APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by

The Government of Nigeria

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

9 January 2014

Country tier in Gavi's Partnership Engagement Framework

1

Date of Programme Capacity Assessment

September 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.

	2021	2022
Total government expenditure	35,451,964,918.54	

Total government health expenditure	1,859,420,833.25
Immunisation budget	109,955,852.34

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 2018

To 2022

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

2018-2028

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 2018

To 2028

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

The Country Multi-year plan in use in Nigeria, is call Nigeria's Strategy for Immunization and PHC System Strengthening (NSIPSS).

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.

There is an existing relation between the customs and the FMOH/NPHCDA in the form of weber for HPV vaccine and the devices. The document that provide this information can be referred to, and at the section for the country documents.

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 HPV vaccine is prequalified by WHO and approved by the local Regulatory body. Currently it is being used in the private facility within the country. It does not require any additional approval for it delivery into the country. NAFDAC is the regulatory body that is responsible for providing all the needed guidance on food and drugs and is WHO certified. The country regulatory body is also in agreement with the country's programme to introduce HPV using sing dose. A letter was also sent to NAFDAC, on the use single dose, however, the NAFDAC is on industrial action now a formal communication will be shared by the country after the industrial strike.

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

HPV Routine

Note 2

	2022	2023	2024
Country Co-financing (US$)		1,821,750.02	2,359,582.43
Gavi support (US$)		7,033,852.18	3,820,658.23

IPV Routine

	2022
Country Co-financing (US$)	
Gavi support (US$)	7,678,750

MenA Routine

	2022	2023	2024
Country Co-financing (US$)	2,248,740	3,100,159	4,253,410
Gavi support (US$)	3,830,954	2,237,319	1,974,222

PCV Routine

	2022	2023	2024
Country Co-financing (US$)	35,040,402	40,050,400	45,759,579
Gavi support (US$)	14,883,929	13,517,385	11,912,345

Pentavalent Routine

	2022	2023	2024
Country Co-financing (US$)	13,644,873	15,012,558	16,563,138
Gavi support (US$)	2,359,954	2,160,293	1,925,425

Rota Routine

	2022	2023	2024
Country Co-financing (US$)	4,946,083.79	8,048,206.95	9,245,020.4
Gavi support (US$)	4,430,968.15	5,703,631.92	5,132,370.04

TCV Routine

	2022	2023	2024
Country Co-financing (US$)			
Gavi support (US$)			

Summary of active Vaccine Programmes

	2022	2023	2024
Total country co-financing (US$)	55,880,098.79	68,033,073.98	78,180,729.84

Total Gavi support (US$)	33,184,555.15	30,652,481.1	24,765,020.27
Total value (US$) (Gavi + Country co-financing)	89,064,653.94	98,685,555.08	102,945,750.1

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).

The progress and the effectiveness of the current strategies and intervention is well documented in the section 2.1 of the recent Multi Stakeholder Dialogue (MSD) report for the year 2021 and also detailed of the strategies and interventions especially around equity and coverage with focus on zero dose children can be obtained in the NSIPSS 2.0. these two documents are attached at the section of the country documents for your reference.

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

✓	**National Immunization Strategy (NIS)** or Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	18.04.2018Nigeria Strategy for_Immunization and PHC_StrengtheningFinal_29-10-18_22.21.18.pdf
✓	**Country strategic multi-year plan / cMYP costing tool**	NSIPSS System Support Costs_29-10-18_22.24.52.xlsx
✓	**Effective Vaccine Management (EVM) assessment**	FULL EVMA Nigeria2021Report1_12-09-22_08.48.50.pdf Nigeria National Specific EVM cIP_12-09-22_08.49.23.xlsx

		EVMA2017reportv8 track_02-11-18_16.56.24.doc
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	National EVMA cIP updatesMay_2020_03-06-20_17.07.17.xls
✓	**Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators**	Preliminary report 2013_DQS Final_03-11-18_16.07.45.docx
✓	**Data quality and survey documents: Immunisation data quality improvement plan**	Nigeria Data Quality Improvement Plan 2020_03-06-20_19.15.02.docx
✓	**Data quality and survey documents: Report from most recent desk review of immunisation data quality**	Preliminary report 2013_DQS Final_03-11-18_16.09.34.docx
✓	**Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation**	Preliminary report 2013_DQS Final_03-11-18_16.10.29.docx
✓	**Human Resources pay scale**	DTA_010902022_12-09-22_08.53.08.pdf Payment Schedule for_1st quarter RI_12-09-22_08.51.06.xlsx

