APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by

The Government of Sao Tome and Principe

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

Accelerated transition

Date of Partnership Framework Agreement with Gavi

26 June 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

No Response

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.

	2018	2019
Total government expenditure		

Total government health expenditure		
Immunisation budget	24,944.75	0

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

The government planning cycle starts on the

1 January

The current National Health Sector Plan (NHSP) is

From 2017

To 2021

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

2016-2020

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

To

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

>>>>>

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.

For vaccines there are no customs regulations. UNICEF takes care of the procurement of the vaccines pre-qualified by WHO; then, vaccines are transported by plane to Sao Tome and are sent directly by the EPI from the airport to the cold rooms and the cold chain at the central EPI.

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.

The National Pharmacy Directorate authorizes the entry of vaccines at the country level and issues a certificate to the EPI for the delivery of vaccines at the airport to the cold rooms and the cold chain of the EPI central depot.

Contact number: 002399905438 and e-mail: semoadatrindade@yahoo.com.br

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2019	2020	2021	2022
Country Co-financing (US$)				
Gavi support (US$)	18,465	18,834	19,044	19,268

PCV Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	14,010	57,686	38,367	49,348	
Gavi support (US$)	41,500	80,424	23,489	13,244	

Pentavalent Routine

	2019	2020	2021	2022	2023

Country Co-financing (US$)	6,025	18,560	12,233	15,715	
Gavi support (US$)	17,000	25,219	8,587	5,353	

Rota Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	13,680	56,012	37,203	47,852	
Gavi support (US$)	36,000	71,201	24,085	14,166	

YF Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	1,758	6,515	4,174	5,325	
Gavi support (US$)	5,500	10,401	4,261	3,211	

MR Follow-Up

	2020	2021	2022	2023
Country Co-financing (US$)		735.34		
Gavi support (US$)		15,572.2		

Summary of active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US$)	35,473	138,773	92,712.34	118,240	
Total Gavi support (US$)	118,465	206,079	95,038.2	55,242	
Total value (US$) (Gavi + Country co-financing)	153,938	344,852	187,750.54	173,482	

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).

Overall, in the 2017 National Coverage Survey, results show that EPI performance is lower in Cantagalo and Lobata.

Drop-out rates are less than 10%. BCG - MCV: 7%, DTP1-MCV=8% and DTP1- DTP3: 3%. Wastage rates do not vary significantly between rural and urban areas.

The wastage rate between PENTA1 and PENTA3 increased from 2% to 3%.

Taking into account rural and urban residences, disparities have shown that when considering the proportion of 12-23 month-old children who did not receive a vaccine dose, data show that 2.7% (IC95%: 1.0%-7.3%) of children were not vaccinated, or 3.7% (IC95%: 1.1%-11.4%) in urban areas and 1.2% (0.3%-4.8%) in rural areas. In contrast, in urban areas, the percentage of children not immunized doubled from 1.9% to 3.7% between 2015-2016 (IC95%: 1.1%-11.4%).

By gender, the survey shows that 2.2% (IC95%: 0.6%-7.6%) of boys received no vaccine dose and 3.3% (IC95%: 0.8%-13.2%) of girls were not vaccinated. At the health district level, Agua Grande district has the highest proportion of children not vaccinated (5.6%) (IC95%: 1.6%-17.9%) and Cantagalo and Caué districts.

The level of education of parents and caregivers is a fairly important factor in access to vaccination in the country. Depending on the mother's or caregiver's level of education, 2.4% (IC95%: 0.7%-7.7%) of children of high school mothers did not receive any vaccine doses compared to 3.2% (IC95%: 1.0%-9.2%) of out-of-school or primary school mothers.

In terms of knowledge about vaccines, the level of mothers or caregivers on childhood immunization is relatively low: 23% (IC95%: 26%-37%) of parents know no antigens, or 34% (IC95%: 28%- 41%) in rural areas and 31% (IC95%: 22%-38%) in urban areas. This shows that parents' knowledge of children's routine EPI is still limited overall. However, more educated mothers have a higher score (59%) than uneducated mothers (53%).

