APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by

The Government of Eritrea

for

HPV routine, with multi-age cohort in the year of introduction

Gavi
The Vaccine Alliance

Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

The terms and conditions of the Partnership Framework Agreement (PFA) between Gavi and the Country, including those provisions regarding anti-corruption and anti-terrorism and money laundering, remain in full effect and shall apply to any and all Gavi support made pursuant to this application. The terms and conditions below do not create additional obligations or supersede those of the PFA. In the event the Country has not yet executed a PFA, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

GAVI GRANT APPLICATION TERMS AND CONDITIONS

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

AMENDMENT TO THE APPLICATION
The Country will notify Gavi in its Joint Appraisal, or in any other agreed annual reporting mechanism, if it wishes to propose any change to the programme(s) description in its application. Gavi will document any change approved by Gavi according with its guidelines, and the Country's application will be amended.

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

SUSPENSION/ TERMINATION
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 programme(s) described in the Country’s application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

NO LIABILITY
The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

and related supplies after title to such supplies has passed to the Country.
Neither party shall be responsible for any defect in vaccines and related supplies, which remain the responsibility of the relevant manufacturer. Gavi shall not be responsible for providing any additional funding to replace any vaccines and related supplies that are, or became, defective or disqualified for whatever reason.

INSURANCE
Unless otherwise agreed with Gavi, the Country shall maintain, where available at a reasonable cost, all risk property insurance on the Programme assets (including vaccines and vaccine related supplies) and comprehensive general liability insurance with financially sound and reputable insurance companies. The insurance coverage will be consistent with that held by similar entities engaged in comparable activities.

ANTI-CORRUPTION
The Country confirms that funds provided by 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.

ANTI-TERRORISM AND MONEY LAUNDERING
The Country confirms that funds provided by Gavi shall not be used to support or promote violence, war or the suppression of the general populace of any country, aid terrorists or their activities, conduct money laundering or fund organisations or individuals associated with terrorism or that are involved in money-laundering activities; or to pay or import goods, if such payment or import, to the Country’s knowledge or belief, is prohibited by the United Nations Security Council.

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

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the Country confirm that its application, or any other agreed annual reporting mechanism, is accurate and correct and forms legally binding obligations on the Country, under the Country's law, to perform the programme(s) described in its application, as amended, if applicable.

COMPLIANCE WITH GAVI POLICIES
The Country confirms that it is familiar with all Gavi policies, guidelines and processes relevant

to the programme(s), including without limitation the Transparency and Accountability Policy (TAP) and complies with the requirements therein. All programme related policies, guidelines and processes are available on Gavi's official website and/or sent to the Country.

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

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

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

Please refer to the relevant guidelines concerning your request for support.

Please ensure to consult and download all documents. It is important to note that some documents must be completed offline, and will need to be uploaded in the final steps of your application.

This application form is designed to collect information needed by Gavi to process requests for support, plan procurement of vaccines, plan technical assistance, track data for future reporting, and more.

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will

introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

For more information on the documents to submit with your application and what they should contain, please refer to the appropriate guidelines: http://www.gavi.org/support/process/apply/

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

16 April 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

April 2016

2.1.2 Country health and immunisation data

Please ensure your Country health and immunisation data is up to date. If not, please go to the Overall expenditures and financing for immunisation section of the portal to submit this information.

	2020	2021
Total government expenditure		

Total government health expenditure	
Immunisation budget	

2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:

The government planning cycle starts on the

8 July

The current National Health Sector Plan (NHSP) is

From	2017
To	2021

Your current Comprehensive Multi-Year Plan (cMYP) period is

2017-2021

Is the cMYP we have in our record still current?

Yes☐ No☒

If you selected “No”, please specify the new cMYP period, and upload the new cMYP in country documents section.

Note 1

From	2022
To	2026

If any of the above information is not correct, please provide additional/corrected information or other comments here:

The current cMYP covers the period from 2017-2021 and Eritrea is on progress to develop a new cMYP to cover for 2022 - 2026 as well as the Health Sector Strategic Development Plan (HSSDP) 2022-2026 which is already drafted. For the purpose of the application, the dates of

the next cMYP (2022-2026) are already reflected to enable inputs beyond 2021 as per the expected implementation period.

2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

The National Medicine and Food Administration Division (NMFAD), in the Ministry of Health has a licensing unit following the drugs and vaccines are accredited before their approval and delivering to the country. All vaccines both for routine and campaign are cleared upon their arrival through PHARMECOR & General Service of the MoH.

