APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by
The Government of Ethiopia
for
Measles follow-up campaign

Gavi
The Vaccine Alliance

Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

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

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES
The applicant country ("Country") confirms that all funding provided by Gavi will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by Gavi. All funding decisions for the application are made at the discretion of Gavi and are subject to IRC processes and the availability of funds.

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

RETURN OF FUNDS
The Country agrees to reimburse to Gavi all funding amounts that Gavi determines not to have been used for the programme(s) described in its application. The Country's reimbursement must be in US dollars and be provided, unless otherwise decided by Gavi, within sixty (60) days after the Country receives Gavi's request for a reimbursement and be paid to the account or accounts as directed by Gavi.

SUSPENSION/ TERMINATION
Gavi may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programme(s) described in the Country’s application, or any Gavi-approved amendment to the application. Gavi retains the right to terminate its support to the Country for the programme(s) described in its application if a misuse of Gavi funds is confirmed.

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

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

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

ANTI-CORRUPTION
The Country confirms that funds provided by Gavi shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

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

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

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

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

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

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage Gavi cash-based support. The Country confirms that it will take all responsibility for replenishing Gavi cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and Gavi arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either Gavi or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by Gavi. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: Gavi and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

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

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

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

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

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

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

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

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

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

23 July 2013

Country tier in Gavi's Partnership Engagement Framework

1

Date of Programme Capacity Assessment

No Response

2.1.2 Country health and immunisation data

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

	2020	2021
Total government expenditure	0	

Total government health expenditure	
Immunisation budget	0

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

The government planning cycle starts on the

8 July

The current National Health Sector Plan (NHSP) is

From	2021
To	2025

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

2016-2020

Is the cMYP we have in our record still current?

Yes☐ No☒

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

Note 1

From	2021
To	2025

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

No Response

2.1.4 National customs regulations

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

The supplier requires to submit and secure approval/register/ by the national licensure prior to delivery. Original invoice, country of origin, certificate of analysis and packing list should accompany in every shipment.

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.

NRA is organized as the Ethiopian Food and Drug Authority (E-FDA); Focal point of contact at E-FDA is Ms. Heran Gerba Director General (Director) email: hgerba@efda.gov.et

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

HPV Routine

Note 2

	2020	2021	2022	2023	2024
Country Co-financing (US$)	187,443	900,549	872,946	187,049	194,017
Gavi support (US$)	4,117,252	19,652,503	18,238,468	3,687,727	3,825,110

IPV Routine

	2020	2021	2022
Country Co-financing (US$)			
Gavi support (US$)	3,401,234	3,425,869	3,448,079

Measles Routine

2020	2021	2022	2023	2024

Country Co-financing (US$)	1,412,647	1,348,213	1,378,375	1,407,791	1,436,448
Gavi support (US$)	1,236,997	1,180,574	1,206,986	1,232,744	1,257,839

PCV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	3,719,583	1,555,084	1,586,483	1,616,984	1,646,580
Gavi support (US$)	57,078,157	20,299,874	20,709,763	21,107,917	21,494,262

Pentavalent Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	1,432,712	3,656,698	3,698,793	1,529,580	1,557,576
Gavi support (US$)	6,885,833	17,227,448	17,427,800	7,351,395	7,485,950

Rota Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	977,436	2,411,325	2,440,132	1,042,484	1,061,257
Gavi support (US$)	10,350,702	23,842,075	24,136,477	11,039,529	11,238,334

Summary of active Vaccine Programmes

	2020	2021	2022	2023	2024
Total country co-financing (US$)	7,729,821	9,871,869	9,976,729	5,783,888	5,895,878
Total Gavi support (US$)	83,070,175	85,628,343	85,167,573	44,419,312	45,301,495

Total value (US$) (Gavi + Country co-financing)	90,799,996	95,500,212	95,144,302	50,203,200	51,197,373

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).

In 2018, vaccination coverage and inequality trend analysis has been conducted with the support of UNICEF using data from four consecutive Ethiopia Demographic and Health surveys (EDHS 2000-2016). The analysis was conducted for national and three most populous regions (Amhara, Oromia and SNNP). The EDHS data is representative, used similar methods across the four rounds which enable to better understand inequalities between geographic regions and different population groups of the country and trends of coverage and inequalities along period.