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

180518Nigeria DSA rates Partners 1_12-09-22_08.52.34.pdf

Coordination and advisory groups documents

✓ **National Coordination Forum Terms of Reference**

ICC, HSCC or equivalent

Terms of Reference of the ICC HSCC_29-10-18_22.26.27.docx

✓ **National Coordination Forum meeting minutes of the past 12 months**

Signature page 14th July 2022 ICC meetingSigned_12-09-22_08.57.27.pdf

Minutes of ICC Meeting 14072022_12-09-22_08.56.57.docx

DRAFT MINUTES OF THE EMERGENCY MEETING OF THE_NIGERIA IMMUNIZATION TECHNICAL ADVISORY GROUP_12-09-22_08.57.58.docx

Minutes of ICC meetings_02-11-18_20.22.53.zip

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.

Endorsement of the MinistersHealth Finance and Education_12-09-22_09.00.06.docx

Response to Clarification From Gavi on HPV Proposal260822_12-09-22_08.59.08.docx

UN vs NPoPC Population Estimates_12-09-22_08.59.32.xlsx

Procedural Guidelines for NGITAG_03-06-20_17.24.31.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	HPV4, 1 dose/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	30 June 2023
Planned launch date	4 September 2023
Support requested until	2028

HPV multi-age cohort vaccination (MAC)

Preferred presentation	HPV4, 1 dose/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	30 June 2023
Planned launch date	4 September 2023
Support requested until	2024

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 vaccine is prequalified by WHO to be given as 2-dose regimen however, there is a recommendation by SAGE to be given as a single dose regimen. In view of the SAGE recommendation the country has agreed to introduce using a single dose regimen in 2023 despite the position of the WHO paper. The use of single dose has received a NITAG decision and the Country Core group has also endorsed the use of one dose and the ICC has also finally approved the introduction using a single dose. The country's regulatory body (NAFDAC) has been communicated on this development

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

NA

Source 2 : e.g. UNESCO

NA

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

No significant difference between the National Population Commission estimates and the UN Population estimates. Therefore, the date use is from the National Population estimates. A document attached in section of the additional document providing additional clarification on the UN vs NPopC population difference and it was observed that the difference is not much.

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

	2023	2024	2025	2026	2027	2028
Population in the target age cohort (#)	1,348,142	1,657,239	6,223,452	6,376,052	6,693,310	7,027,395
Target population to be vaccinated (first dose) (#)	1,348,142	1,657,239	3,112,971	3,189,301	3,347,994	3,515,103
Target population to be vaccinated (last dose) (#)						
Estimated wastage rates for preferred presentation (%)	5	5	5	5	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

	2023	2024
Population in target age cohort (#)	6,400,569	7,928,460
Target population to be vaccinated (first dose) (#)	6,400,569	7,928,460
Target population to be vaccinated (last dose) (#)		
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

	2023	2024	2025	2026	2027	2028
1 dose/vial,liq	4.5	4.5	4.5	4.5	4.5	4.5

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

	2023	2024	2025	2026	2027	2028
AD syringes	0.056	0.056	0.056	0.056	0.2	0.2
Reconstitution syringes						
Safety boxes	0.01	0.01	0.01	0.01	0.15	0.15
Freight cost as a % of device value	1.91	1.91	1.91	1.91	0.05	0.05

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

	2023	2024	2025	2026	2027	2028
1 dose/vial,liq	4.5	4.5	4.5	4.5	4.5	4.5

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

2023	2024	2025	2026	2027	2028

AD syringes	0.056	0.056	0.056	0.056	0.2	0.2
Reconstitution syringes						
Safety boxes	0.01	0.01	0.01	0.01	0.15	0.15
Freight cost as a % of device value	1.91	1.91	1.91	1.91	0.05	0.05

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

	2023	2024	2025	2026	2027	2028
Country co-financing share per dose (%)	47.11	56	65.11	74	82	91.11
Minimum Country co-financing per dose (US$)	2.12	2.52	2.93	3.33	3.69	4.1
Country co-financing per dose (enter an amount equal or above minimum)(US$)	2.12	2.52	2.93	3.33	3.69	4.1