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

There is a national regulatory agency which is WHO certified and closely works on certification of vaccines and drugs coming to the county. Name of the contact person responsible for this activities, is Mr. Natneal Araya Abraham . natnaelaraya abraham@gmail.com Tel. 291-1-7445450

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

HPV Routine

Note 2

	2020	2021	2022	2023	2024
Country Co-financing (US$)					25,278.19
Gavi support (US$)					159,039.28

IPV Routine

	2020	2021	2022
Country Co-financing (US$)			
Gavi support (US$)	266,610	279,940	282,226

MenA Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	2,729.39	33,690.88	36,100.7	35,426.08	15,819.25
Gavi support (US$)	7,478.36	92,310.9	98,913.67	66,953.07	89,155.83

MR Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	83,037	85,505			
Gavi support (US$)	106,637	109,807			

PCV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	135,753	141,412	58,259	59,701	113,992
Gavi support (US$)	2,143,664	2,234,859	823,455	843,844	812,292

Pentavalent Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	52,246	53,798	136,916	56,474	38,385
Gavi support (US$)	251,102	258,563	645,042	271,424	297,766

Rota Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	35,051	36,088	89,326	37,876	55,210
Gavi support (US$)	371,175	382,156	882,977	401,089	394,762

Summary of active Vaccine Programmes

	2020	2021	2022	2023	2024
Total country co-financing (US$)	308,816.39	350,493.88	320,601.7	189,477.08	248,684.44
Total Gavi support (US$)	3,146,666.36	3,357,635.9	2,732,613.67	1,583,310.07	1,753,015.11
Total value (US$) (Gavi + Country co-financing)	3,455,482.75	3,708,129.78	3,053,215.37	1,772,787.15	2,001,699.55

2.3 Coverage and Equity

2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- Health work force: availability and distribution;
- Supply chain readiness;
- Gender-related barriers: any specific issues related to access by women to the health system;
- Data quality and availability;
- Demand generation / demand for immunisation services, immunisation schedules, etc;
- Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;

- Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

Eritrea delivers immunization services for children and women in reproductive age group to prevent various vaccine preventable diseases (VPDs) determined as a public health problem in the country. Currently, immunization service is providing on traditional vaccines: Tuberculosis, Diphtheria, Whooping Cough, Tetanus, Polio, and Measles. The country has started introducing new vaccine in 2002, Hepatitis B vaccine, in 2008, Haemophilic Influenza Type B (Hib), combined with DPT-HepB liquid lyophilized formulation which gradually changed into fully liquid formulation of one dose. Moreover, the country has introduced measles second does in 2012, Rota vaccines in 2014 and Pneumococcal Conjugated Vaccines (PCV-13) in 2015.
In 2018, MR vaccine is introduced into routine immunization program after a catch-up campaign on wide age group has completed for children at the age of 9 months and 18 months. Men-A vaccine introduced into RI children at the age of 18 months.

Even though there are some constraints to carry out regular outreach services in hard to reach and less accessible geographical areas, vaccination service is providing in more than 300 health facilities at static level 6 days per week and in 450 outreach sites in a catchments area of each health facility with an average of 10kms radius from the health facility. Moreover, to reach the un-reached children and address the mobile population segments, specific strategies were developed such as Periodic Intensified Routine Immunization (PIRI) and are implementing in selected hard to reach districts with low immunization coverage in 16 hard to reach and low performing districts to increase routine immunization coverage, minimize drop-out rates and promote timely uptake of the vaccine doses.

As results of these efforts, Eritrea immunization coverage of infants has increased from 9.4% (1991) to 98% 2020 (EPI coverage survey, 2020).

Challenges underlying the performance of the immunisation system:

Health work force: availability and distribution

The Expanded program on Immunization (EPI) falls within the Family and community Health Division under the Department of Public Health and the programme has four major areas to focus:

• Strengthening routine immunization for infants and women in reproductive age group

• Conducting supplemental immunization activities to achieve global targets of polio eradication, maternal neonatal tetanus elimination and accelerated measles and rubella control activities.

• Conduct and sustain sensitive disease surveillance system within the Integrated Disease Surveillance and Response (IDSR) framework for the EPI target diseases and over all the VPDs.

• Introduction of new vaccines routine vaccination and new technologies on vaccine and cold chain management to have potent vaccines at all levels and attain accessible and equitable immunization service in the country.

To facilitate these objectives, the program has a clear structure from national to the community level and in every level there are dedicated EPI trained focal person who works full time on vaccine and cold chain management and administration of vaccines. At national level, there are logistic officer, data manager and cold chain focal persons who work and assist the EPI manager. At sub national level in each zoba, there are EPI focal persons, cold chain person and 2 solar and electrical technicians who make preventive maintenance for the available CCE and installation of new refrigerators. At each district and health facility level, there is EPI focal points and work full time on immunization service.

Even though there are a frequent turnover of the health workers in the remote areas, every year training and refresher training is provided for the EPI focal person to update their knowledge and practice on vaccine management.

Supply chain readiness.

The Government of the State of Eritrea is providing health care services for its population through 349 Health Facilities which includes Primary, Secondary and Tertiary level of Health Services. Of the 349 Health Care Facilities, 300 (86%) are providing routine immunization services. The smallest Health Care Unit which is called Health Station is providing routine immunization service 6 days per week by collecting vaccine, and EPI logistics from nearby health facility where functional cold chain exists and providing immunization services to its catchment population to ensure equity and achieve homogeneous immunization coverage.

To determine the Country's cold chain available space, gaps and to develop 5 years (2017-2022) cold chain expansion plan to accommodate the upcoming new vaccines in the routine immunization- cold chain inventory assessment was conducted in 2016.

The data of the CCI shows that of the 432-cold chain equipment installed, 364 (84%) CCE were functioned well while 64 (14%) didn't function well. The data also revealed 30% of the cold chain equipment exceeded their potential life span and become obsolete. It also demonstrated that out of 6 Zobas, 5 zobas has adequate space for the next 5 years to store any new vaccines are being added in the routine immunization program.