The reasons for non-vaccination of children aged 12 to 23 months are information problems (39%), motivation problems (22%) and barriers (38%). Regarding these information problems, ignorance of the vaccination schedule (11%) is the most important, the poor knowledge of the target population (8%) and the lack of information from mothers. Information problems are most often cited in rural areas (43%).

In terms of barriers, mothers' occupation (7%) and long waits (7) are the most frequently cited, especially in urban areas (10%). As for the reasons for dissatisfaction cited by mothers are slowness of service (27%), poor reception (26%), uncomfortable environment (11%), non-compliance with working hours (10%), insufficient staff qualification (9%), absence or failure of vaccination documents (7%), frequent failure of vaccines (3%), lack of convenience (3%), insufficient communication/sensitization by staff (3%). These barriers are most often cited in urban areas (43%) by mothers who are not in school or at the primary level (41%).

In the MICS 2014 survey, data show that boys and girls have equal opportunities and the level of care is comparable in urban and rural areas. However, there are large differences between children from the richest and poorest families (63% and 21% respectively) and those whose mothers have a secondary level compared to women of the same level in poor families (52% and 29% respectively). The frequency varies from one region to another, ranging from 34% in the Central-Eastern region to 53% in the Autonomous Region of Príncipe.

However, total coverage is slightly higher among children whose mothers have secondary or higher education (78%) compared to those who have no formal education or only at the primary level (71%). Total coverage by region varies from 72% (Central East Region) to 83% (North East Region).

Immunization activities are identified as priorities in the National Health Development Plan (NHDP).

The coordination of interventions at national level is ensured by the Interagency Coordination Committee (ICC), which is currently merged with the MCC (Multisectoral Coordination Committee), chaired by the Minister of Health and composed of EPI partners.

Main barriers associated with the management of the EPI are:

- EPI's high internal and external financial dependence; consequently, it does not have a budget for its functioning and relies heavily on the support of partners to carry out their activities in the field. This is due to the country's low economic growth, which, due to lack of resources, cannot invest much in the programme.

- In the context of the immunization programme management, it should be noted that the lack of materials in the districts such as computers, printouts and the Internet have a major impact on EPI performance, especially in the transmission of data on time from the posts to the districts and to the central level. - DHSI II is in the implementation phase in the country but the EPI is not yet involved in the control and monitoring of vaccination data.

- Despite some difficulties with staff deficit in the centres and districts, the country has achieved good results in terms of immunization coverage, although it has declined slightly in recent years. The lack of training for updating on vaccination practices, stock management and quantification poses problems for EPI performance and to the extent that there is a lot of movement of health providers in districts and health posts. This new staff has no opportunities to be trained on the modules mentioned below.

- The central level does not have a person in charge of communication and another in charge of data management. In addition to the fact that EPI staff is also the staff in charge of reproductive health. All this has an impact on the performance and efficiency of immunization service management.

- With regard to vaccine management, there are currently no problems; with UNICEF support for the Forecast, the country is able to place orders to be supplied on time. However, minor concerns are noted about vaccines co-financed by the State with delays in disbursements for the purchase of vaccines.

- Distribution is from the central level to the districts to the health posts and EPI achieves good control of this component.

- Activities are currently being implemented in low coverage districts such as Agua Grande, Cantagalo, Lobata and Mé-Zochi districts with the increase of mobile teams for door-to-door activities to improve vaccine coverage rates. In the same districts, sensitization at the level of health centres and posts is also organized during consultation sessions and at community level with more health workers for community visits and sensitization.

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	PPACRevision 110116_31-08-19_13.50.21.docx
✓	**Country strategic multi-year plan / cMYP costing tool**	PPACRevision 110116_31-08-19_14.10.14.docx
✓	**Effective Vaccine Management (EVM) assessment**	RapportGEV2015STP final_30-08-19_15.33.06.pdf
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	Plano de melhoria de GEVPAV2018_31-08-19_14.15.36.pptx RapportGEV2015STP final_30-08-19_15.21.28.pdf
✓	**Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators**	RapportCoverageSao Tome HPVfinal_03-09-19_18.42.22.docx Rapport PIE STP FINAL_30-08-19_15.28.16.docx STPPlan_strategiqueADDraft291118_30-08-19_15.20.24.docx

✓ **Data quality and survey documents: Immunisation data quality improvement plan**