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

HPV routine

	2023	2024	2025	2026	2027	2028
Vaccine doses financed by Gavi (#)	954,000	823,600	1,325,500	930,100	677,600	375,600
Vaccine doses co-financed by Country (#)	815,500	997,700	2,325,300	2,438,800	2,879,500	3,359,200

AD syringes financed by Gavi (#)	1,009,500	864,700	1,395,900	974,600	710,400	393,800
AD syringes co-financed by Country (#)	862,800	1,047,600	2,448,800	2,555,700	3,018,300	3,521,200
Reconstitution syringes financed by Gavi (#)						
Reconstitution syringes co-financed by Country (#)						
Safety boxes financed by Gavi (#)	11,125	9,525	15,375	10,725	7,825	4,350
Safety boxes co-financed by Country (#)	9,500	11,550	26,950	28,125	33,225	38,750
Freight charges financed by Gavi ($)	54,122	46,693	75,166	52,720	35,858	19,875
Freight charges co-financed by Country ($)	46,261	56,568	131,870	138,255	152,370	177,755

	2023	2024	2025	2026	2027	2028
Total value to be co-financed (US$) Country	3,751,500	4,590,000	10,697,000	11,218,500	13,126,000	15,312,500
Total value to be financed (US$) Gavi	4,389,000	3,788,500	6,097,500	4,278,000	3,089,000	1,712,500
Total value to	8,140,500	8,378,500	16,794,500	15,496,500	16,215,000	17,025,000

be financed (US$)	

HPV multi-age cohort vaccination (MAC)

	2023	2024
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 ($)		

	2023	2024
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.

The co-financing amount is going to be paid through the first line charge which has already been agreed by the stakeholders from the FMOH and FMOFBN.

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 budgeted amount have been factored in the MTEF. The evidence for the co-financing obligation will be sent via email. The country has been meeting with it co-financing obligation for the past 5 years.

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:	December

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

Month	December
Year	2023

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

HPV routine

Number of girls in the target population

3,005,381

Gavi contribution per targeted girl (US$)

2.4

Total in (US$)

7,212,914.4

Funding needed in country by	31 December 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

6,400,569

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

0.45

Total in (US$)

2,880,256.05

Funding needed in country by: 31 December 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$)

567000

Total amount - Other donors (US$)

0

Total amount - Gavi support (US$)

7212914

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

2.4

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$)

567000

Total amount - Other donors (US$)

0

Total amount - Gavi support (US$)

6448063

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.

1. Vaccination personnel cost
2. Training budget
3. Supervision, monitoring & evaluation
4. Transport and logistics
5. Social mobilisation
6. surveillance and coverage survey
7. Data tools and other printing material
8. Programe support cost (PSC)

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 funds will be disbursed through the UNICEF and WHO, and the management is going to be done by WHO and UNICEF system. All the procurement will be done through the UN system. Vaccine through through the UNICEF supply division.

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 human resources cost will going to be disbursed directly to the beneficiary by the UN agencies (UNICEF and WHO), this is going to be electronically

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%.**

So far the current system in the country's arrangement for fund disbursement is through the UN agencies, however, there are significant improvement in the government system of fund management.

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

The country required additional TA support for the development, finalization and the implementation of the key activities especially communication, demand generation, budget and the service delivery strategies. In this regards the governement based on the available support has earlier communicated to Gavi for the engagement of CHAI on the application development and other implementation activities and Sydani on the aspect of the Finance and other coordination. Other partners are as well providing tremendous support for the success of the activities.

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.