To implement the recommendation of the CCI assessment, to expand the cold chain, to replace the non-functional, and obsolete cold chain equipment, 5 years cold chain operation deployment plan has been developed and implemented. Under this Cold Chain ODP (Operational Deployment Plan), 142 SDD and 118 ILR have been procured and installed through Gavi CCEOP Grant. The teams of cold chain expert have already conducted post installation inspection in all zobas to evaluate them functionally to store the vaccines in appropriate temperature. Moreover 230 SDD refrigerators of Japan International Cooperation Agency

(JICA) support are distributed to zobas and some are kept at national store as a contingency.

All the SDD which has already procured (Gavi CCEOP) or will be procured (JICA) will have 10 years' service bundle warranty. After adding all those CCE from these two grants, the country will have adequate capacity to store at least 5 new vaccines at all level vaccine store in the next 5 years. Gender-related barriers: any specific issues related to access by women to the health system.

The Government of Eritrea has a strong universal routine immunization program and achieved 98% vaccination coverage (Eritrea Profile; Saturday March 2, 2019).

There is no gender, economic, education, religious, cultural, and ethnic barriers to get immunization services from any of health care services. The ministry is also giving high priority to vaccinate the refugees, internal or external population.

All the citizen of Eritrea is getting equally right to access to the immunization services. The country got an award from Gavi on Oct 17, 2009 in Hanoi, Vietnam for its outstanding universal and high coverage of routine immunization. The EPI survey conducted in 2020 shows that fully vaccination with the 13 antigens was slightly higher among female than male children (89.5% and 84.2%, respectively). Vaccination coverage decreases with increasing age of mothers from 90.8% among children of the young mothers (<25 years of age) to 86% among children of mothers in the older age group.

Data quality and availability.

Data quality assessment is done at national level in 2017 by involving the zonal management team members at national level. The document will be attached to use as a reference. Following this, the program has conduct data quality peer review at district level in all districts to improve the data quality on timeliness, completeness, and data use for action at service level.

This data desk peer review is done by collecting all the reporting tools of EPI (tally sheet, monthly summary sheet and HMIS data entry and comparison is made among the reports to observe if there are any discrepancies on reporting, on filling and submitting the routine EPI reports. Exchange of the report is made among the district and health facility head to check the report and present the gaps they have observed. Based on the finding, each district develops improvement plan. Data quality assessment is also applied by introducing a standard checklist and collecting, summarizing and analyses of the main components of the EPI services.

Demand generation / demand for immunisation services, immunisation schedules,

• To reach to the target parents, and to sensitize them on the immunization benefit, and importance- community health platform has been engaged where there is one community mobilizer for every 10 households.

• The Ministry of Health is providing incentives for the community mobilizers in the 16 districts for a period of 3 months per year to sensitize parents on the immunization demand creation which will ultimately create a positive impact on the immunization equity.

• Besides incentive, mobility supports e.g. vehicle rental, camels, and donkey have also provided to improve the accessibility for the health worker and community mobilizer to reach to the hard to reach community to vaccinate the un-vaccinated children and covering the defaulter

children. Apart from this, an extensive advocacy, communication, and social mobilization activities have also been undertaken during the Men-A campaign which also stressed on the demand creation for the routine vaccination apart from the Men-A vaccination.

Leadership, management and coordination: such as key bottlenecks associated with the management of the immunization program,

The performance of the national/ regional EPI teams, management and supervision of immunization services, or broader sectorial governance issues.

At national level the EPI program stands as unity under family and community health division. In the unit there two vacancies which are not yet filled such as operational training officer and an Engineer who supposed to make preventive maintenance and close follow for the national vaccine store and periodically to visit sub national vaccine stores and give them technical support and conduct monitoring activities at district and health facility level.

At national level, all the officers are working closely with the EPI Manager.
Even though, the program achieving highlighted results as high and sustainable immunization coverage, equitable, accessible immunization services in all localities and performing effective vaccine management at all levels, to sustain these achievements more efforts and work will be required. To this regard, there is a need of assigning additional manpower to the unit. Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement, and execution of resources.

The success story on immunization service in Eritrea is mainly results of jointly work with our partners, high government commitment and attitude and knowledge of the community on benefits of immunization service. Even though the partners we have in the country are few, they are strong enough to support us technically and financially.

The Government shows also good support on making fuel subsidy for outreach services and co-financing for vaccine and injection safety materials procurement jointly with our partners. The community have also high contribution in terms of manpower, logistic support, and dissemination of information about plan of vaccination in their setting. As a result of these joint efforts, the program can achieve high and sustainable immunization coverage at all districts. But, because of the topographical set of the country, in the Western and Eastern lowlands of Eritrea, there are areas with less access to routine immunization services.

To reach these areas, the program conducts Periodic Intensified Routine Immunization (PIRI) services planned to make at least 4 visits per year in these sites. This plan needs transport support and budget to reach the unreached children in hard-to-reach areas. Sometimes the vaccinators use camels as means of transport support and waking on foot in areas with less access which needs high running cost. To come-up with suitable good results the program needs budget support from government and partners in a regular base.

