

APPLICATION FORM FOR
GAVI NVS SUPPORT

Submitted by
The Government of Guinea-Bissau
for
Measles 1st and 2nd dose routine



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

Guidelines and documents for download

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

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

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

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

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

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

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

12 July 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

March 2017

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	368,205,110	

Total government health expenditure	29,963,670	
Immunisation budget	985,000	1,290,339

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

2018-2021

Is the cMYP we have in our record still current?

Yes

No

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

Note 1

From

To

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

The end date of the current cMYP is 2022 instead of 2021 written above.

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 not new regulation or requirements for pre-delivery.

Regarding customs procedures, they are as the follows:

- Provision of the documents accompanying the vaccines (Air Waybill, commercial invoice, packing list, batch release certificate by the supplier) to the EPI via UNICEF.
- Request for exemption from customs duties and taxes from the Ministry of Economy and Finance by MoH / EPI.
- Exemption from duties and taxes by the Ministry of Economy and Finance covering vaccines and other pharmaceutical products
- Import authorization for delivery order by the Ministry of Economy and Finance
- Request for removal authorization by the forwarder
- Parcel inspection by customs officers
- Removal by the forwarder to the EPI after authorization from Customs

2.1.5 National Regulatory Agency

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

There is currently no National Functional Regulatory Agency in the country. However, ARFAME - the Regulatory Authority for Pharmacies, Medicines and Health Products - is a structure set up in 2018 by Ministerial Decree and awaiting for presidential decree, the process is ongoing. The staffs are already in place. In the meantime the products certified by the WHO as the Measles vaccine, are accepted in the country.

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	100,500	116,685	118,629	120,672	122,805

PCV Routine

2018	2019	2020	2021	2022
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Country Co-financing (US\$)	30,553	35,942	35,407	35,785	36,074
Gavi support (US\$)	480,000	515,479	500,463	505,797	509,888

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	29,679	37,506	71,939	72,962	73,927
Gavi support (US\$)	87,500	95,050	189,951	192,624	195,134

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	18,300	22,024	45,311	45,944	46,537
Gavi support (US\$)	172,000	206,747	452,905	459,139	464,927

YF Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	13,635	13,827	15,442	14,847	14,968
Gavi support (US\$)	65,500	65,680	83,095	79,894	80,540

Summary of active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	92,167	109,299	168,099	169,538	171,506
Total Gavi support (US\$)	905,500	999,641	1,345,043	1,358,126	1,373,294
Total value (US\$) (Gavi	997,667	1,108,940	1,513,142	1,527,664	1,544,800

+ Country co-financing)

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:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o 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;
- o 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;
- o 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).

* About the equity analysis please see section of Summary of the results of the equity analysis report (uploaded).

* In the measles second doses introduction plan there is description of the following points (Health work force pg. 9; Supply chain readiness pg. 13; Demand generation pg. 16; Leadership, management and coordination pg. 17; Financing issues related pg. 9; lessons learned pg. 12)

* In the measles second doses proposal form there is description of the following points (Gender-related barriers section 5.1.4. Data quality and availability section 5.1.5; lessons learned section 5.1.1.)




2.4 Country documents

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** [PPAc GUINEE BISSAU 20182022_04-09-19_13.57.48.pdf](https://www.pfizer.com/press-releases/2019/09/19-13.57.48.pdf)
Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan
-  **Country strategic multi-year plan / cMYP costing tool** [GUB cMYPCostingToolV3.9.2018_04-09-19_14.08.46.xlsx](https://www.gub.org/press-releases/2019/09/19-14.08.46.xlsx)
-  **Effective Vaccine Management (EVM) assessment** [GUBEVMRapport GEV2019_04-09-19_14.06.23.docx](https://www.gub.org/press-releases/2019/06/19-14.06.23.docx)



Effective Vaccine Management (EVM): most recent improvement plan progress report

[Mise à jour du plan damélioration EGEV_05-09-19_10.34.16.docx](#)

Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators

No file uploaded

There is no formal evaluation of the EPI data quality . An evaluation with a data quality improvement plan is planned for the 4th quarter of 2019 and will be shared ASAP.

Data quality and survey documents: Immunisation data quality improvement plan

No file uploaded

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

No file uploaded

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

No file uploaded

Human Resources pay scale

No file uploaded

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

Coordination and advisory groups documents



National Coordination Forum Terms of Reference

[GUNCCIATdR_04-09-19_15.56.48.docx](#)

ICC, HSCC or equivalent



National Coordination Forum meeting minutes of the past 12 months

[Ata CCIA_04-09-19_16.14.02.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.