Coverage trends
The trend analysis of DHS data showed that vaccination coverage increased at a moderate pace from 2000 to 2016 starting from very low coverage in 2000. The proportion of fully vaccinated children aged 12 to 23 months increased 2.8 folds during the period while number of health facilities and the number of health workers increased approximately five to seven folds during the same period. Similar with 2000, in 2016 one out of six children were not vaccinated at all. Improvements are not evenly distributed. There were marked differences among the regions with lowest vaccination coverage improvement in Afar, Ethiopia Somali and Oromia regions while coverage has increased substantially in the two city administrations Addis Ababa, Diredawa and Tigray region. The details of coverage trends found in the cMPY 2021-2025 and the Equity assessment report attached.

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	Ethiopia cMYP 20162020_31-08-18_10.30.11.pdf EPI cMYP as of June 25_1_01-07-21_09.35.49.docx

✓	**Country strategic multi-year plan / cMYP costing tool**	cMYP Costing tool_01-07-21_09.45.12.xlsx Ethiopia_cMYPCostingToolV3 9 3_December 2016_31-08-18_10.31.27.xlsx
✓	**Effective Vaccine Management (EVM) assessment**	Ethiopia EVMA 2019 FinalReportRevised18 Nov 2019 1_28-06-21_11.00.25.pdf 010Effective Vaccine Management Improvement plan status_31-08-18_10.33.05.pdf
✓	**Effective Vaccine Management (EVM): most recent improvement plan progress report**	cIP Implemention progress update_Aug 2021_27-08-21_10.22.58.pdf Ethiopia EVMA 2019 FinalReportRevised18 Nov_2019_28-06-21_10.59.18.pdf EVM cIP 20212025 Final 24Feb2020 1_28-06-21_11.01.31.pdf 08ETHEVM ReportOct 02 2013 Ethiopia_31-08-18_10.33.43.pdf
✓	**Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators**	v5 Report on DQRSADVEthiopia2018 1_28-06-21_11.04.41.pdf
✓	**Data quality and survey documents: Immunisation data quality improvement plan**	EthiopiaData quality Iprovement Strategic Plan proposalFinal_01-07-21_09.46.04.pdf

	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** If support to the payment of salaries, salary top ups, incentives and other allowances is requested	DSA new Guidance_28-06-21_11.12.21.pdf Perdiem rate directive_01-07-21_09.48.14.pdf Scanned from a Xerox Multifunction Device_06-03-19_15.14.00.docx

Coordination and advisory groups documents

✓	**National Coordination Forum Terms of Reference** ICC, HSCC or equivalent	NITAG ToRFinal15September2020TII_30-08-21_15.13.17.pdf ICC TOR_06-03-19_15.22.50.pdf
✓	**National Coordination Forum meeting minutes of the past 12 months**	ICC meeting signiture_01-07-21_09.50.15.pdf Minutes of EICC_Meeting June 30 2021Draftconverted_30-08-21_14.10.58.pdf ICC Members signiture April 11 2018_06-03-19_15.30.02.pdf

Other documents

Other documents (optional) **No file uploaded**

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.

3 Measles follow-up campaign

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

Measles follow-up campaign

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	15 September 2022
Planned launch date	14 November 2022
Support requested until	2023

3.1.2 Vaccine presentation registration or licensing

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

The country prefers the use of 10 dose-vial presentations of lyophilized measles vaccines, considering the accepted wastage rate and cold chain storage space. In case the selected presentation is not available, the 5 dose-vial presentations are preferred. The both presentations were registered and licensed in Ethiopia.

