

**Application Form for Country Proposals**

*Providing support for IPV Introduction*

Submitted by

The Government of Cambodia

Date of submission: 15 September 2014

This form is applicable to applications submitted in 2014

*Document date: February 2014*

*This document replaces all previous versions and incorporates revisions to the cover page only.*

**The completed application documents must be submitted electronically to the GAVI Secretariat at** **proposals@gavialliance.org** **by the application deadline.**

Enquiries to: proposals@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The application and attachments must be submitted in English, French, Spanish, or Russian.

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

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**Application specification**

A list of required attachments is included at the end of this form.

#### Summary

|  |  |
| --- | --- |
| The Government of: Cambodia | Date of Submission15 September 2014 |
| IPV introduction date (month/year)October 2015 | Current DPT schedule6, 10, 14 weeks |
| Co-financing (yes/no)No | If co-financing, please specify amount ($) per dose: |
| Procurement mean (UNICEF SD, PAHO, self-procurement): UNICEF |
| Vaccine preference(in order of first to third) | Reason for choice of presentation | Expected wastage rate\* |
| 1. Five dose | 1. Minimize wastage (because of supply) | 1. 30% |
| 2. Single dose | 2. Minimize wastage (ideal preference) | 2. 3% |
| 3. Ten dose | 3. Only other option (expect >62% wastage) | 3. 50% |
|  |  | *\* Cannot exceed 50% for 10-dose vials, 30% for 5-dose vials, 10% for 2-dose vials, or 5% for 1-dose vials* |
|  |  |  |  |
| Year | Number in target population for IPV[[1]](#footnote-1) | Number in birth cohort (assumes 2.36% increase per year) | Number of surviving infants (assumes 2.36% increase per year) |
| 2014 | NA | NA | NA |
| 2015 |  89,688  |  389,948  | 375,118 |
| 2016 |  367,219  |  399,151  |  383,971  |
| 2017 |  375,885  |  408,571  |  393,032  |
| 2018 |  384,756  |  418,213  |  402,308  |
| Total |  1,217,548  |  1,615,883  |  1,554,429  |

**IPV introduction plan**

The last case of wild poliovirus was detected in Cambodia in 1997, and the Western Pacific Region was certified polio-free in 2000. Since 2000, due to the efforts of the National Immunization Program, Cambodia has successfully maintained its polio-free status. In 2005-2006, three cases of circulating vaccine-derived polioviruses (cVDPV) were detected in Cambodia. Immediately following detection, an OPV campaign was conducted and the transmission of the cVDPV was stopped. This event underscores the reality of the risk posed by cVDPVs.

In May 2013, the World Health Assembly (WHA) endorsed the Polio Eradication & Endgame Strategic Plan 2013-2018. The intent of the plan was to ensure a polio-free world through the eradication of both wild and vaccine-related polioviruses. Unlike previous global plans that focused on stopping transmission of wild poliovirus in targeted endemic areas, the most recent global polio plan includes strategic objectives relevant to countries in polio-free regions. Specifically, the Endgame Plan calls for all countries to strengthen routine immunization, introduce at least one dose of IPV into the routine immunization schedule, replace trivalent Oral Polio Vaccine (tOPV) with bivalent OPV (bOPV) in 2016, initiate the bio-containment of all polioviruses, and help develop the polio legacy for years to come.

In the past 5 years, 98% of the global cases of cVDPV have been related to the type 2 vaccine strain. Recognizing the risk of type 2 cVDPV, the Strategic Advisory Group of Experts on Immunization (SAGE) recommended the phase withdrawal of OPV, starting with type 2 strains. In November 2012, the Strategic Advisory Group of Experts on Immunization (SAGE) recommended that before the switch from trivalent to bivalent OPV: all countries introduce at least one dose of Inactivated Poliovirus Vaccine (IPV) into their routine immunization schedule. There are two major benefits to introducing one dose of IPV in Cambodia. First, it will reduce the risk of type 2 vaccine-derived paralytic polio outbreaks in Cambodia after the switch from trivalent OPV (serotype 1,2,3) to bivalent OPV (serotype 1&3). Second, a dose of IPV will increase immunity against types 1 and 3 polioviruses. This will ensure the children of Cambodia are protected in the case of an importation of wild poliovirus. In June 2013, the technical advisory group for immunizations in the Western Pacific Region (TAG) recommended that all countries initiate the development of a national polio endgame with specific plans for IPV introduction in all exclusively OPV-using countries.

Following SAGE and TAG recommendation, the government of Cambodia initiated discussion about the introduction of IPV. In 22 April 2014, the government of Cambodia submitted an Expression of Interest to GAVI regarding IPV introduction. In 7 August 2014, the Technical Working Group for Health (TWG-H) reviewed the rationale for IPV introduction and endorsed the introduction of IPV and supported Cambodia’s application to the GAVI alliance for financial support for the introduction.

In October 2015, IPV will be introduced nationally in Cambodia. Preparation of documents and revision of immunization cards will take place during the third and fourth quarter of 2014 in combination with PCV and JE. During the beginning of 2015, the training curriculum and materials will be developed. The trainings will take place the four months before introduction (June-September 2015). Following introduction, post-introduction monitoring and evaluation will take place.