STPPlan_strategiqueADDraft291118_30-08-19_15.29.40.docx

✓ **Data quality and survey documents: Report from most recent desk review of immunisation data quality**

Rapport PIE STP FINAL_30-08-19_15.33.57.docx

STPPlan_strategiqueADDraft291118_30-08-19_15.34.27.docx

✓ **Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation**

STPPlan strategiqueADDraft291118_31-08-19_14.46.50.docx

Analyse des performances de_2018 JRF CACLB Guardado_automaticamente_31-08-19_14.48.05.docx

Tome1Rapport de lenquête de couverture vaccinale STP 2017final 1_31-08-19_14.46.06.docx

Human Resources pay scale

If support to the payment of salaries, salary top ups, incentives and other allowances is requested

No file uploaded

The document is not available.

Coordination and advisory groups documents

✓ **National Coordination Forum Terms of Reference**

ICC, HSCC or equivalent

TdR de Membros do CCM_03-09-19_17.35.31.doc

✓	**National Coordination Forum meeting minutes of the past 12 months**	DraftCCMProces verbalHPV2019_03-09-19_18.40.49.docx

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.	Avaliação das intervenções na área de saúde dos adolescentes Relatório e plano_31-08-19_14.42.22.pdf

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	HPV2, 2 doses/vial, Liquid
Is the presentation licensed or registered?	Yes ☒ No ☐
2nd preferred presentation	
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	31 July 2020

Planned launch date	2 November 2020
Support requested until	2020

HPV multi-age cohort vaccination (MAC)

Preferred presentation	HPV2, 2 doses/vial, Liquid
Is the presentation licensed or registered?	Yes ☒ No ☐
2nd preferred presentation	
Is the presentation licensed or registered?	Yes ☒ No ☐
Required date for vaccine and supplies to arrive	31 July 2020
Planned launch date	2 November 2020
Support requested until	2020

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.

No Response

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

Annual statistics of the Education National statistics for 2017-2018

Source 2 : e.g. UNESCO

MICS II Sao Tome and Principe 2014

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

1) National Population and Housing Census in Sao Tome, 2012
2) Demographic projections of Sao Tome and Principe by 2035

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:	10

	2020
Population in the target age cohort (#)	2,730
Target population to be vaccinated (first dose) (#)	2,730
Target population to be vaccinated (last dose) (#)	2,730
Estimated wastage rates for preferred presentation (%)	2

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	11
To	14

	2020
Population in target age cohort (#)	10,734
Target population to be vaccinated (first dose) (#)	10,734
Target population to be vaccinated (last dose) (#)	10,734
Estimated wastage rates for preferred presentation (%)	2

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US$) - HPV routine

	2020
2 doses/vial,liq	4.6

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

	2020
AD syringes	0.036
Reconstitution syringes	
Safety boxes	0.005
Freight cost as a % of device value	1.24

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

	2020
2 doses/vial,liq	4.6

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

	2020
AD syringes	0.036

Reconstitution syringes	
Safety boxes	0.005
Freight cost as a % of device value	1.24

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

	2020
Country co-financing share per dose (%)	97.83
Minimum Country co-financing per dose (US$)	1.84
Country co-financing per dose (enter an amount equal or above minimum)(US$)	4.5

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

HPV routine

	2020
Vaccine doses financed by Gavi (#)	300
Vaccine doses co-financed by Country (#)	6,700
AD syringes financed by Gavi (#)	400
AD syringes co-financed by Country (#)	7,200

Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	25
Safety boxes co-financed by Country (#)	100
Freight charges financed by Gavi ($)	21
Freight charges co-financed by Country ($)	414

	2020
Total value to be co-financed (US$) Country	31,500
Total value to be financed (US$) Gavi	2,000
Total value to be financed (US$)	33,500

HPV multi-age cohort vaccination (MAC)

	2020
Vaccine doses financed by Gavi (#)	
AD syringes financed by Gavi (#)	
Reconstitution syringes financed by Gavi (#)	

Safety boxes financed by Gavi (#)	
Freight charges financed by Gavi ($)	

	2020
Total value to be financed (US$) Gavi	
Total value to be financed (US$)	

3.3.4 Co-financing payment

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

Co-financing is guaranteed through the Guarantee Fund under the Immunization Independence Initiative (VII).