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 campaign vaccination

Please describe the target age cohort for the measles follow-up campaign:

Note 4

From	9	weeks ☐	months ☒	years ☐
To	59	weeks ☐	months ☒	years ☐

2022 2023

Population in target age cohort (#)	15,445,156
Target population to be vaccinated (first dose) (#)	15,445,156
Estimated wastage rates for preferred presentation (%)	10

3.2.2 Targets for measles routine first dose (M1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2022	2023
Population in the target age cohort (#)	3,313,263	3,399,407
Target population to be vaccinated (first dose) (#)	2,783,141	3,161,404
Number of doses procured	3,600,271	4,284,335

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US$) - Measles follow-up campaign

	2022	2023
10 doses/vial,lyo	0.35	0.35

Commodities Price (US$) - Measles follow-up campaign (applies only to preferred presentation)

	2022	2023
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	3.43	3.43

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

	2022	2023
Country co-financing share per dose (%)	2	2
Minimum Country co-financing per dose (US$)	0.007	0.007
Country co-financing per dose (enter an amount equal or above minimum)(US$)	0.007	0.007

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

Measles follow-up campaign

	2022	2023
Vaccine doses financed by Gavi (#)	16,826,400	
Vaccine doses co-financed by Country (#)	317,800	
AD syringes financed by Gavi (#)	16,989,700	
AD syringes co-financed by Country (#)		
Reconstitution syringes financed by Gavi (#)		
Reconstitution syringes co-		

financed by Country (#)	
Safety boxes financed by Gavi (#)	186,900
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi ($)	535,187
Freight charges co-financed by Country ($)	10,106

	2022	2023
Total value to be co-financed (US$) Country	120,500	
Total value to be financed (US$) Gavi	7,125,500	
Total value to be financed (US$)	7,246,000	

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

	2022	2023
Minimum number of doses financed from domestic resources	3,600,271	4,284,335
Country domestic funding (minimum)	1,260,094.85	1,499,517.25

3.3.5 Co-financing payment

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

The co-financing will be paid on time through the month of Jun. The process started based on the MOU b/c MOH and UNICEF country office then procurement request will be made with quantity and shipment modality and time through finance and procurement directorate. Following that UNICEF will issue cost estimate to the MOH. After acceptance and confirmation, fund will be transferred after local currency approval. later purchase order will be created and shipment document will be shared.

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

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

There was no defaulting recorded

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:	June

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

Month	June
Year	2023

3.4 Financial support from Gavi

3.4.1 Campaign operational costs support grant(s)

Measles follow-up campaign

Population in the target age cohort (#)

Note 7

15,445,156

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

0.65

Total in (US$)

10,039,351.4

Funding needed in country by 31 May 2022

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign. 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$)

1,265,329

Total amount - Other donors (US$)

2,311,278

Total amount - Gavi support (US$)

10,039,351

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

0.08

Amount per target person - Other donors (US$)

0.15

Amount per target person - Gavi support (US$)

0.65

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.

1. Service Delivery - $ 7,670,233
2. Capacity building of human resources - $ 4,211,881
3. Procurement & supply chain management - $ 300,530
4. Health information systems - $ 1,134,260
5. Advocacy, communication and social mobilization (ACSM) - $ 299,054

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.

Finance is managed by MOH while procurement of vaccines will be through UNICEF.
1ST the MOU b/n MOH and UNICEF was signed, based on the binding agreement request for procurement with quantity and shipment modality and time through the finance and procurement directorate in the ministry of health.
Following that, UNICEF issue cost estimate to the MOH. After acceptance and confirmation, fund will be transferred through local currency to UNICEF after approval of the exchange rate.
Later, purchase order will be created and sharing of shipment document will happen.

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.

No challenges raised with Gavi compliance guidelines

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.

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

The funds should be transferred to the Ministry of Health through
Name of Account: Ministry of Health MDG Pool Fund
Address: Addis Ababa, Ethiopia
Bank account # : 0100081300127(0261501377500)

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 9

TA for planning, implementation, and monitoring of SIAs is required as indicated in the PoA

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 Campaign Plan of Action, please cite the sections only.