Other critical aspects any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Five years cMYP (2017-2021) has been developed in November 2016. The critical aspect of the cMYP are-

To sustain Penta 3 Immunization coverage > 95% at National level by 2021
To increase measles-rubella coverage from 85% to >95% by 2021.
To sustain Pent 1 and Pent 3 dropout rate <10% and reduce dropout rate at high risk and less accessible areas from 15% to 5% by 2020.
To decrease the percentage of districts with <80% Penta 3 coverage from 22% to 10% by 2021.
90% of the health facilities will have at least two EPI trained health workers on vaccine and cold chain management and safe vaccine administration to improve quality of the EPI services
97% of the health facilities will have adequate vaccine storage capacity with functional and standard cold chain equipment.

EPI program Review:

EPI program review together with PCV introduction evaluation conducted in August 2016. Below are the critical aspects of the EPI program review-

Strengths:

There is strong political commitment for immunization in the country.
At all zobas, there is presence of annual plans developed in participatory planning at all levels including the zoba, sub-zoba and health facilities.
The annual plan consolidated at national level.
There are EPI focal persons as well as administration and finance (accountant/ cashier), Data management, IDSR, M&E, and HMIS staff existing at the Zoba levels
Enough and technical capacity of staff to provide immunizations in some zobas
The Zoba Medical Officers are motivated and committed

Challenges-Weakness

Lack of accurate administrative target population and data leading to inaccurate estimates of coverage figures for routine administrative coverage.
Limited number of health workers and capacity at the peripheral health care delivery system.
Problem of transport and communication to support various programmes and surveillance and supervision.
Low frequency of supervisory visits and irregular supervision due to lack of transport.

Post Introduction Evaluation for 2nd doses of Measles and Rota vaccine: It was conducted in February 2015. Below are some of the critical observations

Measles 2nd dose and Rota vaccine introduced in 2012 and 2014 respectively
Introduction of the MCV2 and Rota has strengthened routine EPI through capacity building of health staff, strengthening of cold chain capacities
Active inter-agency coordination committee (ICC) backed by political will for immunization.
Support of partners for immunization activities.
Government willingness to introduce more new vaccines and
Regular fulfilment of Gavi co-financing mechanisms for immunization
High community acceptance for immunization.

Effective Vaccine Management (EVM): EVM assessment was conducted in December 2017. Below are some of the key findings and recommendations-

Out of the 9 EVM certified criteria's, it has achieved 8 of them and criteria E7 "effective

distribution is lagging (75%)'
Of the 8 certified criteria's applicable to the 6 regional vaccine stores, 5 of them have been achieved and 3 are lagging.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

Best practices of the Immunization Program in Eritrea:

Implementation of Periodic Intensified Routine Immunization (PIRI) services and makes at least 4 visits per year in areas with less access and hard to reach areas.

Conducting district micro planning at sub zoba level by involving the community members and make them as owners of the plan.

Mapping areas with less access and nomadic population movement to trace where they are in a month of the year

Increase vaccination demand through social mobilization activities to have timely uptake of the vaccine doses to achieve high immunization coverage of all antigens according to the schedule.

Community involvement during operation activities for SIAs
Conduct periodic program assessment and develop improvement plan based on the finding
Conducting data desk peer review to improve data quality report and data use for action and decision making at service level.

Integration of vaccination services with other maternal and child health service during outreach service.

Vaccination defaulters tracing activities during African Vaccination Week (AVW) and Child Health and Nutrition Week (CHNW).

Challenges/bottlenecks

Population groups/segments living in scattered site and cannot be easily visit and trace them where they are.

Transport shortage to carry out routine outreach services.

Vaccine and injection safety materials are not in bundle system in their delivery, because of unavailable dry store for the EPI program.

Regular supervision is not on place from national to sub national and service level to monitor and improve the immunization service.

There is insufficient supportive supervision. This is mainly irregular and not according to the planned quarterly visits. In addition, there is lack of standardized checklists for supervision.

The Sub-zonal offices lack adequate staffing, equipment and tools, operational funds for per

diems and support supervision. This is mainly because there is no structural Sub zoba health management team which means that is dependence on health centre staff.

2.4 Country documents

2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section “Upload new application documents”) you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents

✓	**Country strategic multi-year plan** Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	ERI cMYP 20172021_09-05-19_11.04.45.pdf
✓	**Country strategic multi-year plan / cMYP costing tool**	Eritrea Nov 23 cMYPCostingToolV3.9.3_09-05-19_11.08.49.xlsx
✓	**Effective Vaccine Management (EVM) assessment**	Eritrea EVMA Final Reports_09-05-19_11.13.27.zip
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	Eritrea cEVM Improvement Plan 18_09-05-19_15.31.52.xls

✓	**Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators**	EPI Coverage Survey Report_050420 Final Copy_11-01-21_15.52.52.pdf ERI EPI 2017SurveyReportFinalv01_09-05-19_16.06.03.docx
✓	**Data quality and survey documents: Immunisation data quality improvement plan**	Data Desk Review_Improvement Plan_13-05-19_11.11.08.docx
✓	**Data quality and survey documents: Report from most recent desk review of immunisation data quality**	EPI Data Qulaity Assessment_Desk Review August 2017_13-05-19_11.12.08.doc
✓	**Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation**	EPI Data Qulaity Assessment_Desk Review August 2017_27-08-19_08.18.36.doc
	Human Resources pay scale If support to the payment of salaries, salary top ups, incentives and other allowances is requested	**No file uploaded**

Coordination and advisory groups documents

✓	**National Coordination Forum Terms of Reference** ICC, HSCC or equivalent	ERI ICC ToR_Final_09-05-19_15.48.57.pdf
✓		ICC meeting 2018_09-05-19_15.57.42.docx

National Coordination Forum meeting minutes of the past 12 months

Other documents

✓ **Other documents (optional)**

Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

REPORT IEA13051911.30.12_28-02-20_18.33.10.doc

3 HPV routine, with multi-age cohort in the year of introduction

3.1 Vaccine and programmatic data

3.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.