[Rapport analyse équité Guinée Bissau 2018 V12102018_04-09-19_16.16.28.docx](#)

[RELATORIO FINAL ESTUDO SOBRE COMPORTAMENTO NO AMBITO DA VACINACAOUNICEF_04-09-19_16.15.52.PDF](#)

3 Measles 1st and 2nd dose routine

3.1 Vaccine and programmatic data

Choice of presentation and dates

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

Note 3

Measles 1st and 2nd dose routine

Preferred presentation M, 10 doses/vial, Lyophilised

Is the presentation licensed or registered? Yes No

2nd preferred presentation M, 5 doses/vial, Lyophilised

Is the presentation licensed or registered? Yes No

Required date for vaccine and supplies to arrive 10 June 2020

Planned launch date 1 October 2020

Support requested until 2021

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.

All presentations are certified by WHO and products certified by the WHO as the selected measles vaccine, are accepted in the country.

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 Targets for routine vaccination

Please describe the target age cohort for the Measles 1st dose routine immunisation:

Note 4

9

weeks

months

years

Please describe the target age cohort for the Measles 2nd dose routine immunisation:

15

weeks months years

	2020	2021
Population in the target age cohort (#)	67,923	69,418
Target population to be vaccinated (first dose) (#)	61,131	64,559
Population in the target age cohort for last dose(#)	67,932	69,418
Target population to be vaccinated for last dose (#)	16,981	64,559
Estimated wastage rates for preferred presentation (%)	15	15

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles routine, 1st and 2nd dose

	2020	2021
10 doses/vial,Iyo	0.29	0.29

Commodities Price (US\$) - Measles routine, 1st and 2nd dose (applies only to preferred presentation)

	2020	2021
AD syringes	0.036	0.036
Reconstitution syringes	0.004	0.004
Safety boxes	0.005	0.005
Freight cost as a % of device value	4.18	4.18

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 5

	2020	2021
Country co-financing share per dose (%)	69.69	69.69
Minimum Country co-financing per dose (US\$)	0.2	0.2
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.2	0.2

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

Measles routine, 1st and 2nd dose

	2020	2021
Vaccine doses financed by Gavi (#)	40,900	59,400
Vaccine doses co-financed by Country (#)	74,400	108,100
AD syringes financed by Gavi (#)	111,300	158,600
AD syringes co-financed by Country (#)		
Reconstitution syringes financed by Gavi (#)		
Reconstitution syringes co-financed by Country (#)		
Safety boxes financed by Gavi (#)	1,225	1,750

Safety boxes co-financed by Country (#)		
Freight charges financed by Gavi (\$)	1,106	1,602
Freight charges co-financed by Country (\$)	2,017	2,922
	2020	2021
Total value to be co-financed (US\$) Country	23,500	33,500
Total value to be financed (US\$) Gavi	18,500	26,500
Total value to be financed (US\$)	42,000	60,000

3.3.4 Estimated projection of the required domestic financing for the measles monovalent component of MCV1

Countries are required to domestically finance the first dose in their measles containing vaccine routine (MCV1) in order to be able to receive Gavi support for any measles/ measles-rubella programmes. Below is the estimated projection of the required domestic financing for MCV1, based on the information provided in the previous sections.

Note 6

	2020	2021
Minimum number of doses financed from domestic resources		
Country domestic funding (minimum)		

3.3.5 Co-financing payment

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

The Minister of Public Health (MoH) and Minister of Finance (MoF) endorsed this proposal as an agreement between the cabinet and government commitment to disburse the co-financing fund for this process. For such purpose, the request will be sent by MoH to MoF after the approval of this support proposal. Funds will be transferred to the UNICEF account by the Ministry of

Finance at the request of the Ministry of Health. The co-financed amounts will then be transferred to Copenhagen in accordance with the Memorandum of Understanding.

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.

No Response

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:

April

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

Month

April

Year

2020

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

Measles-rubella 1st and 2nd dose routine

Live births (year of introduction)

67,923

Gavi contribution per live birth (US\$)

0.8

Total in (US\$)

100,000

Funding needed in country by

6 May 2020

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the introduction of the new vaccine. 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.

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

7821

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

100000

Amount per target person - Gov. Funding / Country Co-financing (US\$)

0.11

Amount per target person - Other donors (US\$)

0

Amount per target person - Gavi support (US\$)

1.4

3.4.3 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 key activities are:

Trainings, Waste Management, Surveillance & Monitoring, Program Management, Equipment & Maintenance, Cold Chain, Social Mobilization, Education, Training & Communication, Advocacy & Post-Introduction Evaluation.

The trainings will be conducted in cascade from central level to operational level. There will be service contracts for production of social mobilization materials. The collection of wastage will be made from operational level to the 3 points where there are incinerators (Buba, Bafatá and Bissau), five freezers will be purchased for production of accumulators (it was not included in the CCEOP proposal). Supervisions will be conducted before, during and after introduction and post-introduction evaluation will be done six months after.

