so what these mechanisms are and how they enable the country to track changes in data quality over time.

The DQS is being implemented throughout the country and in some provinces there are monthly data harmonization meetings before sending reports to the next level.

Please detail what household surveys have been conducted in recent years to independently assess immunisation coverage and equity, and describe any survey plans for the coming five year period.

Demographic health survey is planned to be implemented as of mid of September 2016. There is no other recent survey conducted.

5.1.5 MCV Immunisation coverage

Please provide information concerning immunisation coverage related to measles-containing vaccines (MCV)

Table 5.1.5: MCV Immunisation coverage

Coverage	2013		2014		2015	
	Administrative*(1)*	WUENIC*(2)*	Administrative*(1)*	WUENIC*(2)*	Administrative*(1)*	WUENIC*(2)*
Measles 1*st* dose (%)	105	66	85	60	80	55
Measles 2*nd* dose (%)	0	0	0	0	26	26

Coverage	2014		2015	
	Administrative*(1)*	WUENIC*(2)*	Administrative*(1)*	WUENIC*(2)*
Measles 1*st* dose (%)	105	60	80	55
Measles 2*nd* dose (%)	0	0	26	26

Coverage	2013		2014		2015	
	Administrative*(1)*	Coverage survey	Administrative*(1)*	Coverage survey	Administrative*(1)*	Coverage survey
Supplementary Immunisation Activities (SIA) (%)	0	0	117	97	0	0

Coverage	2014		2015	
	Administrative*(1)*	Coverage survey	Administrative*(1)*	Coverage survey
Supplementary Immunisation Activities (SIA) (%)	117	97	0	0

Note:

(1) National reported Administrative Coverage

(2) WHO/UNICEF estimates of national immunization coverage

Was the last Measles Supplementary Immunization Activities (SIA) administrative coverage or results of a survey of acceptable methodology **[Administrative coverage / Survey]**

5.2. Baseline and Annual Targets (NVS Routine Support)

	Baseline	Projected population figures				
	2014	2016	2017	2018	2019	2020
Population	25,789,024	27,200,431	27,934,843	28,689,084	29,463,689	30,259,209
Births	1,289,451	1,360,022	1,396,742	1,434,454	1,473,184	1,512,960
Surviving infants	1,165,664	1,229,460	1,262,655	1,296,747	1,331,759	1,367,716
Pregnant women	1,289,451	1,360,022	1,396,742	1,434,454	1,473,184	1,512,960
CBAW (Child Bearing Age Women)	5,415,695	5,712,091	5,866,317	6,024,708	6,187,375	6,354,434
VPO3--immunized children	944,188	1,106,514	1,136,389	1,167,072	1,198,583	1,230,945
DTP1-immunized children (proxy)						

	1,107,381	1,167,987	1,199,522	1,231,909	1,265,171	1,299,330
DTP3-immunized children	932,531	983,568	1,073,257	1,128,170	1,185,265	1,230,945
Wastage rate for DTP in the base year and planned	15	10	10	10	10	10
Wastage factor for DTP in the base year and planned	1.18	1.11	1.11	1.11	1.11	1.11
RCV-1 immunized children	990,814	1,045,041	1,073,257	1,102,235	1,131,995	1,162,559
Penta Dropout rate	19	10	10	10	10	10
Under 5 years (19.3%)	4,977,282	5,249,683	5,391,425	5,536,993	5,686,492	5,840,027
Under 15 years (47.3%)	12,195,629	12,863,084	13,210,387	13,567,068	13,933,379	14,309,580
6 months to 5 years (17.0%)	4,603,341	4,855,277	4,986,370	5,121,001	5,259,269	5,401,269

5.3. Targets for Preventive Campaign(s)

´5.3.1 Targets (MR campaign)

Please specify cohort for rubella-containing vaccines (RCV):

MR Start **[9 months]**

MR End **[14 years]**

Cohort population = population [9 months – 14 years] old

Gavi will only provide support to countries for Rubella Containing Vaccine catch-up campaign by providing 50% of the required doses of MR vaccine for a target population of males and females aged 9 months to 14 years (the exact range in the scope of 9 months to 14 years old will depend on MR in the country).

Table 5.3.2 Baseline NVS preventive campaign figures for MR

Number	Targets
	2017
Total target population	12,291,331
Wastage rate (%) for MR (campaign)	30%
Maximum wastage rate value for MR (campaign)	30%

6. New and Under-Used Vaccines (NVS Routine)

No NVS routine support requested

7. NVS Preventive Campaigns

7.1. Assessment of burden of relevant diseases related to campaigns (if available)

Disease	Title of the assessment	Date	Results

Please attach the Plan of Action for each campaign as Document No. 29, 23 in Section 10.