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.

There is a budget line in the State budget for the purchase of vaccines. Under the VII initiative for vaccine independence, the State guarantees co-financing by signing a letter of guarantee approving the availability of funds for the purchase of vaccination in January of the period of introduction of a new vaccine.

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:	January

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

Month	January
Year	2020

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

HPV routine

Number of girls in the target population

2,730

Gavi contribution per targeted girl (US$)

2.4

Total in (US$)

100,000

Funding needed in country by	30 April 2020

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

10,734

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

0.45

Total in (US$)

4,830.3

Funding needed in country by	30 April 2020

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$)

280,00

Total amount - Other donors (US$)

0

Total amount - Gavi support (US$)

10,000

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

2.6

Amount per girl - Other donors (US$)

0

Amount per girl - Gavi support (US$)

2.4

Budget for the MAC operational costs support

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

0

Total amount - Other donors (US$)

0

Total amount - Gavi support (US$)

4,753

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

0

Amount per girl - Other donors (US$)

0

Amount per girl - Gavi support (US$)

0.45

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.

The main activities for the implementation of support for the introduction for routine HPV and the multi-age cohort campaign are:

1) Service delivery: cost factors relate to the purchase of supplies (notebooks, vaccination cards and registers), transport costs (fuel for the implementation of mobile strategies in communities and immunization in schools) and fuel for planned supervision during vaccination and post-introduction. As part of the multi-age cohort campaign, costs are planned to cover the allowances of health workers, community health workers and drivers for service delivery.

2) Human resource capacity building: the cost of training trainers and training with district health workers and community health workers.

3) Advocacy, communication and social mobilization: the main activities are related to demand generation and empowerment of actors at community level. Cost factors are the production of communication materials (spots, advertisements, promotional materials, etc.), training and advocacy with community actors (community health workers, religious, civil society organizations, journalists). Activities related to the national launch and the utilization of radios, televisions, SMS to strengthen demand generation.

4) Program management: costs are related to the organization of workshops for the production of submission documents and vaccination management documents. As part of the campaign, administrative activities and communication are costs under this heading.

4) Health system information: the country plans to conduct evaluations such as coverage survey and evaluation with the special decision of Gavi:

5) Purchase of equipment: the country has planned the purchase of two fridges for the central level in the budget allocated to the routine introduction. This is covered by the budget.

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.

The Minister of Health, through the Directorate of Administration and Finance (DAF), is responsible for the financial management of the introduction of a new vaccine. Concerning the EPI Programme, there is a process of budget validation by the Health Directorate before submitting the request to the Minister of Health. For procurement, the country has joined UNICEF initiative under the Vaccination Autonomy Initiative to provide sufficient quantities of vaccines and other supplies for immunization.

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.

The Government covers all human resource costs. No human resource costs have been included in the request for this budget by the immunization programme.

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%.**

Bilateral Agreement with UNICEF 8%

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

Yes, technical support is required in the areas of support:
- Implementation of immunization services
- Data management
- Post-introduction evaluation
- Supervision during and after the introduction
- Post-introduction evaluation
- Vaccine coverage surveys

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.

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.

In both the cMYP and this request, priority is given to strengthening access to health services and the quality of basic health care services, including immunization, and to stimulating community involvement in the management and decision-making process to improve the health status of populations.

Another challenge for the country raised by the cMYP is to maintain the very high immunization coverage of all antigens and improve the level of coverage of children fully vaccinated for all antigens in all districts. The cMYP takes up one of the vaccination activities identified as a priority in the National Health Development Plan (NHDP): `Improving routine vaccination to achieve 98% coverage'. One of the objectives of the national introduction plan for HPV is to ensure coverage rates of more than 95% in routine immunization and campaign of the multi-age cohort.

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.

The Sao Tome and Principe MCC (Multi-Sectoral Coordination Committee) has an Executive Committee that meets monthly or as needed to manage day-to-day activities and take urgent action between quarterly meetings of the General Assembly. Such measures must, even if they have already been taken, be validated by the General Assembly.