Cambodia has experience introducing other new vaccines including pentavalent vaccine (2010) and a second dose of MR vaccine (2012). Key lessons learned during these introductions were considered during the planning for IPV introduction.

In addition to IPV introduction, PCV and JE will also be introduced in Cambodia in the next few years (January 2015 and early 2016 respectively). Some preparatory activities for these three vaccine introductions (such as revision of the immunization cards and forms) will be combined. After discussion, it was decided that in order to avoid confusion of health care workers, trainings for each vaccine will be conducted separately. Training for PCV will take place at the end of 2014. Lessons learned from these training sessions will be used to improve the training plan for IPV.

Given the high wastage that is expected with a 10 dose vial in routine immunization, Cambodia prefers the five dose IPV vial presentation. The total expected IPV requirement for the Oct 2015-Dec 2018 is around 1.8 million doses. The Government of Cambodia has estimated that the total cost of IPV introduction (including potential contributions from GAVI, WHO, and UNICEF) will be $797,577. This estimate includes the cost of reprinting and distributing new immunization cards ($ 315,400) which will be paid by the government and is a joint activity with PCV and JE. In addition, Cambodia is requesting a vaccine introduction grant from GAVI of $312,000 for IPV. Additionally, WHO and UNICEF have proposed potential support of $55,000 and $50,000 respectively to provide technical assistance, monitoring support, social mobilization, cold chain investments and other support to IPV introduction. Finally, the remaining amount ($65,000) is expected to be supported by HSSP funds and government funds. As per the GAVI co-financing policy for IPV, the Government will not be providing funds to finance the cost of IPV procurement.

The cold chain capacity analysis at different levels has shown sufficient capacity to accommodate the introduction of IPV in five dose vials. Cambodia will procure IPV through UNICEF, and the vaccine will be registered with the Department of Drugs and Food (DDF). NIP and the Technical Working Group for Health (TWG-H) will provide oversight over implementation of new vaccine introduction activities and monitoring and supervision.

In line with the SAGE recommendation, a single dose of IPV will be given in addition to OPV, Penta, and PCV at 14 weeks of age. For children who miss immunization sessions and therefore start the immunization schedule late, IPV will be given at the first immunization contact in which the child is older than 14 weeks.

The four major expected challenges are: (1) fear of caregiver of three injections to be given at one visit, (2) difficulty communicating the complex rationale and need for IPV, (3) potential higher than estimated wastage, and (4) inadequate funding to cover all costs of new vaccine introductions. To mitigate the first two challenges, an emphasis will be placed on communication about IPV introduction at all levels. This is reflecting in the budget and need to ensure information is disseminated to all levels. Additionally, caregiver acceptance will be monitored after the introduction to better understand caregiver’s attitudes. To address the challenges of high wastage, Cambodia will collect data on wastage following introduction and request changes in the dose allocation if needed based on the evidence. Finally, to ensure adequate funding, NIP will advocate the importance of new vaccine introductions and try to secure government funding.

The Government of Cambodia is committed to polio eradication and ensuring a polio-free world. The introduction of IPV will be used as an opportunity to strengthen routine immunization and getting additional experience with the introduction of new vaccines.

**Timeline**

Following is the detailed timeline for all the activities related to the IPV introduction



**Budget and financing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Funds requested to GAVI** | **Potential partner support** | **HSSP funds and government contribution** |
| Planning and Preparations | 4,500 | 5,000 WHO |  |
| Communication, social mobilization, advocacy | 51,000 | 30,000 UNICEF | 1,000 |
| Other trainings | 147,268 | 10,000 WHO | 55,000 |
| Document Production |  29,162 |   | 315,400 |
| Human resources and supervisory visits | 18,000 |  |  |
| Cold Chain equipment | 49,455 | 20,000 UNICEF |  |
| Distribution of vaccine (one-time introduction) | 10,000 |  | 10,000 |
| Waste management | 1,793 |  |  |
| Surveillance and monitoring |  | 10,000 WHO |  |
| Evaluation |  | 15,000 WHO |  |
| Technical Assistance |  | 15,000 WHO |  |
| **Total** | **311,177** | **105,000** | **381,400** |

**Fiduciary management arrangement data**

Please indicate below whether the one-time vaccine introduction grant for IPV should be transferred to the government, or to WHO or UNICEF. Please note that WHO and/or UNICEF will require administrative fees of approximately 7% which would need to be covered by the operational funds.

|  |
| --- |
| To the government. |

**Signatures**

#### Government

The Government of Cambodia acknowledges that this new vaccine introduction is intended to contribute to the eradication of polio as reflected the Global Polio Eradication Initiative’s Polio Eradication and Endgame Strategic Plan (<http://www.polioeradication.org/resourcelibrary/strategyandwork.aspx#strategyandwork.aspx?s=2&_suid=1382372983385049930892531473775>).

The Government of Cambodia requests support from GAVI for the use of inactivated poliomyelitis vaccine.