NA

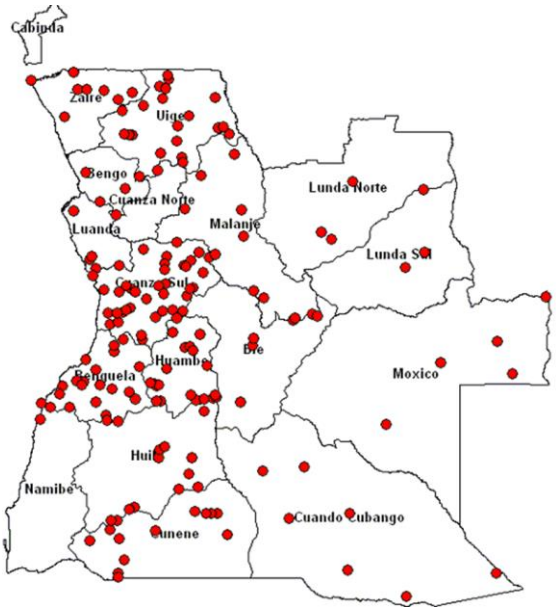
7.1.2 Epidemiology and disease burden for Measles-Rubella

Please select at least one of the following information sources to justify RCV diseases burden results:

Epidemiological information on burden of disease:

- ☐ 1 - Rubella data from the measles case-based surveillance system (including the age distribution of rubella cases)
- ☐ 2 - Rubella seroprevalence surveys
- ☐ 3 - Congenital Rubella Syndrome (CRS) burden information, e.g. retrospective search, modelled estimates for CRS burden, prospective surveillance
- ☐ 4 - Other

In Angola data on measles and rubella epidemiology are reported through the country's measles case-based surveillance system in which only negative blood samples for measles were tested for rubella. Over the past two years there is a decrease in the incidence of measles cases after the very successful campaign in 2014. For this reason rubella cases seem to have an increasing trend due to testing more samples for rubella. In 2013 there were only 36 reported confirmed rubella cases while in 2014 and 2015 the number markedly increased to 112 and 228 respectively. The map below demonstrates the distribution of rubella confirmed cases in 2015.



Burden of CSR

In Angola, there is no formal sentinel-site for Congenital Rubella Syndrome (CRS) surveillance.

Few existing reports and studies however point to CRS as a significant cause of malformations in the country. A review of the prevalence of congenital infections at paediatric hospital of David Bernardino in Luanda suggested that rubella infection accounted for 4.8% of the TORCH infections.

7.2.Request for MR, 10 dose(s) per vial, LYOPHILISED campaign support

7.2.1. Summary for MR campaign support

When is the country planning to conduct the MR catchup campaign? **[18-27/October/2017]**

When is the country planning to introduce MR into routine immunisation? **[30/October/2017]**

Please note that, 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 this issue.

Please give a summary of the cMYP and/or the MR, 10 dose(s) per vial, LYOPHILISED introduction plan sections that refer to the introduction of MR, 10 dose(s) per vial, LYOPHILISED. Outline the key points that informed the decision-making process (data considered etc.) and describe the plans for social mobilisation and microplanning, including strategies for insecure or hard-to-reach areas. If they are included in the introduction plan or plan of action, please cite the sections only.

Please refer to the Angolan MR vaccine introduction plan of action concerning the following issues raised above: Specification of the type of MR vaccine, doses etc. on page 19-20, in relation to micro planning and identification and strategies for hard to reach areas on page 24, and activities related to communication, social mobilization and advocacy please refer to page 26.

Please summarise the cold chain capacity (at central and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain **equipment** and other **logistical** requirements. If cold chain expansion is required, state how it will be financed, and when it will be in place. Please describe how the surge capacity for campaigns will be managed. Please indicate if the supplies for the campaign will have any impact in the shipment plans for your routine vaccines and how it will be handled. The Independent Review Committee requires assurance that the cold chain is ready or will be ready for the campaign, and evidence/plans need to be provided (if they are included in detail in the plan of action, please cite the section here). **All proposals** that include Gavi-financing for cold chain equipment intended for vaccine storage shall need to procure equipment pre-qualified by WHO under their Performance Quality and Safety (PQS) program. The purchase of non-PQS equipment will only be considered on an exceptional basis, with justification and advance agreement from Gavi.