3.4.4 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.

Funds transferred by Gavi will be received through UNICEF. MoH/EPI will use UNICEF's Harmonized Approach for Cash Transfer (HACT) procedures to manage the funds.

3.4.5 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.

This fund will not be used for salary or other subsidies.

3.4.6 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.

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

Funds should be transferred through UNICEF Tripartite Agreement. The funding is expected by may 2020.

3.4.7 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 8

The country will need the support already existed on TCA 2019, mainly Cold Chain and Data manager specialist and the process of recruitment of communication officer is ongoing.

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.

See Vaccine Introduction Plan section 2.4. pg. 6

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 the cMYP 2018-2022, the country previewed introduction of second doses of measles vaccine in 2019, however, because of delay on starting implementation of cMYP it was postponed to October 2020. The introduction will make a significant contribution to the elimination of measles by increasing the immunity of the children against measles by progressively increasing national vaccination coverage in MCV 2 from 25% in 2020 to 93% of measles in 2021. In accordance with that prevision, during the CCEOP submission, the country requested rehabilitation, expansion and extension of cold chain to accommodate the additional volume for introduction of second doses for the next 5 years.

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.

For the development and consolidation of this document, the Ministry of Health, through the EPI, has received internal technical support: INASA, MoH Human Resources Manager, General Director for Health System, Regional Directorates, Ministry of Health, Ministry of Economy and Finance, and partners: WHO, UNICEF, Solina and the financial support of WHO and UNICEF. During the elaboration of this document, the MoH/EPI mobilized the technical and financial support of traditional partners in the elaboration of the main documents (plan for the introduction of the second measles dose, and the application form for support), because the country doesn't have a NITAG, yet. Its planned to create NITAG during the last quarter of 2019, this process will be funded by WHO/TCA 2019.

The country has a functional ICC since 2000, whose terms of reference were revised in 2018. However, this ICC does not have a functional subcommittee, although some logistics, communication and technical teams work informally. The country will formalize these teams in sub-committee of ICC. The ICC meet at 10:00am September 4th, 2019, to evaluate this proposal and to ensuring that they are in line with national strategic and operational plans and focus on sustainable and equitable coverage. The country started the process of recruitment of a Permanent Secretary who will support on coordination of the ICC, and serve, at the same time as the Administrative and Financial Assistant. This will improve the operational and financial management of ICC.

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?

Although the introduction of new vaccine will implies increase on co-financing cost, the Government will conduct fiscal space analysis to find out the way to increase the budget for immunization in the Government Annual Budget to cover those gaps. In the last 3 years, the government pay all co-financing, although, the political instability had caused some delay on fund disbursement.

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.

Guinea-Bissau had experience of introducing new vaccines such as, Penta and VAA (2008), PCV13 and Rota virus (2015), VPI (introduced in 2016 and reintroduced in 2018), the switch of OPV trivalent to bivalent (2016); the switch of TT to Td (2018), during which it was identified following some programmatic challenges:

1. Insufficient monitoring of vaccine wastage rates does not facilitate reliable quantification of needs;
2. Insufficient clinician awareness of the introduction of new vaccines resulted in inadequate interpersonal communication during consultations;
3. Insufficient post-introduction monitoring reduces service delivery performance;
4. Insufficient monitoring of immunization records in health centers reduces control of dropout rates

Based on the programmatic challenges, the following actions have been taken:

1. systematically introduce at the regional and national levels loss rate analysis as one of the priority indicators before and after the introduction of new vaccines;
2. Consider clinicians in cascade training for the introduction of the second dose of VAR to promote interpersonal communication during consultations;
3. Strengthen post-introduction monitoring with regular formative supervision in order to correct the observed discrepancies early.

Take advantage of the monitoring of immunization registries in the health centers Finally to locate the children to receive the second dose of VAR, the CHWs will be put in contribution, the telephone contacts of the parents integrated in the revised vaccination register will be exploited for contact parents.

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.

In the training of actors, emphasis will be placed on the following aspects: the benefit of the second dose of measles, good practices for measles second doses administration, the recovery mechanism for catch up the dropout children, vaccine management and consumables with new

quantification and storage capacity parameters, data management, vaccine schedule. The surveillance of Vaccine Preventable Diseases (VPD) and the management of AEFI and the messages to be conveyed. This training of providers at the operational level is an opportunity because Guinea-Bissau has carried out a recent recruitment of new health workers, who have not yet benefited from routine vaccination training. The activities highlighted here, will contribute to improve the coverage and equity on routine immunization.