The details of the rationale will be found in the implementation plan.
Current estimates indicate that every year, about 12,075 women are diagnosed with cervical cancer, and 7,968 die from the disease representing 46.7% of cases in West Africa. More so, Cervical cancer ranks as the 2nd most frequent cancer among women in Nigeria and the 2nd most frequent cancer death among women between 15 and 44 years of age.
The International Agency for Research on Cancer currently defines 12 high-risk HPV types which are associated with cancers in humans (Serotypes 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59) and additional types for which there is limited evidence of carcinogenicity (types 68 and 73). In Nigeria, the prevalent serotypes of HPV in Nigeria are: 16, 18, 31, 35, 51, and 52. An estimated 3.5% of women in the general population harbor cervical HPV-16/18 infection at a given time and serotypes 16 and 18 are responsible for 66.9% of Nigeria's cervical cancer prevalence. HPV infection has also been linked to vulva, oropharyngeal and head and neck cancers. Incidence of cervical cancer in Nigeria is 18.4 per 100,000 women, significantly higher than the global incidence rate of 13.3 per 100,000. This high incidence has been linked to limited access to screening services. For instance, according to IARC, only 8% of women have ever done any form of cervical cancer screening2 and less than 15% of women were aware of screening for the disease.
The 2018 National Demographic Health Survey (NDHS) reported that 19% of women initiate sexual intercourse by age 15 and 57% by age 18. The report also indicated that 8% of women marry before the age of 15 years. Also, the fertility rate in Nigeria is 5.2, indicating high parity which is also a risk factor for cervical cancer. Since early exposure to sexual intercourse has been consistently associated with higher risk of HPV infection and significant cervical pathology among women,these statistics indicate an increasing probability of exposure and infection to HPV and the need to vaccinate young girls early to prevent invasive cervical cancer, which often takes 15-20 years before it develops. Mortality rate from cervical cancer in Nigeria is 16.6 per 100,000 which is higher than the global average of 7.25 per 100,000 and much higher than the mortality rate in developed countries. For example, the mortality rate of cervical cancer is 1.92 and cervical cancer contributes to only 1% to cancer deaths in females in the UK while in Nigeria, it contributes to 18% of cancer deaths among women. While mortality from cervical cancer has been increasing over the last decade in Nigeria, mortality from cervical cancer has been reducing in most developed countries. This disparity has been linked to resource constraints and the advanced stages in which many women typically present. In resource constrained countries like Nigeria, preventive measures remain the best measure for reducing cervical cancer incidence and mortality. Cervical cancer has been deemed almost 100% preventable if appropriate prevention strategies are put in place and prevention remains the cornerstone of cervical cancer elimination

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 into the immunization program will become Nigeria's primary prevention strategy of cervical cancer. It is in line with the Nigeria Strategy for Immunization and PHC System Strengthening (NSIPSS) 2018–2028, the National Cancer Control Plan 2018 –2022, and the National Strategic Plan for Prevention and Control of Cancer of the Cervix in Nigeria 2017-2021 to immunize 80% of adolescent girls aged 9-14 years. The secondary prevention strategy involves expanding cervical cancer screening services to all

eligible women and the treatment of precancerous lesions in-country, while the tertiary strategy is the treatment of invasive cancer and palliative care.

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 2019 NGI-TAG recommended the Introduction of the HPV vaccine in both sexes (boys and girls), using 2 doses of Gardasil 4 HPV vaccines with a phased approach initially targeting girls. However, Global shortage of the HPV vaccines and the negative impact of the COVID-19 pandemic delayed the implementation of NITAG recommendation and the introduction of the vaccines. In September 2023, Nigeria will introduce Gardasil (HPV quadrivalent- Types 6,11,16 and 18 Recombinant vaccine) to girls aged 9-14, using the one-dose schedule, in line with SAGE recommendations (April 2022) and available evidence on efficacy, efficiency and immunobridging.

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 financial sustainability of the HPV vaccine introduction, which includes sustaining additional outreaches for routine delivery in schools, has been incorporated in the Nigeria Strategy for Immunisation and PHC System Strengthening (NSIPSS), a Gavi transition plan from 2018 - 2028. The plan emphasizes mobilizing domestic financing to ensure the sustainability of the program. Within the implementation of the plan, the country will do the following to address both vaccine and operational cost:
Financing contribution through the re-fenced Service Wide Votes for vaccine procurement. Through this source, the country has not faulted its co-financing obligations in recent years,
1. The country has established the Basic Health Care Provision Funds that provide opportunities for states to access additional federal allocations to support the operational cost of immunisation service delivery.
2. Securing additional loans as a mitigation measure for the short term while addressing domestic financing gaps.
3, Leverage the Cold Chain Expansion and Optimisation Platform (CCEOP) to bridge gaps in

cold chain capacity requirements by the end of 2025.
4. Sustain state-specific funding mobilisation, including the implementation of the financing arrangement for the six PHC MoU states.
5. Leverage on the HSS financing for 8 Gavi Focus states to ensure state-specific co-financing obligations to operational funding needs for the immunisation program
6. Leverage on IMPACT project in 14 states to bridge on some funding gaps in those states
7. Leveraging on already funded existing school health services in states across the country.

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 key potential issues as it relate to the implementation of the HPV in Nigeria has been identified in detailed in the application and specific solutions have been systematically addressed in the application.

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.