In March 2016, a national cold chain inventory was conducted and capacity gaps were noted particularly for the sub national level. The current capacity of the cold chain in the country is adequate to support and sustain the MR vaccination for the campaign an introduction of MR into routine. The country has recently developed cold chain improvement plan and about 37 districts are going to receive solar refrigerators as part of implementation of this plan.
The Central Medical Stores will distribute all vaccines and other logistics to the provincial stores and the provincial stores will distribute to the municipalities. The municipalities will then distribute to health facilities and vaccination posts. The transport requirements for logistic distribution for the campaign implementation including supervision will be mainly organized by each province with resources allocated by the national government and resources mobilised locally from local, governmental and non-governmental partners. (Please refer to the EVM improvement plan for further information)

Please describe how the campaign activities will contribute to strengthening routine immunisation services. Please refer to specific activities to be undertaken during planning and implementation, to evaluate the implementation of the routine strengthening activities completed during the campaign, and to assess, via an independent survey, the quality and coverage achieved through the campaign.

The pre-campaign preparative phase is the most important part which will contribute for the strengthening of routine immunization service delivery. During this phase health workers receive repeated supportive supervision visits and trainings. It is also an opportunity to seriously conduct inventory of all vaccination materials and equipment. It allows identifying gaps and taking

corrective actions. Integrated checklists are used to assess the status of preparation for the campaign and routine vaccination activities.

Please describe any plans for expanding measles surveillance to include rubella and plans for the introduction of Congenital Rubella Syndrome (CRS) surveillance.

The rubella surveillance is already integrated into the measles surveillance. For CRS surveillance a site for sentinel surveillance has already been identified, in October, 2016 formalization of the site and training will be given to health workers and implementation takes in effect immediately.

Please submit relevant documentation to support the estimates of the size of the campaign target population (as DOCUMENT NUMBER: 18).

7.2.2. Grant Support for Operational Costs of the MR Campaign

For this exceptional opportunity the operational cost for the MR campaign will not be supported by Gavi.

7.2.3 Evidence of introduction of MR in routine programme

Please provide evidence that the country can finance the introduction of Rubella-Containing-Vaccine (RCV) into the routine programme through one of the following:(Please attach available documents AS DOCUMENT NUMBER 17 in Section 10. Attachments)

☐ 1 - A commercial contract for purchase of MR/MMR vaccine with or without shipping documents, invoice, etc.

☐ 2 - Integration of RCV into the cMYP with a corresponding increase in the budget line for vaccines in the health sector budget adequate to cover purchase of RCV (please highlight the budget line in the cMYP costing or other document showing the corresponding increase to cover the purchase of RCV). *

* Please refer to the c-MYP page 59 of the budging part for specific information on the budging for MR introduction.

☐ 3 - An MOU between government and donor(s) (or other written document) committing the donor(s) to support for at least one year, the purchase of RCV for use in the routine programme **OR** a letter from the Minister of Finance or Budget ensuring additional funding for RCV purchase. In this case, the country must show additional evidence that the country will include MR vaccination in the routine immediately after the campaign.

7.2.4 Introduction planning for RCV

Countries should describe their plan for introduction including surveillance activities:

Does Angola's cMYP include a plan for the introduction of RCV into the national programme? **[Yes]**

Please attach the Introduction Plan for the introduction of RCV into the national programme as **Document number 13** in Section 10 and also attach the Plan of Action for the campaign as **Document number 29** in Section 10. Please refer to the Gavi application guidelines for required components in the introduction plan and plan of action.

The government of Angola is committed to the global elimination target of measles and rubella. There is a national strategic plan 2014-2020 for the elimination of diseases caused by these two viruses. The elimination plan has already put the introduction of rubella vaccine as a major strategy for the program. The country has decided to introduce the vaccine nationwide after a catch-up campaign covering children from 9 months to 14 years of age. The purpose of the catch-up campaign is to reduce the susceptible and avoid age shift. The introduction of the vaccine will be launched in October together with the catch-up campaign and the

introduction into the routine immunization will be implemented immediately. Efforts will be put to strengthen the measles surveillance system in order to improve case detections of both measles and rubella. CRS sentinel surveillance site will be established at least one year before the introduction of the MR vaccine.

7.2.5 Rubella Containing Vaccine introduction Grant

As part of the catalytic support offered to introduce Rubella Containing Vaccine into the routine programme, Gavi may provide the country with a Vaccine Introduction Grant.