Based on the WHO-UNICEF Estimates of National Immunization Coverage (WUENIC), MCV1 coverage was 60% in 2020 and MCV2 coverage was 46%. In order to estimate a profile as of

31 December 2022, MCV1 and MCV2 coverage in 2020 through 2022 was assumed to be the same as that of the 2019 WUENIC estimates. The last national SIA was conducted in 2020, with the target age group of 9-59 months. The administrative coverage of the SIA was 98.8%. The coverage estimated by a post-campaign coverage survey is not available. With these assumptions and input data, if no SIA is conducted before end of 2022, the number of measles-susceptible children under 5 years of age would be 5,363,555 by 31 December 2022, which is 1.51 times the number of children born in the most recent year. The large number of measles-susceptible children, exceeding the size of the estimated birth cohort in 2022, puts Ethiopia at risk of large measles outbreaks. The details of the justification for the upcoming 2022 campaign can be found in the PoA for the Campaign

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.

Both the cMYP and the measles 5 year forward plan include SIA as one of the key strategies to wards measles elimination in Ethiopia since the administration coverage of MCV1 is below 95% and MCV2 which was introduced in 2019 achieved the coverage of 71% in 2020 which is still below the recommended coverage of 95%.

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.

Ethiopia established the Interagency Coordinating Committee (ICC) and Ethiopia NITAG in 2016, and these bodies have been functioning since this time.
The roles of national ICC are as follows:
1. To foster the partnerships by coordinating all inputs in resources available inside and outside the country in order to maximize the resources for better implementation of activities planned.
2. Support EPI programme to mobilize the resources internally and externally
3. To mobilize the resources where the gap is identified
4. Enhance transparency and accountability by reviewing the use of funds and other resources.
5. It encourages information sharing and feedback as possible to all levels.
6. It addresses issues aiming to gear up the strength and performance of immunization services across the country.

The roles of NITAG are as follows:
The Ethiopian National Immunization Technical Advisory Group (E-NITAG) has advisory roles and provides evidence based technical recommendations on immunization including on new vaccine introduction. It is an independent, advisory body that provides transparency and credibility to the decision-making process and contribute to building public confidence in the vaccination programme.

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 country is committed, and it has never defaulted from GAVI co-financing obligations.

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 challenges that Ethiopia is facing include
Coordination of technical working groups at sub national level is not active as the national and region level due to overburden of leaderships in other priorities
lack of community awareness and practice for complete vaccination
multiple programmatic priorities,
conflict and security,
IDPs and refugees population,
Developing quality micro-planning addressing community level social and cultural information's and it need adequate time and resources to identify each targets and household especially in hard to reach and very far places.
Lack of sufficient number of trained personnel
Inadequate infrastructures
Difficulties to reach hard-to-reach population due to; distance and poor infrastructures in some places, mobile peoples, insecurity etc.
Despite the challenges above, the country has extensive experience in conducting successful measles campaigns with high coverages.
Key Strategies to overcome the programmatic challenges and improve quality of 2022 measles campaign
MOH/RHBs-led coordination structures and technical committees be established at all levels for effective leadership and ownership. Activity chronograms will be developed and monitored with reports and feedback at all levels. Measles Campaign strictly adheres to Ethiopian-adopted

WHO/AFRO Measles SIAs guidelines. The following are the key strategies for the implementation of 2022 measles campaign in Ethiopia.

1. Meticulous Microplanning:
i. Data driven bottom-up micro-planning:
ii. Previous measles campaign admin/survey and routine coverage for MCV1/2 coverage for under two years of age
iii. Identification of Zero dose children from the previous campaign (2020)
iv. Missed children's data: Zero or under dose children for confirmed and suspected measles cases.
a. Provide adequate resources (human, technical, finance, supply, logistics) for the conduct of the campaign
b. Put adequate supervision, monitoring mechanisms such as deploying more and competent supervisors, review meetings, RCS, in-process monitoring etc:

2. Create demand:
House-to-house community mobilization activities using available community networks (HDA/WDA), Engaging community leaders and networks to intensify community awareness; utilise Red Cross volunteers in priority areas, including large cities to mobilise populations. Clear messaging transmitted in different languages using local media outlets (FM radios, Regional TV station) Mixed channels will be used to target messages to different groups, use of radio in urban settings. Evidence-based messages designed using findings from monitoring and post-survey data.
3. Improving quality campaign implementation:
Initiate preparation as early as possible (at least a year before). Measure preparation using readiness Assessment Tool (RAT) including dashboard analysis at all levels (focused in high risk areas) and receive reports and give feedbacks. Involve Regional, zone and woreda health officials early and set agreed chronogram of activities and adhere with it. Involving partners and stakeholders in early planning and implementation stages is critical for mobilizing resources.