The population of vulnerable girls in Nigeria that will be targeted cut across a large spectrum with security and underserved areas being of particular interest. UNICEF in 2018 reported that Nigeria accounted for one in every ten out-of-school children anywhere in the world and only 67 percent of eligible children complete primary education. Nigeria has the largest number of child brides in Africa with over 23 million girls and women who were married as children. About 12 million Nigerian children were displaced in 2019 - 3.8 million due to conflict and violence, and 8.2 million by natural disasters like flooding and storms. These vulnerable populations end up as internally displaced persons in IDP camps or integrated into the host communities. According to the national HIV/AIDS indicator survey 2018, the HIV prevalence of females aged 0-14 years is 0.2% and over 44,000 children aged 0- 14 are receiving ART These population settings and situations inherently create equity gaps that need to be bridged. Of particular focus though not exhaustive will include girls in categories highlighted below:
Girls in security compromised areas and IDP camps, particularly in the Northeast zone of the country with issues of access
Adolescents in hard-to-reach riverine areas, and other areas with very difficult terrain including isolated mountainous settlements.
Other underserved and unreached populations including nomadic populations that equally have issues with child immunization coverage and equity.
Population of girls with HIV/AIDS infection
Girls in early child marriages,
Other special categories include girls with disabilities and special needs.

Vaccine hesitancy resulting in no or delayed consent, is a consideration to be tackled from the experience gathered from the Polio Eradication Initiative.

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 2019, the FMOH, in collaboration with partners, developed the National Policy on the Health and Development of Adolescent and Young people in Nigeria. The policy seeks to provide a framework that responds adequately to the health needs and situations of young people in the context of the present and the immediate future, to inform programs that would enable adolescents and young people to attain the highest possible level of health and well-being. Currently, in Nigeria, there exists the Adolescent and Youth-Friendly Services (AYFS) (also called youth-friendly services, YFS), designed to address the barriers faced by youth in accessing high-quality sexual and reproductive health (SRH) services. The AYFS facilitates youth access to, and satisfaction with services that delivers higher-quality SRH services to youth, empowers health providers to be advocates for youth and encourages future health-seeking behaviour among youth. Additionally, health education is provided at community, Schools and health facilities. Furthermore, the integrated approach to COVID-19 vaccination with other PHC services delivery (SCALES 3.0) provides opportunities for reaching young adults in remote hard-to-reach and humanitarian settings with routine PHC services including appropriate vaccinations. This integrated approach will be leveraged upon for HPV vaccine introduction while health education materials will be updated to include HPV vaccine information and distributed before introduction of the vaccine.
For HPV vaccination, Nigeria's government will adopt a multisectoral approach to ensure the maximum reach of the target cohort. The process will involve the collaboration of the Federal Ministry of Health with the Ministry of Education, Ministry of Women Affairs, CSOs, and other relevant stakeholders to integrate existing adolescent and youth-friendly programs to develop and implement both school-based and out of school programs to deliver HPV vaccination to the target age group. Potential areas for integration and synergy with planned HPV vaccination include
Mapping of sexual health and adolescent health programs, youth-based community organizations, schools, partners and agencies to be engaged on adolescent health integration
Leverage the adolescent and youth-friendly centers to educate and sensitise young people on HPV vaccination using the health education and IEC materials developed.
Adolescent immunisation platform will be used to deliver vaccines such as HPV and yellow fever and other vaccines
In order to enhance the ownership of school community and Parents Teacher Associations (PTAs), school based immunisation and routine immunisation, key messages will be delivered in schools using different IEC materials and school mini-media and communication networks at community level such as religious and clan leaders, influential people will be involved to deliver key messages to children out of school. The topics to be covered include the benefits of infant and adolescent vaccination (routine, HPV and Yellow fever vaccination, etc.) and deworming.
Collaborate with the Ministry of Education to incorporate education on HPV vaccination as part of sexual and reproductive health education

Identify sustainable strategies for engaging out-of-school girls and underserved populations in IDP camps to ensure a platform for a life-course approach to immunisation.
Integrate the HPV vaccine program within health services at internally Displaced People Camps to ensure that this set of individuals who have less access to healthcare are vaccinated.

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.