Has a Rubella Containing vaccine already been introduced nationally on a routine basis? **[No]**

Calculation of Vaccine Introduction Grant for the MR, 10 dose(s) per vial, LYOPHILISED

Please indicate in the tables below how the one-time Introduction Grant ***[1]*** will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP). Gavi's support may not be enough to cover the full needs so please indicate in the table below how much and who will be complementing the funds needed.

Year of New Vaccine Introduction	Birth cohort (from Table 5.1)	Gavi contribution per target person in US$	Total in US$
2017	1,262,655	0.8	1,010,124

[1] The Grant will be based on a maximum award of $0.80 per person in the birth cohort with a minimum starting grant award of $100,000

Please describe 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 (refer to the cMYP and the Vaccine Introduction Plan).

The grant will be used to support the following preparatory activities for the introduction of the MR vaccine:

- Capacity building of health workers at all level
- Supportive Supervision
- Updating and printing of EPI tools
- Social mobilization and communication activities

The government and other local and international partners will also contribute in funding the vaccine introduction activities.

8. Procurement and Management

8.1 Procurement and Management of New and Under-Used Vaccines Routine

No NVS Routine Support is requested

8.2 Procurement and Management for NVS Preventive Campaign(s)

8.2.1 Procurement and Management for MR, 10 dose(s) per vial, LYOPHILISED campaign

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

The process of purchasing of new vaccines and its injection supplies will follow the same procedures like other new vaccines. UNICEF will be in charge of the process of purchasing. The custom clearance will be in charge of Ministry of Health. The vaccines and supplies received will be stored at central level and redistributed to provinces on quarterly bases.

b) Please describe the financial management procedures that will be applied for the management of the preventive campaign cash support, including any procurement to be incurred.

The procurement and management of new vaccines for catch-up and follow up campaigns will follow the same procedure like the vaccines for routine immunization.

The payment co-financing amounts by the Ministry of Health will be made through UNICEF, the steps are the following:
1. Signature of agreement for vaccine purchasing between UNICEF and MoH
2. Transferring the funds from MoH to UNICEF according forecast prepared by EPI
3. Purchasing of vaccine and injection supplies by UNICEF.
4. Reception of vaccines, injection supplies and purchasing documentation by MoH

5. MoH sending comprovatives of purchasing to GAVI.

c) Please indicate if the campaign is going to be phased, and if so, how this will be done.

The campaign is nationwide at the same time throughout the country. But the implementation will be in two phases the urban phase followed by rural.

d) Please outline how coverage of the campaign will be monitored, reported and evaluated (refer to the cMYP and/or the MR, 10 dose(s) per vial, LYOPHILISED campaign introduction plan)

The coverage of the campaign will be conducted through intra campaign self-assessment and independent monitoring staring from the second day of the campaign in those areas already completed the vaccination activities. At the end of the campaign coverage survey will be done using the WHO cluster sampling technique in order to determine the actual coverage of each district.

8.3 Product Licensure

For each of the vaccine(s) requested, please state whether manufacturer registration and/or national vaccine licensure will be needed in addition to WHO prequalification and, if so, describe the procedure and its duration. In addition, state whether the country accepts the Expedited Procedure for national registration of WHO-prequalified vaccines.

Note that the necessary time for licensure should be factored into the introduction timeline and reflected in the Vaccine Introduction Plan or Plan of Action.

NA

For each of the vaccine(s) requested, please provide the actual licensure status of the preferred presentation and of any alternative presentations, if required.

NA

Please describe local customs regulations, requirements for pre-delivery inspection, special documentation requirements that may potentially cause delays in receiving the vaccine. If such delays are anticipated, explain what steps are planned to handle these.

NA

Please provide information on NRA in the country, including status (e.g. whether it is WHO-certified). Please include points of contact with phone numbers and e-mail addresses. UNICEF will support the process by communicating licensing requirements to the vaccine manufacturers where relevant.

In Angola the role of NRA is taken over by the National Directorate of Drugs.

8.4 Vaccine Management (EVSM/EVM/VMA)

It is mandatory for countries to conduct an Effective Vaccine Management (EVM) assessment prior to an application for the introduction of a new vaccine. This EVM should have been conducted within the preceding **5 years**.

When was the EVM conducted? **2014**

The last EVM was conducted in 2014. After EVM assessment improvement plan was developed and the implementation is already initiated, The EVM improvement plan and the status of implementation is attached.

Please attach the most recent EVM assessment report (DOCUMENT NUMBER :), the corresponding EVM improvement plan (DOCUMENT NUMBER :) and progress on the EVM improvement plan (DOCUMENT NUMBER :). The improvement plan should include a timeline, budget of committed resources for these activities and funding gaps, if any, as well as M&E indicators to monitor progress of implementation.