1. The Executive Committee is composed of five members: the President and two Vice-Presidents, the Coordinator of the Governance and Policy Management Committee on Conflicts of Interest, the Coordinator of the Strategic Monitoring Committee and the Coordinator of the Development Committee. The Board of Directors has the support of the Permanent Secretary without the right to vote at all its meetings.

2. The Vice-Presidents are elected by the General Assembly and are available to attend monthly meetings.

3. The President of CGC chairs the Executive Committee. In the absence of the President, the First Vice-President shall chair the Executive Committee.

4. All committee members must adhere strictly to the MCC Conflict of Interest Policy.

As part of this request, the role of the MCC is to provide technical advice and guidance to the meeting for:

- Discussion and validation of the different elements of the submission

- The relevance of HPV national introduction in Sao Tome

- Lessons learned from the 2015-2017 HPV demonstration project

- the results of the evaluations (immunization coverage survey, post-introduction evaluation and costs analysis)

- Approve and support HPV national introduction

- Draft the minutes by the Permanent Secretariat to be shared with the 5 eligible members of the Governance and Management Committee on Conflict of Interest Policy (CGGPCI), in order to strengthen the institutional development of the MCC and support the implementation and policy on conflict of interest.

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 of Sao Tome and Principe commits itself each year by signing a letter of guarantee to pay UNICEF for the purchase of supplies and services during the twenty-four (24) month period beginning on 1 January of the current year and ending on 31 December of the same year for the Immunization Autonomy Initiative. The country is part of the UNICEF-led Autonomy Initiative on Immunization. By the 7th, the State of Sao Tome makes purchases through the Guarantee Fund.

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.

In the introduction plan, some problems were raised, including:

- Good nursing practices on materials handling and asepsis were addressed during staff training in 2017; however, neither the data sheets nor the modules were developed for this purpose. In vaccine and diluent distribution practices, monitoring is carried out at central level, but not yet

effective at the grassroots level. The introduction of HPV into the routine EPI will be a good opportunity for further training/retraining of agents;

- As part of this reinforcement, the EPI plans to organize MLM training sessions on vaccine management and practice during 2019. The training will be supported by WHO and will include participants from all health centres.

- According to the external review, it is also noted that the level of implementation of communication and social mobilization activities remains insufficient despite the existence of the 2011-2015 communication plan.

- Awareness-raising activities for vaccine information for behaviour change at the population level remain insufficient, including those carried out by service providers and the media. Within the EPI, there is no focal point in charge of communication activities. Training and retraining of staff to help improve communication activities is not implemented at all levels.

- The new communication plan currently being drafted for 2020-2025 is justified to improve awareness and communication, including the objective to "contribute to the reduction of morbidity and mortality due to vaccine preventable diseases by encouraging community involvement and participation by the end of 2025". The plan to solve these problems in the communication plan provides:

- the minimum package of activities (MPA) in Health Centres and Posts, including the communication component;

- immunization activities in fixed posts, or during mobile teams and vaccination campaigns, require community involvement and participation;

- reinforcement of the acceptability of vaccines in the context of the introduction of new vaccines

- awareness and communication enhancement through the use of new information technologies

- inclusion of adolescents in the communication component of the HPV vaccine

- NGOs are active in the country to fight vaccine-preventable diseases;

- need to integrate data collection tools for communication activities among EPI tools;

For the routine EPI, only parents who come to the vaccination centre are often targeted by messages, with the rest of the community and local organizations as well as local decision-makers often under-informed.

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.

During the national introduction of HPV, integration of HPV activities are planned in EPI routine activities in terms of service delivery, particularly in all EPI strategies (door-to-door mobile strategies, fixed strategies), coordination and in awareness raising and social mobilization activities at the level of health centres and posts and at community level. In the 2017 national coverage survey, results show that EPI performance is weak in some districts such as Agua Grande, Cantagalo, Lobata and Mé-Zochi.

With regard to the low percentage of fully vaccinated children, in the plans described by the cMYP, it is expected that by 2020, the percentage of fully vaccinated children at 1 year of age will increase from 77% to 90%.

Activities are currently being implemented in these low coverage districts in Agua Grande, Cantagalo, Lobata and Mé-Zochi districts with the increase of mobile teams for door-to-door activities to improve vaccine coverage rates. In the same districts, sensitization at the level of health centres and posts is also organized during consultation sessions and at community level, mobilizing more health workers for community visits and sensitization.

