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This document summarises two requests for near-term country programme funding, as well as seven requests for <u>programmatic approval only</u>.

The GAVI Alliance Executive Committee is requested to approve:

- Near-term funding for Georgia's New Vaccines Support (NVS) programme in 2009-2010 and corresponding vaccine introduction grant totalling: U\$\$845,500;
- A New Vaccines Support (NVS) introduction grant for the Gambia totalling:
 US\$ 406.250;
- Immunisation Services Support (ISS) continuation programmes for seven countries (<u>note</u>: near-term funding for these programmes will not be requested until countries report on additional children reached with three doses of DTP in 2008).

Country Programme Funding Requests

Requests for New Vaccines Support for Georgia

The IRC new proposals team met in extraordinary session on the 3rd February 2009 to review the responses of two countries to the conditional approval of their proposals for NVS support during the IRC's October 2008 session. The IRC recommended one proposal for approval (Georgia), while the second proposal has been returned with various 'conditions' for country action.

Since 2002 Georgia has been supported by GAVI for HepB vaccinations. The IRC now recommends that the country also be supported to include Hib vaccination into the routine immunisation programme using DTP-HepB-Hib vaccine (pentavalent). If the GAVI Executive Committee approves this request for New Vaccines Support, funding will be used to reach 64,483 children over the 2009-10 period.

Georgia's NVS budget (table 1 below) has been calculated based on the number of doses of vaccine requested, multiplied by the weighted average price per dose of vaccine. Weighted average prices- provided by UNICEF- factor in vaccine, syringe safety material, freight and insurance costs. The weighted average price for pentavalent vaccine is set at US\$ 3.60 per dose for 2009 and US\$ 3.20 per dose for 2010.

GAVI also provides a one-time lump-sum payment to fund some of the initial costs of vaccine introduction. The amount of the award is based upon each country's vaccine introduction plan, and the number of children in the country's birth cohort, with a minimum award of US\$100,000.

Table 1: New Vaccines Support – budget request: US\$ 845,500

Countr	y Vaccine	Children targeted	GAVI contribution	Country contribution	Lump-sum for vaccine introduction	Ye 2009	ars 2010
Georgia	Penta	64,483	\$745,500	\$80,500	\$100,000		

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Pneumococcal vaccine introduction grant for Gambia

The Pneumococcal seven-valent vaccine (PCV7) is administered using single-dose, pre-filled, glass syringes. This unusual, non-standard modality requires countries to meet additional implementation challenges mainly in injection safety, waste management, staff training, cold chain capacity, vaccine management and distribution. At the June 2008 Board meeting, the Board approved \$2,833,125 to support PCV7 introduction activities in Guyana, Honduras, Nicaragua, Rwanda, Kenya, and Yemen because at the time these countries were planning to introduce PCV7. (This budget will not be fully spent, as Yemen and Kenya will not be introducing PCV7 due to supply constraints.)

The Gambia, which was not included in the June 2008 request, has now successfully applied to introduce PCV7 with its programme starting in 2009. The vaccine is being supplied as part of the donation from Wyeth, but the vaccine introduction costs needs to be supplied by GAVI. Therefore the EC is now requested to approve this budget.

Table 2: New Vaccines Support – total budget request: US\$ 406,250

Country	Vaccine	Children targeted	Vaccine introduction grant	Year
Th. C	PCV7	100 420	\$406.250	2009
The Gambia	PCV/	189,438	\$406,250	2009

Request for programme approval: Immunisation Services Support (ISS)

During the October 2008 IRC review of new proposals, a number of countries applied for continuation of their Immunisation Services Support programmes (beyond the first five years of support; hereafter referred to as "ISS 2") and were recommended for approval. In November 2008, the GAVI Alliance Executive Committee decided to delay consideration of these ISS 2 budgets, in light of questions about discrepancies in country immunisation coverage data. As discussed with the Board at its retreat in Rotterdam in March, a data task team of independent experts recommended lifting the suspension of payments for ISS programmes where appropriate, while working with countries to appraise data discrepancies. Based on the results of a review of immunisation coverage data conducted by the Secretariat and Alliance partners, the suspension has been lifted for the majority of GAVI-eligible countries.

The GAVI Alliance EC is now requested to approve ISS 2 programmes for seven countries that applied during the October 2008 proposal round. The EC should note that this request does not include any of the countries in which ISS continues to be suspended.

The Executive Committee is only requested to provide programmatic approval for these ISS 2 proposals at this time. The EC is not requested to endorse multi-year budgets for these programmes, given that GAVI will undertake a review of the ISS window in end-2009, which could change the overall design of the ISS window. In addition, no near-term funding is requested. Countries approved for ISS 2 programmes will only receive awards against the actual number of children reached with three doses of DTP vaccine. Indicative budget estimates of awards that these seven countries may receive following the May 2009 review of Annual Progress Reports are provided in table 3 below. These estimated budgets are based on the number of children each country plans to reach in 2008, over and above their existing DTP3

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baselines. If the seven countries achieve these targets, the total amount to be paid for 2008 achievements would be approximately US\$ 4.5 million.

Table 3: ESTIMATED ISS 2 awards for 2008 achievements

Country	Programme duration	Additional children targeted in 2008	ESTIMATED award for achievements in 2008	
Bangladesh ¹	2008-10	0	\$0	
Cambodia	2008-15	17,000	\$340,000	
Ghana	2008-11	23,275	\$465,500	
Sierra Leone	2008-11	9,550	\$191,000	
Uganda	2008-10	105,425	\$2,108,500	
Zambia	2008-10	72,450	\$1,449,000	
Zimbabwe ²	2008-11	0	\$0	

Monitoring & evaluation

Countries that receive GAVI support are required to submit annual progress reports for review by the monitoring team of the Independent Review Committee. The reports provide:

- A. Receipt and use of GAVI funds in the previous calendar year;
- B. Achievements toward targets set during the previous calendar year;
- C. Problems or constraints faced while utilizing GAVI support;
- D. Status and sustainability of financing mechanisms;
- E. Vaccines and supplies needed for the forthcoming year & stocks remaining;
- F. Progress against planned objectives since submission of the previous report.

In the case that report information is incomplete or deemed to be inaccurate; the Independent Review Committee will recommend that GAVI withhold subsequent disbursements until questions are clarified. Future support is also reduced in cases where countries do not use all vaccine and supply stocks, or if achievements fall short of targets.

¹ No award is anticipated for Bangladesh for 2008 achievements, given that the Government's 2008 target for children to be reached with three doses of DTP falls below the baseline used in their ISS 2 proposal.

² No award is anticipated for Zimbabwe for 2008 achievements, given that the Government's 2008 target for children to be reached with three doses of DTP falls below the baseline used in their ISS 2 proposal. GAVI Secretariat, 15 April 2009