If any of the above mandatory documents (EVM Assessment Report, EVM Improvement Plan, Progress on the EVM Improvement Plan) are not available, please provide justification and reference to additional documents such as PIE and External EPI Reviews.

When is the next Effective Vaccine Management (EVM) Assessment planned? **2017**

The next EVM assessment is planned for 2017.

8.5 Waste management

Countries must have a detailed waste management and monitoring plan as appropriate for their immunisation activities. This should include details on sufficient availability of waste management supplies (including safety boxes), the safe handling, storage, transportation and disposal of immunisation waste, as part of a healthcare waste management strategy. Please describe the country's waste management plan for immunisation activities (including campaigns).

There is no waste management plan

9. Additional Comments and Recommendations from the National Coordinating Body (ICC/HSCC)

No Comments and Recommendations from the National Coordinating Body (ICC/HSCC)

10. List of documents attached to this proposal

10.1. List of documents attached to this proposal

Table 1: Checklist of mandatory attachments

Document Number	Document	Section	File
Endorsements			
1	MoH Signature (or delegated authority) of Proposal	4.1.1	**File name:** Signature of the Minster of Health and Finance **File description:** Scanned PDF document **Date/time :** **Size:**
2	MoF Signature (or delegated authority) of Proposal	4.1.1	**File name:** Signature of the Minster of Health and Finance **File description:** Scanned PDF document **Date/time :** **Size:**
4	Terms of Reference for the ICC	4.1.2	**File name: Doc 4 Terms of Reference of ICC** **File description:** **Date/time :** **Size:**
5	Minutes of ICC/HSCC meeting endorsing Proposal	4.1.3	**File name: Doc 5** Minute ICC endorsing proposal **File description:** Word document **Date/time :** **Size:**
6	Signatures of ICC or HSCC or equivalent in Proposal	4.1.3	**File name:** Signature of the ICC for the approval **File description:** Scanned PDF document **Date/time :** **Size:**
7	Minutes of last three ICC/HSCC meetings	4.1.3	**File name: Doc 7 3 Last minute ICC** **File description:** **Date/time :** **Size:**
8	Role and functioning of the advisory group, description of plans to establish a NITAG	4.2.1	**File name: Role & functioning of the NITAG** **File description:** **Date/time :** **Size:**
Planning, financing and vaccine management			
9	comprehensive Multi Year Plan - cMYP	5.1	**File name: Doc 9 Angola c-MYP 2016-2020** **File description:** **Date/time :** **Size:**

10	cMYP Costing tool for financial analysis	5.1	**File name: Doc 10 Angola c-MYP costing tool** **File description:** **Date/time :** **Size:**
11	M&E and surveillance plan within the country's existing monitoring plan	5.1.5	**File name: Doc 11 MR Introduction plan** **File description:** **Date/time :** **Size:**
13	Introduction Plan for the introduction of RCV / JE / Men A / YF into the national programme	7.x.4	**File name: Doc 13 MR introduction plan** **File description:** **Date/time :** **Size:**
17	Evidence of commitment to fund purchase of RCV for use in the routine system in place of the first dose of MCV	7.x.3	**File name: Doc 17 c-MPY 2016-2020** **File description:** **Date/time :** **Size:**
18	Campaign target population documentation	7.x.1, 6.x.1	**File name: Doc 18 MR campaign Target population** **File description:** **Date/time :** **Size:**
19	EVM report	8.3	**File name: Doc 19 Angola EVM 2014** **File description:** **Date/time :** **Size:**
20	Improvement plan based on EVM	8.3	**File name: Doc 20 Angola EVM improvement plan** **File description:** **Date/time :** **Size:**
21	EVM improvement plan progress report	8.3	**File name: Doc 21 Angola EVM imp. Plan progress** **File description:** **Date/time :** **Size:**
27	Data quality assessment (DQA) report	5.1.5	**File name: Doc 27 Angola DQA report 2014** **File description:** **Date/time :** **Size:**
29	Plan of Action for campaigns	7.1, 7.x.4	**File name: Doc 29 Plan of action for campaign** **File description:** **Date/time :** **Size:**