Note 3

HPV routine

Preferred presentation	HPV4, 1 dose/vial, Liquid
Is the presentation licensed or registered?	Yes ☐ No ☒
2nd preferred presentation	HPV2, 2 doses/vial, Liquid
Is the presentation licensed or registered?	Yes ☐ No ☒
Required date for vaccine and supplies to arrive	26 May 2022
Planned launch date	16 November 2022
Support requested until	2023

HPV multi-age cohort vaccination (MAC)

Preferred presentation	HPV4, 1 dose/vial, Liquid
Is the presentation licensed or registered?	Yes ☐ No ☒
2nd preferred presentation	HPV2, 2 doses/vial, Liquid
Is the presentation licensed or registered?	Yes ☐ No ☒
Required date for vaccine and supplies to arrive	26 May 2022
Planned launch date	16 November 2022
Support requested until	2023

3.1.2 Vaccine presentation registration or licensing

If any of the selected presentations are not yet licensed or registered, please describe the duration of the registration or licensing procedure, whether the country's regulations allow the expedited procedure for national registration of WHO-pre-qualified vaccines, and confirm whether the licensing procedure will be completed ahead of the introduction or campaign.

The country regulation allow the expedited procedure for national registration of WHO-pre-qualified vaccines and licensing could be completed ahead of the introduction in a very short time.

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund.Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes☐ No☒

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of

pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Sources

For HPV, Gavi supports the vaccination of girls aged 9-14 years (as For the text on data source - Countries are encouraged to work with their national statistical office, the Ministry of Education and refer to additional sources of data (e.g. UNPOPULATION (WHO), UNPD, UNESCO data estimates) for assistance in estimating the size of the national target population. In case of significant differences between estimates, countries should take the estimated average of a national and a UN data source (e.g. UNPD) to avoid underestimation as well as overestimation.

Source 1 : e.g. Ministry of Education

Yes, we have used the Ministry of Education statistical information for girls enrolled in academic training and girls out school. We used also the National Statistic Office (NSO) data done on Eritrea Population Demographic & Health Survey (EDPHS) information for population projection for 2022.

Source 2 : e.g. UNESCO

No

Source 3 : e.g. UN Population estimates (WHO)

No

3.2.2 Phasing

If the country is not doing a phased introduction, then kindly fill out the multi age cohort targets in the Targets for multi-age cohort vaccination table, only for the year of introduction.

Will the country do a phased introduction?

Yes☐ No☒

3.2.3 Targets Information

For HPV, Gavi supports the vaccination of girls aged 9-14 years (as recommended by WHO), based on the following cohorts:Routine cohort - countries are required to identify a single year cohort of girls to be immunised on a routine basis. (e.g. 9 years old)Additional multi-age cohort – in the first year of routine introduction (or initial year of each phase, if the country chooses a phased introduction), countries also have the option to immunise additional girls within the recommended age groups (e.g. 10-14 years), that are older than the routine cohort.Note: Countries may choose proxy age of girls based on a school grade (e.g. grade 5 corresponds to approximately 10 year olds). However, grades usually have a range of different aged girls so it is important to keep in mind that girls under 9 years should not be vaccinated, and doses for girls older than 14 years are not provided by Gavi.The base year information should be completed for the year in which the application is being completed.

3.2.4 Targets for routine vaccination

Please describe the target age cohort for the HPV routine immunisation:	9

	2022	2023
Population in the target age cohort (#)	52,020	53,581
Target population to be vaccinated (first dose) (#)	52,020	53,581
Target population to be vaccinated (last dose) (#)	49,420	50,902
Estimated wastage rates for preferred presentation (%)	5	5

3.2.5 Targets for multi-age cohort vaccination

Please describe the target age cohort for the additional multi-age cohort in the year of introduction. Keep coverage estimates high if you choose to continue vaccinating in the subsequent year.

From	10
To	14

	2022	2023
Population in target age cohort (#)	312,120	315,241
Target population to be vaccinated (first dose) (#)	312,120	299,480
Target population to be vaccinated (last dose) (#)	296,514	299,480
Estimated wastage rates for preferred presentation (%)	5	5

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US$) - HPV routine

	2022	2023
1 dose/vial,liq	4.5	4.5

Commodities Price (US$) - HPV routine (applies only to preferred presentation)

	2022	2023
AD syringes	0.036	0.036
Reconstitution syringes		
Safety boxes	0.005	0.005
Freight cost as a % of device value	1.13	1.13

Price per dose (US$) - HPV multi-age cohort in the year of introduction

	2022	2023
1 dose/vial,liq	4.5	4.5

Commodities Price (US$) - HPV multi-age cohort in the year of introduction (applies only to preferred presentation)

	2022	2023
AD syringes	0.036	0.036

Reconstitution syringes		
Safety boxes	0.005	0.005
Freight cost as a % of device value	1.13	1.13

3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support.
Please note that the values represented in this table do not account for any switches in co-financing group. The calculations for the entire five year period are based on the countries co-financing group in the first year.