The Government of Cambodia commits itself to improving immunisation services on a sustainable basis. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support immunisation of the targeted population with one dose of IPV as outlined in this application.

Annex D attached shows the amount of support requested from the GAVI Alliance as well as the Government of Cambodia’s and partner’s financial commitment for the introduction of IPV.

Please note that this application will not be reviewed by GAVI’s Independent Review Committee (IRC) without the signature of the Minister of Health, Minister of Finance, and the ICC membership, or their delegated authority.

Please provide appropriate signatures below.

Enter family name in capital letters.

|  |
| --- |
| **Minister of Health****(or delegated authority)** |
| **Name** | Dr. MAM BUNHENG |
| **Date** |  |
| **Signature** |  |

|  |
| --- |
| **Minister of Economy and Finance****(or delegated authority)** |
| **Name** | Dr. AUN PORNMONIROTH |
| **Date** |  |
| **Signature** |  |

This application has been compiled by:

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Position** | **Telephone** | **Email** |
| Dr. Keo Samley | New Vaccine Introduction, NIP | +855 12 759 947 | keosamley@gmail.com |
| Dr. Chheng Morn | Deputy Manager, NIP | +855 12 913 794 | Chheng\_morn@yahoo.com |
| Prof. Sann Chan Soeung | Advisor to the Ministry of Health | +855 12 933 344 | workmoh@gmail.com |
|  |  |  |  |

#### Technical Working Group for Health (TWG-H)

We the members of the TWG-H confirm that a quorum of the committee met on 7 August 2014 to review this proposal. By the terms of reference for our committee, we endorsed this proposal at that meeting, based on the supporting documentation attached.

The endorsed minutes of this meeting are attached as Attachment 5.

Enter the family name in capital letters.

|  |  |  |
| --- | --- | --- |
| **Name/Title** | **Agency/Organisation** | **Signature** |
| H.E. Professor Eng Huot, Secretary of State, | Ministry of Health, Cambodia |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(Please find signature of the other members of TWG-H along with attachment 5)

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

Enter family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Prof. Sann Chan Soeung | **Title** | Advisor to the Ministry of Health |
| **Tel no** | +855 12933344 |
| **Fax no** |  | **Address** | National Immunization Program |
| **Email** | workmoh@gmail.com |

**Attachments required**

* Attachment 1. IPV Introduction Plan (see Annex A)
* Attachment 2. Detailed timeline for key activities of the IPV introduction plan (see Annex C)
* Attachment 3. Completed budget and financing Tables E1 and E2 (Annex D)
* Attachment 4. Fiduciary management arrangement data (only applies for countries without an existing signed Aide Memoire derived from an FMA but who would like the IPV introduction grant transferred to the Government).
* Attachment 5. Minutes of ICC meeting endorsing the IPV introduction plan
* Attachment 6. A copy of the most recent comprehensive multi-year plan (cMYP). The cMYP does not need to include IPV; however, countries should specify a plan for inclusion of IPV into their next cMYP, including date for revision.
* Attachment 7. A progress report on the implementation of the improvement plan from an EVM conducted within the preceding 36 months. If no EVM has been conducted or if the current EVM was conducted more than 3 years ago, GAVI requires countries to provide a description of the vaccine management system in place and commit to conduct an EVM within six months of the application being approved.
* Attachment 8. GAVI generally procures and delivers vaccines and supplies through UNICEF or the PAHO Revolving Fund. If an alternative mechanism is requested, or the vaccine will be self-procured by the country itself, please document the requirements as listed in Section 2.3 of the Guidelines.

**GAVI ALLIANCE**

**GRANT TERMS AND CONDITIONS**

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms, which may also be included in a grant agreement to be agreed upon between GAVI and the country:

***FUNDING USED SOLELY FOR APPROVED PROGRAMMES***

The applicant country (“Country”) confirms that all funding provided by the GAVI Alliance for this application will be used and applied for the sole purpose of fulfilling the programme(s) described in this application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for this application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

***AMENDMENT TO THIS PROPOSAL***

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

***RETURN OF FUNDS***

The Country agrees to reimburse to the GAVI Alliance, all funding amounts that are not used for the programme(s) described in this application. The country’s reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance’s request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

***SUSPENSION/ TERMINATION***

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

***ANTICORRUPTION***

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with this 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 Alliance, as requested. The GAVI Alliance 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 Alliance 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 Alliance 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 Alliance in connection with any audit.

***CONFIRMATION OF LEGAL VALIDITY***

The Country and the signatories for the government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country’s law, to perform the programmes described in this application.

***CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY***

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and will comply with its requirements.

***ARBITRATION***

Any dispute between the Country and the GAVI Alliance arising out of or relating to this application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance 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 language of the arbitration will be English.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. 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 Alliance 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 Alliance will not be liable to the country for any claim or loss relating to the programmes described in this 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 this application.

***Use of commercial bank accounts***

The eligible country government is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support, including HSS, ISS, CSO and vaccine introduction grants.  The undersigned representative of the government confirms that the government will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

1. If there are differences between country and WHO-UNICEF coverage estimates, the Secretariat will refer to the latter when estimating targets. [↑](#footnote-ref-1)