National HPV offers two opportunities with activities planned for the routine and campaign of the multi-age cohort that can intensify and strengthen all the activities mentioned in these districts. In the budget, the planned activities are the following:

- Production of new communication materials for the community level and at health centres and posts

- Training of religious and community leaders to support HPV vaccine awareness

- Involvement of Civil Society Organizations with guidance sessions to support immunization activities

- Use of SMS to inform populations and remind them about vaccinations

- Oversight during immunization and post-introduction for data quality monitoring and a focus on districts with low coverage rates.

- Use school calendars/agendas to inform about the vaccine and cervical cancer

- Integration of HPV and cervical cancer information into adolescent health program activities at primary and secondary levels in biology and health education courses.

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

The MCC ensures coordination between stakeholders in the immunization process. It also ensures the coordination of partner funds between the programmes of the Ministry of Health with a strong involvement of partners such as WHO and UNICEF in order to coordinate, accompany and supervise technical assistance within the framework of the immunization programme.

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	HPV Implementation PlanSaoTomeHPV2019Final_10-10-19_15.00.55.docx
✓	**Gavi budgeting and planning template**	Copy of Modèle de prévision budgétaireSTHPV2019_10-10-19_15.23.03.xlsm

Endorsement by coordination and advisory groups

✓	**National coordination forum meeting minutes, with endorsement of application, and including signatures**	DraftCCMProces verbalHPV2019_03-09-19_18.21.54.docx
✓	**NITAG meeting minutes** with specific recommendations on the NVS introduction or campaign	DraftCCMProces verbalHPV2019_10-10-19_15.04.54.docx

Vaccine specific

✓	**HPV region/province profile**	Copy of HPV ApplicationRegion ProfileST2019HPVFinal_02-09-19_18.00.37.xlsx
✓	**HPV workplan**	HPV workplanST2019HPVFinal_02-09-19_17.59.40.xlsx

Other documents (optional)

Kindly upload any additional documents to support your HPV application

Raport Costing HPVSTP2018_03-09-19_18.34.55.docx

Plan dintroduction du vaccin contre le HPVST2019_10-10-19_15.03.45.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

IPV Routine

	2019	2020	2021	2022
Country Co-financing (US$)				
Gavi support (US$)	18,465	18,834	19,044	19,268

PCV Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	14,010	57,686	38,367	49,348	
Gavi support (US$)	41,500	80,424	23,489	13,244	

Pentavalent Routine

2019	2020	2021	2022	2023

Country Co-financing (US$)	6,025	18,560	12,233	15,715	
Gavi support (US$)	17,000	25,219	8,587	5,353	

Rota Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	13,680	56,012	37,203	47,852	
Gavi support (US$)	36,000	71,201	24,085	14,166	

YF Routine

	2019	2020	2021	2022	2023
Country Co-financing (US$)	1,758	6,515	4,174	5,325	
Gavi support (US$)	5,500	10,401	4,261	3,211	

MR Follow-Up

	2020	2021	2022	2023
Country Co-financing (US$)		735.34		
Gavi support (US$)		15,572.2		

Total Active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US$)	35,473	138,773	92,712.34	118,240	
Total Gavi support (US$)	118,465	206,079	95,038.2	55,242	
Total value (US$) (Gavi + Country co-financing)	153,938	344,852	187,750.54	173,482	

New Vaccine Programme Support Requested

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

	2020
Country Co-financing (US$)	31,500
Gavi support (US$)	2,000

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$)

	2019	2020	2021	2022	2023
Total country co-financing (US$)	35,473	170,273	92,712.34	118,240	
Total Gavi support (US$)	118,465	208,079	95,038.2	55,242	
Total value (US$) (Gavi + Country co-financing)	153,938	378,352	187,750.54	173,482	

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
Ednilza Solange Barros	Coordenatrice du PEV	00239224000/9991665	sovilanova@yahoo.com.br	Ministeré de Santé/DCS

Comments

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

No Response

Government signature form

The Government of Sao Tome and Principe 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 Sao Tome and Principe 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

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.