Note 4

	2022	2023
Country co-financing share per dose (%)	4.44	4.44
Minimum Country co-financing per dose (US$)	0.2	0.2
Country co-financing per dose (enter an amount equal or above minimum)(US$)	0.2	0.2

3.3.3 Estimated values to be financed by the country and Gavi for the procurement of supply

HPV routine

	2022	2023
Vaccine doses financed by Gavi (#)	127,300	105,700
Vaccine doses co-financed by Country (#)	5,900	4,900
AD syringes financed by Gavi (#)	140,900	115,900
AD syringes co-financed by Country (#)		

Reconstitution syringes financed by Gavi (#)		
Reconstitution syringes co-financed by Country (#)		
Safety boxes financed by Gavi (#)	1,550	1,275
Safety boxes co-financed by Country (#)		
Freight charges financed by Gavi ($)	7,221	5,989
Freight charges co-financed by Country ($)	333	276

	2022	2023
Total value to be co-financed (US$) Country	27,000	22,500
Total value to be financed (US$) Gavi	586,000	486,500
Total value to be financed (US$)	613,000	509,000

HPV multi-age cohort vaccination (MAC)

	2022	2023
Vaccine doses financed by Gavi (#)	639,100	629,000
AD syringes financed by Gavi (#)	669,500	658,900
Reconstitution syringes financed by Gavi (#)		

Safety boxes financed by Gavi (#)	7,375	7,250
Freight charges financed by Gavi ($)	36,229	35,652

	2022	2023
Total value to be financed (US$) Gavi	2,940,000	2,893,000
Total value to be financed (US$)	2,940,000	2,893,000

3.3.4 Co-financing payment

Please indicate the process for ensuring that the co-financing payments are made in a timely manner.

Eritrea has been co-financing for all GAVI supported vaccines every year based on the decision letter wrote by GAVI . In the previous years, the country was fulfilling all co-financing obligations for the vaccines and injection safety materials in routine base and will continue also for upcoming new introduced vaccines for routine immunization services including HPV. During the developmental planning and budgeting period of the year of country, all estimated costs for vaccine and injection safety materials are included in the government budget every year and government co-financing portion of the money is transferred to UNICEF account in January or February every year.

If your country is in the accelerated transition phase for Gavi support, please answer the following question:

Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.

The country is not yet in the accelerated transition phase for GAVI support

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the	January

co-financing funds in the month of:	

The payment for the first year of co-financed support will be made in the month of:

Month	February
Year	2022

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

HPV routine

Number of girls in the target population

52,020

Gavi contribution per targeted girl (US$)

2.4

Total in (US$)

124,848

Funding needed in country by	30 July 2022

3.4.2 Multi-age cohort operational costs support grant(s)

HPV multi-age cohort vaccination (MAC)

Population in the target age cohort (#)

Note 5

312,120

Gavi contribution per girl in the target age cohort (US$)

0.65

Total in (US$)

202,878

Funding needed in country by | 30 July 2022

3.4.3 Operational budget

Please complete the Gavi budgeting and planning template to document how the **Gavi Vaccine Introduction Grant** and the **MAC Operational Costs support** grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the MAC and the introduction of the HPV vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

Budget for the vaccine introduction activities

Total amount - Gov. Funding / Country Co-financing (US$)

124848

Total amount - Other donors (US$)

9096

Total amount - Gavi support (US$)

124848

Amount per girl - Gov. Funding / Country Co-financing (US$)

0.2

Amount per girl - Other donors (US$)

0.07

Amount per girl - Gavi support (US$)

2.4

Budget for the MAC operational costs support

Total amount - Gov. Funding / Country Co-financing (US$)

202878

Total amount - Other donors (US$)

91560

Total amount - Gavi support (US$)

202878

Amount per girl - Gov. Funding / Country Co-financing (US$)

0.2

Amount per girl - Other donors (US$)

0.3

Amount per girl - Gavi support (US$)

0.65

3.4.4 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

1. Training of Trainers (ToT) and Microplanning on HPV MAC at national level with zonal management team (45 participants * 3days * $US35/day/head) to design and map the required logistics and human resource for successful implementation of the plan.

2. Deployment of solar technicians for CCE assessment and maintenance to fill-up the gaps (2

technicians *$US25/head/day*10days*6zobas to do maintenance, identify gaps and do replacement if there is storage capacity problem.

3. Training of health workers on HPV vaccine, administration & cold chain & waste management 800 health workers*$US25/head to ensure safe administration of vaccines, safe disposal of sharps and data recording

4. DSA for vaccinators (310,000 target girl/1050 girls/7 consecutive days) = 295 vaccination teams, 2 health workers & 1 teachers/ team * $US14/head/day*7days*3 days.