Table 2: Checklist of optional attachments

Document Number	Document	Section	File

3	MoE signature (or delegated authority) of HPV Proposal	4.1.1	**File name:** **File description:** **Date/time :** **Size:**
12	Vaccine introduction plan	5.1	**File name:** **File description:** **Date/time :** **Size:**
15	HPV roadmap or strategy	6.1.1	**File name:** **File description:** **Date/time :** **Size:**
16	HPV summary of the evaluation methodology	5.1.6	**File name:** **File description:** **Date/time :** **Size:**
22	Detailed budget template for VIG / Operational Costs	6.x,7.x.2, 6.x.2	**File name:** **File description:** **Date/time :** **Size:**
23	Risk assessment and consensus meeting report for MenA. If the DPT was used instead, please include this.	7.1	**File name:** **File description:** **Date/time :** **Size:**
25	A description of partner participation in preparing the application	4.1.3	**File name:** **File description:** **Date/time :** **Size:**
26	Minutes of NITAG meeting with specific recommendations on the NVS introduction or campaign	4.2	**File name:** **File description:** **Date/time :** **Size:**
28	DQA improvement plan	5.1.5	**File name:** **File description:** **Date/time :** **Size:**
30	Other		**File name:** **File description:** **Date/time :** **Size:**
			File name: **File description:** **Date/time :** **Size:**
			File name: **File description:** **Date/time :** **Size:**

			File name: **File description:** **Date/time :** **Size:**
			File name: **File description:** **Date/time :** **Size:**
			File name: **File description:** **Date/time :** **Size:**
			File name: **File description:** **Date/time :** **Size:**
			File name: **File description:** **Date/time :** **Size:**

11. Annexes

Annex 1 - NVS Routine Support

No NVS Routine Support is requested

Annex 2 - NVS Routine – Preferred Second Presentation

No NVS Routine – Preferred Second Presentation requested this year

Annex 3 - NVS Preventive campaign(s)

Annex 3.1 - NVS Preventive campaign(s) (MR, 10 dose(s) per vial, LYOPHILISED)

Table Annex 3.1 C: Summary table for CAMPAIGN MR, 10 dose(s) per vial, LYOPHILISED

ID		Data from		2017
	Total target population	Table 5.2	#	12,291,331
	Number of doses per persons	Parameter	#	1
	Wastage Rate	Table 6.4.1	#	15%
	Estimated vaccine wastage factor	Table 5.2	#	1.18
	Number of doses per vial	Parameter	#	10
	AD syringes required	**Parameter**	**#**	16,099,186
	Reconstitution syringes required	**Parameter**	**#**	1,609,919
	Safety boxes required	Parameter	#	196,571
gs	**Gavi support**	Parameter	%	50%
ca	**AD syringe price per unit**	Table Annexes 4A	$	
cr	**Reconstitution syringe price per unit**	Table Annexes 4A	$	
cs	**Safety box price per unit**	Table Annexes 4A	$	
fv	**Freight cost as % of vaccines value**	Table Annexes 4B	%	
fd	**Freight cost as % of devices value**	Parameter	%	0

Table Annex 3.1 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED, associated injection safety material and related country budget (page 1)

		Formula	2017		
			Total	Government	Gavi
A	Gavi support	*Gavi support (gs)*	50 %		
B	Total target population	*Table 5.3.1*	12,291,331		
C	Number of doses per persons	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	12,291,331	6,145,665	6,145,665
E	Estimated vaccine wastage factor	*100 / (100 - Vaccine wastage rate)*	1.18		
F	Number of doses needed including wastage	*D x E*	14,503,771	7,251,885	7,251,885
G	Vaccines buffer stock	*0*			
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	14,503,771	7,251,885	7,251,885
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.11*	16,099,186	8,049,593	8,049,593
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.11*	1,609,919	804,960	804,960
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.11*	196,571	98,286	98,286
N	Cost of vaccines needed	*I x vaccine price per dose (g)*			
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*			
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*			
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*			
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*			
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*			
T	Total fund needed	*(N+O+P+Q+R+S)*			

Note: Gavi vaccine support is limited to 50% of the required number of doses for the campaign, and a Vaccine Introduction Grant for the routine introduction.

Annex 4

Table Annex 4A: Commodities Cost

Estimated prices of supply are not disclosed

Table Annex 4B: Freight cost as percentage of value

Vaccine Antigen	Vaccine Type	2017
MR, 10 dose(s) per vial, LYOPHILISED	MR	2.48 %

Table Annex 4D: Wastage rates and factors

The following table shows the wastage rates for routine and campaign vaccines, set for 2017.