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.

There are several strategies that will be implemented through this support that will improve coverage and equity of routine immunization in the country. These include
Strategies to increase routine immunization coverage: Combine PIRI with measles campaign in PIRI-implementing woredas. Deploy one or two health workers to provide routine antigens to eligible children in fixed and outreaches in non-PIRI woredas
Periodic Intensification of Routine Immunization (PIRI): As part of the Campaign implementation, the data of zero-dose children collected during the campaign will be used to inform PIRI which will be implemented in selected Woredas soon after the campaign to reduce the number of zero-dose children and improve coverage of routine immunization.
Reaching Every District (RED) approach: The micro-plans which will be developed during the campaign preparation will be integrated with RED approach, the low performing zones and woredas will implement RED approach by improving bottom-up microplanning, periphery to centercentre, rural to urban approach, focusing on the more difficult to access to easily access

settlements microplanning. The micro plan will addressee kebeles with zero dose, mapping of urban slams, hard to reach areas, IDPs, etc. with suitable strategy.
Whenever possible technological assisted (geo-codes assisted settlement/Kebele microplanning, the Afar One Health Approach) will be applied in some high-risk settlement or kebeles
Development of integrated campaign and RI micro-plans: The development process for the campaign micro-plans is an opportunity to review the standard Health facility RI annual plans; this will ensure availability of updated RI plans that will be implemented after the SIA.
During the planning for SIAs, efforts are made to ensure access to all children including those in hard to reach areas, Internally Displaced Peoples (IDPs) and insecure areas as part of the host target population.
In addition, mapping of the catchment population and defaulter tracing is done. In routine EPI, many areas are usually not accessed (underserved population), but these populations are given special focus in the SIAs micro-planning process. These plans and efforts should be used and sustained to reach all children with routine EPI services. In addition to this, the cold chain assessment and EVM assessment help to improve the cold chain and vaccine management, and strengthening of the health system.

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 10

In an effort to improve immunization service delivery in the hard to reaching areas, pastoralists and to internally-displaced people and underserved population, MOH introduced intensified RED approach, integration of services to reduce missed opportunities, PIRI, introduction of second year of life platform for MCV2 and other antigens and special technical support to the needy regions and special people; improving data quality and use for actions; are strategies to improve immunization coverage in Ethiopia.

As the 2016 and 2020 measles catch-upfollow up phased campaigns impacted on the measles epidemiology, the planned campaign will be a crucial intervention to build population immunity. The planned nationwide follow-up campaign will also be combined with PIRI in the implementing woredas to increase routine immunization coverage. Demand for service will be created through strong communication and mobilization to increase uptake for routine antigens as well. The communication strategies for Measles SIAs to be used were, interpersonal communication, mass social mobilization, advocacy with influential, social media communication and risk communication and mitigation.
Other nutritional interventions such as VITA supplementation, nutrition screening, etc in specific high risk areas integration with nutrition teams.

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-rubella follow up campaign, etc.).

In summary, Ethiopia is planning to scale-up the quality and access to routine immunization services including measles in all woredas; achieve and maintain high quality and coverage during periodic measles SIAs which conducted every 2 to 3 years and outbreak response immunization activities; use the second year of life vaccination opportunity (after introduction of MCV2 in 2019) to vaccinate children who missed their first dose of measles vaccination; Strengthen. cases based and laboratory measles surveillance and develop and maintain outbreak preparedness, and response including the epidemiological and virological investigation of measles outbreaks in all woredas. The details of the activities planned for the next five years can be found in the 2021-2025 cMYP and the Measles Elimination 5 years forward plan 2018-2022.