5. Involvement one community member or community health worker per team * $US8/head/day for 7 days to trace defaulters.

6. Conduct Microplanning at district level by the district task force (7 participants * $US14/day/head*3 days * 58 districts to map the vaccination sites and allocate the required resources.

7. Transport and diesel support to mobilize the vaccination teams; 2 vehicles/each district * 7days * $US166/day

3.4.5 Financial management procedures

Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.

Procurement of the required HPV vaccine, injection safety materials and other EPI logistics will be carried out through UNICEF. Budget for operational activities of MAC & VIG will be transferred to the Ministry of Health PMU Account at the National Bank of Eritrea. Budget break down for HPV VIG and MAC operational cost will developed and shared to the PMU offices at national and sub national levels. At sub national level the EPI focal points will be responsible on monitoring of appropriate utilization of the money transferred according to the directions provided from EPI Manager.

3.4.6 Compliance with guidelines for use of Gavi financial support for human resources (HR) costs

Does the submitted application and budget comply with existing guidelines, criteria and requirements for use of Gavi financial support for human resources (HR) costs?

Yes☒ No☐

Please provide further information and justification concerning human resources costs, particularly when issues and challenges have been raised regarding the compliance with Gavi guidelines.

Eritrea has a well-structured level of management on vaccine, cold chain, and human resources. At all levels there are full time dedicated EPI focal points and make close follow-up on vaccine availability, management, and handling to keep potency of the vaccines and distribution according to the target population. For all catch-up campaign and routine outreach vaccination services there is standard payments of DSA as incentives for the health workers during their operational activities or field works. This performed based on the financial regulation of the Ministry of Finance of the Gov.

3.4.7 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

- **UNICEF Tripartite Agreement: 5%**
- **UNICEF Bilateral Agreement: 8%**
- **WHO Bilateral Agreement: 7%.**

Eritrea has planned to implement, the HPV MAC on March 2022. To this regard, budget for operation activities of the AMC and HPV vaccine should arrive in the country in November 2021. Budget for the operational activities of MAC and VIG will be directly transferred to the National Bank of Eritrea, i.e., Government account of the Ministry of Health Project Management Unit (PMU). Banking form will be shared through the PMU soon.

3.4.8 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the "One TA plan") with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

Note 7

Technical support for the HPV vaccine MAC and HPV vaccine introduction will provided though WHO, UNICEF and PATH . In the budgeting and planning template , if there is gaps to be covered from these partners it will indicated and budget assumption will estate in the template. Responsible partner who is going to support will be named.

3.5 Strategic considerations

3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Vaccine Introduction Plan or Campaign Plan of Action, please cite the sections only.

Rational for the HPV introduction and rational for selection of the specific age cohort is mentioned in the HPV vaccine introduction proposal and implementation plan attached with this. The information can be obtained from executive summary and section 4 on page 13 of the proposal.

3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.

The introduction of the HPV vaccine is already included and stated in the cMYP 2017-2021 and Health Sector Strategic Plan 2017-2021 of the Ministry of Health of the state of Eritrea

3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.
If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.
In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

In Eritrea, there are functional NITAG and ICC with clear terms of reference. The NITAG provided technical support and advices on introduction of new vaccines and technologies for the EPI program. The ICC also oversee the over activities of the EPI program, endorsement of new vaccine introduction application, planning and implementation of SIAs, advocating influential people and political and religious leaders to give support and recognition of the EPI services in the county.

3.5.4 Financial sustainability

Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?

The Government co-finances 20% of all vaccines (new and traditional) and injection safety materials for routine EPI service, every year based on a decision letters provided by GAVI. There is no interruption of co-financing obligation in the county. The same commitment will be applied also to the HPV vaccine for specific age cohort of the girls.

3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

The Expanded Program on Immunization (EPI) provides immunization services 6 days per week at heath facility level, scheduled outreach services, and organizes mobile clinic services for areas with less access to reach every child. The country has procured several SDD refrigerators through CCEOP and JICA support and there is adequate cold chain storage capacity at all levels that could accommodate the HPV vaccine for MAC & RI. In every health facility there are almost at least one trained full time dedicated EPI focal person. To this regard, there is no programmatic challenges that could hinder the introduction of HPV vaccine. The only concern that we expect is there could be community or household hesitancy on vaccine dose uptake, and they may raise a question why girls only and why before their monarch time, which needs high advocacy and social mobilization activities to address the hesitance on HPV vaccine

3.5.6 Improving coverage and equity of routine immunisation

Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing how the proposed activities and budget will contribute to overcoming key barriers.

Human Papilloma Vaccine will be provided initial in MAC campaign mode and then after one year HPV vaccine will be introduced into regular service. Most of the eligible girls for HPV vaccine are found in schools and to vaccinate all girls of these age cohort a strong link will be needed with MoF and school directors by having standard registers and follow-up to make all the girls are immunized with 2 doses of HPV vaccine according to the schedule. This joint wok will also help to trace the defaulter. For those girls out school be captured using all the existed

EPI approaches applying in the routine immunization services for children. By these approaches HPV coverage and equity will improved.

3.5.7 Synergies

Describe potential synergies across planned and existing Gavi support, including planned introductions, campaigns and HSS support. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions. Furthermore, how is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and GFF?