Vaccine	dose(s) per vial	Maximum Vaccine wastage rate*		Benchmark Wastage Rate**
HPV bivalent, 2 dose(s) per vial, LIQUID	2	10 %	0 %	
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5 %	0 %	
JE, 5 dose(s) per vial, LYOPHILISED	5	10 %	10 %	
Measles second dose, 10 dose(s) per vial, LYOPHILISED	10	40 %	0 %	
Meningococcal A, 10 dose(s) per vial, LYOPHILISED	10	10 %	0 %	
MR, 10 dose(s) per vial, LYOPHILISED	10	15 %	0 %	
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	10 %	0 %	
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	5 %	0 %	
Rotavirus, 2-dose schedule	1	5 %	0 %	
Rotavirus, 3-dose schedule	1	5 %	0 %	
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	40 %	0 %	
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	10 %	0 %	

Comments:

* Source - WHO indicative wastage rates

** Source - Country APRs and studies, approved by WHO, UNICEF, and the Gavi Secretariat

Note: HPV demonstration project wastage rates are the same as for the national introduction of the vaccine

Table Annex 4E: Vaccine maximum packed volumes

Kindly note that this table is for reference purposes only and includes Gavi- and non Gavi-supported vaccines.

Vaccine product	Designation	Vaccine formulation	Admin route	No. Of doses in the schedule	Presentation (doses/vial, prefilled)	Packed volume vaccine (cm3/dose)	Packed volume diluents (cm3/dose)
BCG	BCG	lyophilized	ID	1	20	1.2	0.7
Diphtheria-Tetanus	DT	liquid	IM	3	10	3	
Diphtheria-Tetanus-Pertussis	DTP	liquid	IM	3	20	2.5	
Diphtheria-Tetanus-Pertussis	DTP	liquid	IM	3	10	3	
DTP liquid + Hib freeze-dried	DTP+Hib	liquid+lyop.	IM	3	1	45	
DTP-HepB combined	DTP-HepB	liquid	IM	3	1	9.7	
DTP-HepB combined	DTP-HepB	liquid	IM	3	2	6	
DTP-HepB combined	DTP-HepB	liquid	IM	3	10	3	
DTP-HepB liquid + Hib freeze-dried	DTP-Hib	liquid	IM	3	10	2.5	
DTP-HepB liquid + Hib freeze-dried	DTP-HepB+Hib	liquid+lyop.	IM	3	1	22	

DTP-HepB-Hib liquid	DTP-HepB+Hib	liquid+lyop.	IM	3	2	11	
DTP-HepB-Hib liquid	DTP-HepB-Hib	liquid	IM	3	10	4.4	
DTP-HepB-Hib liquid	DTP-HepB-Hib	liquid	IM	3	2	13.1	
DTP-HepB-Hib liquid	DTP-HepB-Hib	liquid	IM	3	1	19.2	
DTP-Hib combined liquid	DTP+Hib	liquid+lyop.	IM	3	10	12	
DTP-Hib combined liquid	DTP-Hib	liquid	IM	3	1	32.3	
Hepatitis B	HepB	liquid	IM	3	1	18	
Hepatitis B	HepB	liquid	IM	3	2	13	
Hepatitis B	HepB	liquid	IM	3	6	4.5	
Hepatitis B	HepB	liquid	IM	3	10	4	
Hepatitis B UniJect	HepB	liquid	IM	3	Uniject	12	
Hib freeze-dried	Hib_lyo	lyophilized	IM	3	1	13	35
Hib freeze-dried	Hib_lyo	lyophilized	IM	3	2	6	
Hib freeze-dried	Hib_lyo	lyophilized	IM	3	10	2.5	3
Hib liquid	Hib_liq	liquid	IM	3	1	15	
Hib liquid	Hib_liq	liquid	IM	3	10	2.5	
Human Papilomavirus vaccine	HPV	liquid	IM	3	1	15	
Human Papilomavirus vaccine	HPV	liquid	IM	3	2	5.7	
Japanese Encephalitis	JE_lyo	lyophilized	SC	1	5	2.5	2.9
Measles	Measles	lyophilized	SC	1	1	26.1	20
Measles	Measles	lyophilized	SC	1	2	13.1	13.1
Measles	Measles	lyophilized	SC	1	5	5.2	7
Measles	Measles	lyophilized	SC	1	10	3.5	4
Measles-Mumps-Rubella freeze dried	MMR	lyophilized	SC	1	1	26.1	26.1
Measles-Mumps-Rubella freeze dried	MMR	lyophilized	SC	1	2	13.1	13.1
Measles-Mumps-Rubella freeze dried	MMR	lyophilized	SC	1	5	5.2	7
Measles-Mumps-Rubella freeze dried	MMR	lyophilized	SC	1	10	3	4
Measles-Rubella freeze dried	MR	lyophilized	SC	1	1	26.1	26.1
Measles-Rubella freeze dried	MR	lyophilized	SC	1	2	13.1	13.1
Measles-Rubella freeze dried	MR	lyophilized	SC	1	5	5.2	7
Measles-Rubella freeze dried	MR	lyophilized	SC	1	10	2.5	4
Meningitis A conjugate	Men_A	lyophilized	IM	1	10	2.6	4
Meningitis A/C	MV_A/C	lyophilized	SC	1	10	2.5	4
Meningitis A/C	MV_A/C	lyophilized	SC	1	50	1.5	3
Meningitis W135	MV_W135	lyophilized	SC	1	10	2.5	4
Meningococcal A/C/W/	MV_A/C/W	lyophilized	SC	1	50	1.5	3