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

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

Required

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

Optional

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance,

you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

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

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

3.7 Upload new application documents

3.7.1 Upload new application documents

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

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

Application documents

✓	**New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline** 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.	edited 2022 Ethiopian Measles Campaign Plan of Action 1 July 2021_01-09-21_19.04.10.docx
✓	**Gavi budgeting and planning template**	Revised_final Budgeting and Planning TemplateMeaslesSIAs2022_01-09-21_19.05.13.xlsm
	Most recent assessment of burden of relevant disease If not already included in detail in the Introduction Plan or Plan of Action.	**No file uploaded**

Sources and justification of campaign target population estimates (if applicable)

No file uploaded

Endorsement by coordination and advisory groups

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

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

Minutes of EICC_Meeting June 30 2021Draftconverted_30-08-21_15.09.28.pdf

✓ **NITAG meeting minutes**

with specific recommendations on the NVS introduction or campaign

ENITAG Meeting Minutes20June21_30-08-21_15.10.12.pdf

Vaccine specific

✓ **cMYP addendum**

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

Ethiopias Measles Elimination 5 Yrs forward plan_10-09-18_11.46.21.pdf

✓ **Annual EPI plan**

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

1National EPI Plan2013 EFY27 July2020V5_01-07-21_11.02.16.xlsx

MCV1 self-financing commitment letter

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

No file uploaded

committing for the country to self-finance MCV1 from 2018 onwards.

✓ **Measles (and rubella) strategic plan for elimination** Ethiopias Measles Elimination 5 Yrs forward plan_10-09-18_11.46.21.pdf

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 11

HPV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	187,443	900,549	872,946	187,049	194,017
Gavi support (US$)	4,117,252	19,652,503	18,238,468	3,687,727	3,825,110

IPV Routine

	2020	2021	2022
Country Co-financing (US$)			
Gavi support (US$)	3,401,234	3,425,869	3,448,079

Measles Routine

2020	2021	2022	2023	2024

Country Co-financing (US$)	1,412,647	1,348,213	1,378,375	1,407,791	1,436,448
Gavi support (US$)	1,236,997	1,180,574	1,206,986	1,232,744	1,257,839

PCV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	3,719,583	1,555,084	1,586,483	1,616,984	1,646,580
Gavi support (US$)	57,078,157	20,299,874	20,709,763	21,107,917	21,494,262

Pentavalent Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	1,432,712	3,656,698	3,698,793	1,529,580	1,557,576
Gavi support (US$)	6,885,833	17,227,448	17,427,800	7,351,395	7,485,950

Rota Routine

	2020	2021	2022	2023	2024
Country Co-financing (US$)	977,436	2,411,325	2,440,132	1,042,484	1,061,257
Gavi support (US$)	10,350,702	23,842,075	24,136,477	11,039,529	11,238,334

Total Active Vaccine Programmes

	2020	2021	2022	2023	2024
Total country co-financing (US$)	7,729,821	9,871,869	9,976,729	5,783,888	5,895,878
Total Gavi support (US$)	83,070,175	85,628,343	85,167,573	44,419,312	45,301,495

Total value (US$) (Gavi + Country co-financing)	90,799,996	95,500,212	95,144,302	50,203,200	51,197,373

New Vaccine Programme Support Requested

Measles follow-up campaign

	2022	2023
Country Co-financing (US$)	120,500	
Gavi support (US$)	7,125,500	

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

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

	2020	2021	2022	2023	2024
Total country co-financing (US$)	7,729,821	9,871,869	10,097,229	5,783,888	5,895,878
Total Gavi support (US$)	83,070,175	85,628,343	92,293,073	44,419,312	45,301,495
Total value (US$) (Gavi + Country co-financing)	90,799,996	95,500,212	102,390,302	50,203,200	51,197,373

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
Yohannes Lakew	EPI Program Manager	+251913363512	yohannes.lakew@moh.gov.et	Ministry of Health

Comments

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

No Response

Government signature form

The Government of Ethiopia 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 follow-up campaign

The Government of Ethiopia 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
* 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
Note: The population in the target age cohort used here is the number you entered for year one in the target information section.

NOTE 8
https://www.gavi.org/support/process/apply/additional-guidance/#leadership

NOTE 9
A list of potential technical assistance activities in each programmatic area is available here: http://www.gavi.org/support/pef/targeted-country-assistance/

NOTE 10
E.g. if two introductions are planned in the same year, there should be synergies at least in training and social mobilisation events.

NOTE 11
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.