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 9

As the HSS support for Guinea-Bissau was approved, there will be a synergy during the introduction of measles second doses because some activities for the introduction and follow up, were previewed in the HSS. The cold chain expansion, extension and rehabilitation previewed in the CCEOP will allow to accommodate the extra need that will be created by the introduction of second doses.

3.5.8 Indicative major measles and rubella activities planned for the next 5 years

Summarise in one paragraph the indicative major measles and rubella activities planned for the next five years that are reflected in the annual EPI plan (e.g. measles second dose introduction, measles or measles follow up campaign, etc.).

The major measles activities planned for next five years are: technician capacity building at all levels, the distribution of vaccines and consumables, the reinforcement of the communication in favor of the introduction of the 2nd dose of measles, the surveillance of AEFIs; the development and dissemination of clear technical guidelines, waste management, cold chains strengthening, the strengthening of the partnership, monitoring and evaluation of introductory activities.

3.6 Report on Grant Performance Framework

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



New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline

[GUB Plan introduction VAR2 Final_04-09-19_18.23.11.docx](#)

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan

and campaign plan of action can be combined into one document to minimise duplication.



Gavi budgeting and planning template

[GAVI Introduction VAR2 Budget and Financing Agosto 2019 FRENCH 04-09-19 17.28.46.xls](#)

Most recent assessment of burden of relevant disease

No file uploaded

If not already included in detail in the Introduction Plan or Plan of Action.

Endorsement by coordination and advisory groups



National coordination forum meeting minutes, with endorsement of application, and including signatures

[CCIAatas de reuniao v492019_04-09-19_19.38.37.zip](#)

The minutes of the national coordination forum meeting should mention the domestic funding of MCV1



NITAG meeting minutes

No file uploaded

with specific recommendations on the NVS introduction or campaign

NITAG was not created yet.

Vaccine specific



cMYP addendum

No file uploaded

Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP

We are finalizing the addendum to cMYP and it will be shared asap.



Annual EPI plan

No file uploaded

Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget

The elaboration of annual EPI plan for 2020 is ongoing and will include all activities for MCV2.

MCV1 self-financing commitment letter**No file uploaded**

If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.

Measles (and rubella) strategic plan for elimination**No file uploaded**

If available

Other documents (optional)**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 10

IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	100,500	116,685	118,629	120,672	122,805

PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	30,553	35,942	35,407	35,785	36,074
Gavi support (US\$)	480,000	515,479	500,463	505,797	509,888

Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	29,679	37,506	71,939	72,962	73,927
Gavi support (US\$)	87,500	95,050	189,951	192,624	195,134

Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	18,300	22,024	45,311	45,944	46,537
Gavi support (US\$)	172,000	206,747	452,905	459,139	464,927

YF Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	13,635	13,827	15,442	14,847	14,968
Gavi support (US\$)	65,500	65,680	83,095	79,894	80,540

Total Active Vaccine Programmes

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	92,167	109,299	168,099	169,538	171,506
Total Gavi support (US\$)	905,500	999,641	1,345,043	1,358,126	1,373,294
Total value (US\$) (Gavi + Country co-financing)	997,667	1,108,940	1,513,142	1,527,664	1,544,800

New Vaccine Programme Support Requested

Measles 1st and 2nd dose routine

	2020	2021
Country Co-financing (US\$)	23,500	33,500
Gavi support (US\$)	18,500	26,500
<hr/>		
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\$)

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	92,167	109,299	191,599	203,038	171,506
Total Gavi support (US\$)	905,500	999,641	1,363,543	1,384,626	1,373,294
Total value (US\$) (Gavi + Country co-financing)	997,667	1,108,940	1,555,142	1,587,664	1,544,800

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
Carlito Bale	EPI director	+(245)955508659	carlito.bale@gmail.com	Ministry of Health

Comments

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

No Response

Government signature form

The Government of Guinea-Bissau 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:

Measles 1st and 2nd dose routine

The Government of Guinea-Bissau 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)

Name

Date

Signature

Minister of Finance (or delegated authority)

Name

Date

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

* The population in the target age cohort represents 100% of people in the specified age range in your country.

* The target population to be vaccinated is the number of people in the cohort that are expected to be vaccinated.

* For indicative wastage rates, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

* The wastage rate applies to first and last dose.

NOTE 5

Co-financing requirements are specified in the guidelines.

NOTE 6

*The price used to calculate costs is based on UNICEF-single dose per vaccine procurement cost for measles monovalent vaccine.** This value will differ from the total cost if the vaccine selection is MR, as a country is only required to finance the cost of the measles monovalent vaccine.

NOTE 7

<https://www.gavi.org/support/process/apply/additional-guidance/#leadership>

NOTE 8

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

NOTE 9

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

NOTE 10

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.