Note 8

In Eritrea there are very few partners, but they are technically and financially strong enough to support the program. Moreover, there are a number CBO in the country that could collaborate with the EPI program especially in during mass campaign for wide age range. The government is also highly committed to the EPI program in full filling the co-financing obligations and make also fuel subsidy and transport support for outreach services. Other line ministries such Ministry of Labor and social welfare, Ministry of Education and Ministry of Information has good work relation with the immunization services in the country.

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.
2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.
3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

Please note that the GPF is filtered by default to only show indicators that are relevant to the specific types of support contained in the application. You may view the entire GPF by using the “Grant Status” filter. Please ensure your pop-up blocker is disabled when launching the GPF.

If you have any questions, please send an email to countryportal@gavi.org.

3.7 Upload new application documents

3.7.1 Upload new application documents

Below is the list of **application specific documents** that must be provided with your application.

In the case a document cannot be provided, please use the comment box to explain why, or by when it will be available.

Application documents

✓	**HPV implementation plan** Replaces the NVIP for the HPV vaccine application	ERI HPV Implementation Plan 29012021_29-01-21_15.51.58.docx
✓	**Gavi budgeting and planning template**	HPV ApplicationBudgetingPlanning18012021_18-01-21_10.51.29.xlsm

Endorsement by coordination and advisory groups

✓	**National coordination forum meeting minutes, with**	Minutes of ICC Endorsing HPV vaccine introduction_18-01-21_10.56.13.docx

endorsement of application, and including signatures

✓ **NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

Minutes of ERINITAG Meeting 2nd_18-01-21_11.07.33.pdf

Vaccine specific

✓ **HPV region/province profile**

HPV regional or province profile_2022 16012021_16-01-21_07.07.39.xlsx

✓ **HPV workplan**

HPV Workplan 16012021_18-01-21_20.22.02.xlsx

✓ **Other documents (optional)**

Kindly upload any additional documents to support your HPV application

Final Research reportMHM EritreaSEP.17_16-01-21_07.09.51.docx

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

Active Vaccine Programmes

Note 9

HPV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)					25,278.19
Gavi support (US$)					159,039.28

IPV Routine

	2020	2021	2022
Country Co-financing (US$)			
Gavi support (US$)	266,610	279,940	282,226

MenA Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	2,729.39	33,690.88	36,100.7	35,426.08	15,819.25
Gavi support (US$)	7,478.36	92,310.9	98,913.67	66,953.07	89,155.83

MR Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	83,037	85,505			
Gavi support (US$)	106,637	109,807			

PCV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	135,753	141,412	58,259	59,701	113,992
Gavi support (US$)	2,143,664	2,234,859	823,455	843,844	812,292

Pentavalent Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	52,246	53,798	136,916	56,474	38,385
Gavi support (US$)	251,102	258,563	645,042	271,424	297,766

Rota Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	35,051	36,088	89,326	37,876	55,210
Gavi support (US$)	371,175	382,156	882,977	401,089	394,762

Total Active Vaccine Programmes

	2020	2021	2022	2023	2024
Total country co-financing (US$)	308,816.39	350,493.88	320,601.7	189,477.08	248,684.44
Total Gavi support (US$)	3,146,666.36	3,357,635.9	2,732,613.67	1,583,310.07	1,753,015.11
Total value (US$) (Gavi + Country co-financing)	3,455,482.75	3,708,129.78	3,053,215.37	1,772,787.15	2,001,699.55

New Vaccine Programme Support Requested

HPV routine, with multi-age cohort in the year of introduction

	2022	2023
Country Co-financing (US$)	27,000	22,500
Gavi support (US$)	3,526,000	3,379,500

Total country co-financing (US$)	
Total Gavi support (US$)	
Total value (US$) (Gavi + Country co-financing)	

Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US$)

	2020	2021	2022	2023	2024
Total country co-financing (US$)	764,816.39	837,493.88	347,601.7	211,977.08	248,684.44
Total Gavi support (US$)	9,495,666.36	9,361,635.9	5,853,613.67	4,962,810.07	1,753,015.11
Total value (US$) (Gavi + Country co-financing)	10,260,482.75	10,199,129.78	6,201,215.37	5,174,787.15	2,001,699.55

Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Mr. Tedros Yehdego Mesghna	EPI Manager	291-1-125367	tedrosmy@gmail.com	Ministry of Health

Comments

Please let us know if you have any comments about this application

No Response

Government signature form

The Government of Eritrea would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

HPV routine, with multi-age cohort in the year of introduction

The Government of Eritrea commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.[1]

Minister of Health (or delegated authority)	**Minister of Finance (or delegated authority)**
Name	Name
Date	Date
Signature	Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

Minister of Education (or delegated authority)

Name

Date

Signature

[1] *In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.*

Appendix

NOTE 1
The new cMYP must be uploaded in the country document section.

NOTE 2
The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates. Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

NOTE 3
* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: http://www.gavi.org/about/market-shaping/detailed-product-profiles/

* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

* 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 these issues.

* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

NOTE 4
Co-financing requirements are specified in the guidelines.

NOTE 5
Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

NOTE 6
https://www.gavi.org/support/process/apply/additional-guidance/#leadership

NOTE 7

A list of potential technical assistance activities in each programmatic area is available here: http://www.gavi.org/support/pef/targeted-country-assistance/

NOTE 8

E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 9

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