English workplan

French workplan

Gavi Budgeting & Reporting Template

Modele du budget et de reporting financier

Application documents

✓	**HPV implementation plan** Replaces the NVIP for the HPV vaccine application	FinalHPV Application 09092022final_12-09-22_09.54.16.docx
✓	**Gavi budget template**	final20220908NIGERIA HPV BUDGET UPDATED final120922_12-09-22_09.28.44.xlsm
✓	**Workplan with activities specific to Vaccine grant**	FinalHPV workplanPhase 1 2Nigeria09092022_12-09-22_09.55.46.xlsx

Endorsement by coordination and advisory groups

✓	**National coordination forum meeting minutes, with**	Minutes of ICC Meeting 14072022_18-07-22_23.44.35.docx

endorsement of application, and including signatures

Signature page 14th July 2022 ICC meetingSigned_18-07-22_23.41.45.pdf

✓ **NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

DRAFT MINUTES OF THE EMERGENCY MEETING OF THE_NIGERIA IMMUNIZATION TECHNICAL ADVISORY GROUP_12-09-22_09.33.08.docx

7. Final HPV_Recommendation on Dosing schedule july 13 2022_19-07-22_23.55.55.pptx

8. NGITAG Letter to the HMH for the Reviewed Recommendation_19-07-22_23.56.45.pdf

Vaccine specific

✓ **HPV region/province profile**

10. HPV States profile the Phasing scenario_19-07-22_23.57.24.xlsx

✓ **HPV workplan**

FinalHPV workplanPhase 1 2Nigeria09092022_12-09-22_09.56.32.xlsx

✓ **Other documents (optional)**

Kindly upload any additional documents to support your HPV application

9. Update to ICC on HPV introduction final 14072022 1_19-07-22_23.58.27.pptx

Targeted Areas

Please liaise with your SCM/PM if this is applicable to your request

No file uploaded

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

	2022	2023	2024
Country Co-financing (US$)		1,821,750.02	2,359,582.43
Gavi support (US$)		7,033,852.18	3,820,658.23

IPV Routine

	2022
Country Co-financing (US$)	
Gavi support (US$)	7,678,750

MenA Routine

	2022	2023	2024
Country Co-financing (US$)	2,248,740	3,100,159	4,253,410
Gavi support (US$)	3,830,954	2,237,319	1,974,222

PCV Routine

	2022	2023	2024
Country Co-financing (US$)	35,040,402	40,050,400	45,759,579
Gavi support (US$)	14,883,929	13,517,385	11,912,345

Pentavalent Routine

	2022	2023	2024
Country Co-financing (US$)	13,644,873	15,012,558	16,563,138
Gavi support (US$)	2,359,954	2,160,293	1,925,425

Rota Routine

	2022	2023	2024
Country Co-financing (US$)	4,946,083.79	8,048,206.95	9,245,020.4
Gavi support (US$)	4,430,968.15	5,703,631.92	5,132,370.04

TCV Routine

	2022	2023	2024
Country Co-financing (US$)			
Gavi support (US$)			

Total Active Vaccine Programmes

	2022	2023	2024
Total country co-financing (US$)	55,880,098.79	68,033,073.98	78,180,729.84
Total Gavi support (US$)	33,184,555.15	30,652,481.1	24,765,020.27
Total value (US$) (Gavi + Country co-financing)	89,064,653.94	98,685,555.08	102,945,750.1

New Vaccine Programme Support Requested

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

	2023	2024	2025	2026	2027	2028
Country Co-financing (US$)	3,751,500	4,590,000	10,697,000	11,218,500	13,126,000	15,312,500

Gavi support (US$)	4,389,000	3,788,500	6,097,500	4,278,000	3,089,000	1,712,500

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$)

	2022	2023	2024	2025	2026
Total country co-financing (US$)	55,880,098.79	72,078,573.98	82,770,729.84	10,697,000	11,218,500
Total Gavi support (US$)	33,184,555.15	41,759,981.1	28,553,520.27	6,097,500	4,278,000
Total value (US$) (Gavi + Country co-financing)	89,064,653.94	113,838,555.08	111,324,250.1	16,794,500	15,496,500

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
Dr. Faisal Shuaib	ED/CEO	08000000000	faisal.shuaib@nphcda.gov.ng	NPHCDA
Dr. Bassey Okposen	Director DCI	08032373794	bassey.okposen@nphcda.gov.ng	NPHCDA
Binta Ismail	PM NERICC	08033528380	bintaismail@yahoo.com	NPHCDA

Comments

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

This application is developed with full participation of government and partners and submitted for Gavi team to preliminary review and provide further feedback before the IRC review.

Government signature form

The Government of Nigeria 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 Nigeria 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.