Meningococcal A/C/W/Y	MV_A/C/W/Y	lyophilized	SC	1	10	2.5	4
Monovalent OPV-1	mOPV1	liquid	Oral		20	1.5	
Monovalent OPV-3	mOPV3	liquid	Oral		20	1.5	
Pneumo. conjugate vaccine 10-valent	PCV-10	liquid	IM	3	1	11.5	
Pneumo. conjugate vaccine 10-valent	PCV-10	liquid	IM	3	2	4.8	
Pneumo. conjugate vaccine 13-valent	PCV-13	liquid	IM	3	1	12	
Polio	OPV	liquid	Oral	4	10	2	
Polio	OPV	liquid	Oral	4	20	1	
Polio inactivated	IPV	liquid	IM	3	PFS	107.4	
Polio inactivated	IPV	liquid	IM	3	10	2.5	
Polio inactivated	IPV	liquid	IM	3	1	15.7	
Rota vaccine	Rota_liq	liquid	Oral	2	1	17.1	
Rota vaccine	Rota_liq	liquid	Oral	3	1	45.9	
Tetanus Toxoid	TT	liquid	IM	2	10	3	
Tetanus Toxoid	TT	liquid	IM	2	20	2.5	
Tetanus Toxoid UniJect	TT	liquid	IM	2	Unijject	12	
Tetanus-Diphtheria	Td	liquid	IM	2	10	3	
Yellow fever	YF	lyophilized	SC	1	5	6.5	7
Yellow fever	YF	lyophilized	SC	1	10	2.5	3
Yellow fever	YF	lyophilized	SC	1	20	1.5	2
Yellow fever	YF	lyophilized	SC	1	50	0.7	1

12. Banking Form

In accordance with the decision on financial support made by the Gavi, the Government of Angola hereby requests that a payment be made via electronic bank transfer as detailed below:

Name of Institution (Account Holder):	DIRECTORATE OF NATIONAL PUBLIC HEALTH, MINISTRY OF HEALTH (PROGRAMA ALARGADO DE VACINAÇÃO-PAV)
Address:	Angola, Luanda, Rua 1ª Congresso Nº 67
City Country:	Luanda
Telephone no.:	+244222-391226
Currency of the bank account:	USD
For credit to:	
Bank account's title:	PROGRAMA ALARGADO DE VACINAÇÃO-PAV
Bank account no.:	728769 31 001
Bank's name:	BANCO FOMENTO ANGOLA

Is the bank account exclusively to be used by this program? YES

By who is the account audited? HJMA, Lda-Contabilidade e Auditoria, Lda

Signature of Government's authorizing official

Name:	Dr. Miguel dos Santos de Oliveira	**Seal**
Title:	National Director of Public Health	
Signature:		
Date:		

FINANCIAL INSTITUTION		**CORRESPONDENT BANK (In the United States)**	
Bank Name:	Banco de Fomento Angola		
Branch Name:	Depenedencia Major Kanhangolo		
Address:	Rua Major Kanhangolo, Luanda		
City Country:	Luanda-Angola		
Swift Code:	BFMXAOLU		
Sort Code:			
ABA No.:			
Telephone No.:	+ 244 222 638 900		
FAX No.:	+ 244 222 638 970		

I certify that the account No is held by at this banking institution

The account is to be signed jointly by at least (number of signatories) of the following authorized signatories:

1		
	Name:	Dr. Miguel dos Santos de Oliveira Dr. Miguel dos Santos de Oliveira
	Title:	National Director of Public Health
2		
	Name:	Dr. Sandra Marisa Ferreira d Castro Paiva
	Title:	Secretary General for Health
3		
	Name:	Dr. Alda Morais Pedro de Sousa
	Title:	EPI manager

Name of bank's authorizing official
Mr. Neusa Cardosa
Signature:
Date:
Seal: