



Guidelines for Preparing Proposals for GAVI/Vaccine Fund Investment

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
DALY	Disability adjusted life year
DPT	Diphtheria, Pertussis, Tetanus
EPI	Expanded Program on Immunization
GAVI	The Global Alliance for Vaccines & Immunization
Hep B	Hepatitis Type B
Hib	Haemophilus Influenzae Type b
HYL	Healthy year of life
Mening. A.	Meningitis A
NGO	Non Governmental Organization
Pneumo	Pneumonia
Rota	Rotavirus
SWAP	Sector-Wide Approach
TB	Tuberculosis
VF	The Vaccine Fund
YF	Yellow Fever

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Guidelines for the Preparation of Proposals for GAVI/VF Funding

These guidelines are to assist preparation of proposals for activities to save lives and improve health through increasing access to vaccines. The proposals are anticipated to have a global or regional scope to be followed by a country application process as appropriate. The proposals should contain an executive summary and a main text with three parts. The first part should present the project proposed for GAVI/VF investment, the second part should provide the rationale for the investment, and the third part should outline how the project's implementation will be monitored and evaluated. The proposals should be no more than 20 pages of main text, not including the table of contents, executive summary and references. Additional detail can be given in Annexes totaling 25 to 40 pages covering the project description and implementation plan, burden of disease, tables of cost and financing, and monitoring. The number of pages suggested below for the individual sections are not meant to be rigid but provide an indication of the detail required in the text.

EXECUTIVE SUMMARY

The executive summary should not be longer than 1-2 pages and should summarize the following key aspects of the project: its objective, the problem it addresses, its relevance its relevance to GAVI, its relevance to country priorities and its expected impact in targeted countries. The summary should be accompanied by a simple table comparing the total cost of the project and the financing. The breakdown of financing should include (a) the requested amount of GAVI funding, (b) committed financing from other financiers, (c) other expected financing (such as Government contributions) and (d) the remaining funding gap, if any.

Part I. The Proposed Investment

Section 1: Investment Objective (1/4 page)

Provide a concise statement of what the project (and if appropriate the larger effort or initiative) is designed to achieve. The statement should be specific and, preferably, measurable. Include the current baseline status of the objective and the desired target against which progress should be assessed (this will be detailed further in section 6.).

Section 2: Description of The Problem (1 page)

The purpose of this section is to give the GAVI board a clear picture of the specific problem that the proposed project would address and to explain why there is a need for GAVI support. There should be two sub-sections. The first sub-section should describe the problem, or disease, and why it is a significant burden to the developing world. The second sub-section should discuss the current methods and services used to control the problem, describe the current challenges, and explain why there is a need for the proposed project and GAVI support.

2.a. The disease (1/4 page)

As appropriate to the problem, identify the disease (or diseases) and the pathogens to be affected by the proposed activities. Provide summary information on incidence and prevalence, and case fatality or mortality rates in different environments, groups or regions that are targets of the project. Identify associated or interactive diseases or conditions (for example, the interaction of diarrhea, nutritional deficiencies and measles). Identify host reservoirs or aspects of transmission that are relevant to the design and effectiveness of the project. This section should be very short with bibliographic references giving the etiology and additional detail as needed.

2.b. The challenge (3/4 page)

This section should give a brief summary of the challenge presented by the problem and describe how the challenge can be met within the current status of global knowledge, technology and resources. In most cases the text can refer to a bibliographic reference for detail. Identify vaccines and other interventions or activities available to deal with the disease problem and describe their success in achieving coverage and limiting the disease burden. Summarize how the proposed activities can help stop the spread or reduce the impact of the disease, how they are implemented and their established impact qualitatively and quantitatively. For projects to provide delivery system support, identify service delivery challenges to be strengthened in the project and cite evidence of success with similar health systems support in other projects or prototype programs.

As an example, in a proposal related to the introduction of a rotavirus vaccine it might be relevant to note that oral re-hydration salts have been an effective treatment against the symptoms caused by rotavirus and that the use of salts against rotavirus-induced dehydration has reduced mortality from diarrhea over the past 30 years but much still remains to be done. The discussion could then go on to note that rotavirus vaccines are ready for use and describe their characteristics and effectiveness. As a second example, in a proposal to strengthen vaccine health services delivery it might be relevant to note the infrastructure, management or other barriers to effective service delivery and describe how these barriers can be overcome based on experience in successful health systems.

The section should briefly identify the major issues interfering with greater success from current interventions. Among other things, the issues may encompass problems of demand, where individuals or countries are not seeking available interventions because of a lack of information or for other causes. Available and desired interventions may not be reaching those in need because of poorly equipped logistics or delivery systems in the poorest and most remote regions. Critical issues may include weak management, training capacity, inadequate technology. The identification of issues in this section is intended to inform an understanding of how the proposed project fits global and country specific needs for addressing the problem. Details will become clear in the project description (Section 3) and in the discussion of constraints (Section 8).

The section should conclude with a statement of why the countries concerned or other agencies are not addressing the challenge and why GAVI support is needed.

Section 3: Description of the Proposed Project (4 pages)

A brief description of the proposed investment should be given in this section. The description should include the activities to be carried out, an outline of how the project will conform to different implementation environments, a specification of project management, and identification of partners and their responsibilities. A timeline should set out critical dates for the project implementation. The text should provide a brief summary for each sub-section. It is essential that the project be described with enough clarity to evaluate.¹ A detailed description should be given in Annex 1.

With prior GAVI agreement, a two step procedure could be used for submission of complex large proposals. In the first step enough information could be given to evaluate and cost the proposal. In the second step, details for implementation would be developed and submitted for final GAVI approval to shape country application guidelines and to allow disbursement of funds.

3.a. Activities to be carried out (1 page)

Describe the structure of the project by component. For each component, summarize the activities to be carried out, the expected outputs, the required inputs, the timing and locations of the activities, and who would be responsible for specific actions.

3.b. Strategies for different country environments (3/4 page)

Describe how the proposed project would be tailored to fit different country environments and needs. For example, one flexible strategy supported by GAVI/VF in the past provided governments with performance based support of \$20 per vaccinated child to be spent as necessary to increase coverage. Another example could be to offer a

¹ For projects, such as performance based health service budget support, where the decisions on precise activities will be made at country level this description would be brief and focused on the scope of the activities to be promoted and the process of conducting the budget support.

menu of intervention options (such as different vaccine types or delivery alternatives) to governments and communities. This section should be consistent with Section 8 (constraints) because in many cases community, social, environmental, and institutional aspects of the implementation environment directly underlie the need for flexible strategies.

3.c. Project management (3/4 page)

Present the management structure for the proposed project. Identify the managing agency and provide a description of the organizational arrangements. A diagram of the project management structure would provide a useful summary. Describe the main partners involved in the global and regional management and country-level support, identify their responsibilities (e.g. technical support, monitoring and evaluation, who/how decisions are made) and assess their capacity. Financial management and procurement are particularly critical management responsibilities, however, **most projects will have funds channeled through GAVI/VF for disbursement directly to countries (based on national applications).**² This section should clarify how project management will be financed including if a part of the total project funds from GAVI/VF are requested to support global and regional activities through partners.

3.d. Partners and responsibilities (1/2 page)

Provide a listing of all partners expected to participate in the proposed project and identify their specific roles. Some projects may have only a few partners but others may have dozens. A table listing each of the partners and providing a summary by type of organization, location, responsible contact, specific role in this project, and past project experience should be provided. Critical roles of major partners may require a summary sentence in the text and a longer discussion in the Annex. If appropriate, letters of partners showing their support of this project and willingness to cooperate in the defined roles should be included in the Annex.

3.e. Implementation work plan and timeline (1 page)

Provide a table setting out the proposed project's work plan and timeline and covering the full time period of the project. The table should include setting up project organization, critical activities by component, key evaluation dates (a detailed table for

² A criteria for GAVI support is that the funds are provided directly to governments through the national application process. If funds will not flow through the GAVI national application process then please provide a detailed justification for the alternative funding mechanism. The details of the system for financial management and procurement are required in Annex 1 with a summary in the text. Specify the structure of financial control, the roles of countries and partners, identify who receives funds and how administered, disbursed among other partners, and audited. An annex diagram of financial flows and management and auditing responsibilities should be given. A specification of the procurement process and rules is also required. A procurement plan should outline the rules and regulations under which consultant services and materials will be obtained. Describe at what level in the organization structure and by whom procurement would be done.

project monitoring is requested in Section 10). This timeline should be consistent with the project plan presented throughout the proposal and the agreements with partners. A summary table can be provided in the text, but a detailed timeline is requested in Annex 2 to assist project implementation and supervision.

Section 4: Proposal Cost and Funding Needs (2 3/4 pages).

The information given in this section³ is required to enable GAVI to assess how much it would cost to achieve the proposal objectives, to compare the costs with the funding sources and, thus, identify funding gaps during the investment period. Finally, the information will allow GAVI to assess whether the supported interventions will be financially sustainable after the project investment is complete. To achieve these purposes, the discussion in this section and the supporting tables should distinguish carefully between the cost and financing (funding) of the proposal. The text and tables should also distinguish the timing of cost and financing during and after the GAVI investment period.

In many (in fact most) instances the support from GAVI that is being solicited in the proposal would be part of a larger project which could be a global effort or disease initiative, or consist of country activities or programs. Assessment of the adequacy of funding, the attributable costs (and associated outputs) and questions of sustainability for the isolated GAVI proposal are not practical or meaningful. The proposal should provide information on the cost and financing for the larger project of which GAVI co-financing will be part. Where detailed information is not available, the costs can be estimated. Thus the requested tables, set out in Annex 3 and discussed below should distinguish between the GAVI investment and the larger project. Annex Tables 3-1 to 3-10 provide cost and financing for the larger initiative. GAVI proposal financing is presented in Annex Tables 3-11 and 3-12.

4.a. Cost of the Proposal (1 page)

GAVI requires a detailed description of the cost of the larger project in order to evaluate its scope, assess GAVI's financial role, and, if the proposal is funded, to allow GAVI and the implementing agency to monitor the use of funds. Detailed costs are also needed to allow a comparison of the total costs of the larger project and its components with available financing sources. Finally, detailed costs will also facilitate the economic analysis. The costs need not be based on a minute costing of individual items (although this would be an acceptable costing method). But the cost tables must provide sufficiently detailed estimates to be consistent with the project description and to provide a reliable prediction of costs by aggregate core cost categories and project activities. Critical assumptions, such as prices, interest rates, exchange rates, used to estimate costs

³ The section uses text and terms that are consistent with the GAVI *Guidelines for Preparing A national Immunization Program Financial Sustainability Plan* (July 2003), and associated *Annex Cost Tables* that are available on the GAVI web site: <http://www.vaccinealliance.org>. These sources should be consulted to provide a further guide to preparation of the cost and financing tables.

should be given in Annex 3. Other critical details underlying the cost assumptions such as multi-year purchase contracts should be identified in footnotes to the tables. Potential changes to the costs that provide a risk of materially altering the currently expected financial picture should be flagged with a description of their potential magnitude expressed as a percentage or as an absolute amount and a statement of their probability. The effect of these possible changes should be further explored in the sensitivity section of the economic analysis (section 9. b.).

The text and tables in this section on costs are generic and should be adapted to the characteristics of the project. For example, for immunization services support which is to be decided on a country-by-country basis the overall costs at the time of the proposal would have to be an estimate of the overall immunization services costs for the countries concerned. Additionally, the cost tables for a budget support project would be expected to be less detailed.

Summary table formats are provided in the Annex 3. The summary tables present costs and financing both by expenditure category (sometimes referred to as line items) and the project components set out in the project description. For purposes of illustration, the example tables in the Annex are for a hypothetical immunization project divided into regional components. The annex tables are separated into (a) the period covered by the GAVI investment and (b) post project to allow an analysis of the cost of sustaining the project after the GAVI investment period ends. The example is for a hypothetical project with a five year investment period but actual proposals may have different investment periods.

Project costs should be separated into capital and recurrent expenditure categories. Capital expenditures are for items that have a useful duration of more than one accounting year. Obvious examples of core cost categories are civil works (building construction), vehicles, cold chain and other equipment. Less obvious examples, but also capital costs, are expenditures to build human technical capacity (human capital) -- technical assistance, long term training, capacity building workshops and short term training during the project period. Capital costs also includes expenditures for project management during the project period if it is set up as a temporary unit not regularly funded by a health system budget.

Recurrent expenditures are for items that are routinely replaced and fully used in less than one accounting year. Examples of core cost categories of recurrent expenditures are vaccines, injection and vaccine related supplies, other supplies, personnel costs (separated into salaries and per diem costs), and transportation. Recurrent cost also include an allocation of routine health system cost funded by Government or other routine budget sources. The allocation of routine government budget items are sometimes erroneously overlooked in project costing, but it is essential to include these costs because project use of existing and budgeted warehouse, health center, distribution and personnel capacity should not be viewed as a free item and is an essential contribution to the project. Less obvious recurrent expenditures are those for maintenance and depreciation. Although, capital expenditures provide a stream of input

into the project activities over more than one year, they may depreciate in value and usefulness over time and will require periodic maintenance and repair. The initial expenditure is designated a capital cost and the periodic maintenance, repair and an allowance for depreciation are recurrent expenditures.

4.b. Financing. Sources of funds (1 page)

Tables detailing the sources of funds should be provided to identify any funding gaps, either for specific component activities or items, or for the overall proposal. The financing tables outlined in the Annex designate funding by component, expenditure categories, and overall. As for the cost tables, the financing tables given in the Annex are generic and should be adapted as appropriate to the proposal. Many funding agencies provide general support that is not earmarked, but some agencies identify particular expenditure categories or components for funding. The tables are meant to be flexible to capture different types of funding support and provide a potential tool to facilitate discussion with donors. As with costs, funding is separated into the GAVI investment and post investment periods.

Discussion of funding gaps (3/4 page)

GAVI/VF funding is not meant to displace other donor funding for immunization programs. In fact, GAVI/VF strives to play a catalytic role in achieving the overall health objective and eliciting greater funding. This section should set out the funding alternatives that have been considered and provide a justification for GAVI funding. Have funding bodies other than GAVI been approached? If yes, then why a funding shortfall? If no, why is GAVI the only option? What should be the role of GAVI in addressing the funding shortfall? The section should identify all sources including national governments and community funding, funding in kind, co-payments from clients or other sources, bilateral agencies, multilateral agencies, UN agencies, non governmental organizations (NGOs) and the private sector. The section should provide a complete listing of funding sources that have been approached and should include both sources who have shown an interest in funding and donors who have declined. The extent of commitment of identified donors and the current stage of the funding negotiations should be fully described to help understand financial risks to the project. The section should describe the value added of GAVI/VF support compared to existing and potential alternatives.

This section should also briefly describe alternative levels of funding and discrete areas for partial funding of the proposal that could be considered should it not be feasible to fund the entire proposal. The implications for the proposal objectives of partial funding alternatives should be set out.

Section 5: Financial Sustainability (1 pages).

Establishing financial sustainability is critical to the success of the investment if the activities and benefits justifying the proposal are expected to continue after the

GAVI/VF investment period. GAVI provides detailed guidelines for preparing national immunization financial sustainability plans⁴. Although these guidelines are intended for national programs, they cover the essentials that should guide the assessment of the sustainability of a regional or global program. Prediction of sustainability for global or regional proposals is recognized to be tentative because it is impractical to negotiate firm national commitments over many countries in preparation of a global proposal. Thus, the typical proposal will be for a global project to be followed during implementation by a country application process. Details of sustainability and firm country commitments will have to await the country specific application⁵. However, the global proposal should provide some estimate of the financial requirements to sustain the project and an assessment of the probability of meeting these requirements.

In the poorest countries, a longer term global commitment to cover recurrent program costs may be needed. The tables in Annex 4 set out the projected cost of sustaining the larger effort in the post project period and make a comparison of the projected cost and sources of post project financing. The text in this section should support these tables and provide additional discussion on how long the sustained period is expected to be and who is responsible for financing during this period.

In many cases, outside funding for recurrent cost and program maintenance will be tapered off during the GAVI/VF investment period as national budgets or other sources take on more funding responsibility during the post project period. This is referred to as exit funding. For the global proposal a generic strategic plan for exit funding should be detailed with tables and text justifying the plan. Whether for exit funding during the investment period or post project recurrent financing, the risk associated with each of the alternative sources of financing should be assessed and assigned a subjective probability of success. The key factors in determining whether expected sustaining funding will be realized should be discussed.

Part II. Rationale for Investing

Section 6: Relevance to GAVI Objectives (3/4 page)

This section should focus on how the proposed project fits within the funding objectives established by the GAVI board. Specifically, this section should outline how the proposed project's objectives align with GAVI's priorities, contributes to GAVI milestones, is consistent with the definition of the VF value-add and whether the countries targeted are VF- eligible as currently defined. A short statement of about ¼-½ page is all that is needed for 6.a. through 6.c. below if the GAVI fit is obvious from the nature of the project. If not, a longer but well argued statement is required, perhaps with reference to a supporting analysis.

⁴ See the preceding footnote for the reference.

⁵ Sustainability of country projects will be heavily dependent on national budgets and community resources. The agency managing the allocations to individual national programs should require evidence that governments are willing to sustain the project over the long term. The evidence may take many forms such as memorandums of understanding from finance ministries or identified government budget items.

[Note to reader: As the GAVI Board is currently redefining its objectives, milestones and the definition of the value-add of VF resources, we are including items currently under consideration by the board with the understanding these priorities could change over the next 6 months]

6.a. Alignment with GAVI priorities

Briefly identify how the objectives of the proposed project align with GAVI's priorities. The Board is currently considering the following strategic priorities for the period 2006-2015:

- System strengthening: This may be the most critical area for success. However, we must remember that GAVI/The Vaccine Fund cannot 'fix' health systems but needs to be part of a larger investment by other donors and importantly, the developing country governments themselves. Currently, 25 million children are not reached.
- Immunization safety: activities that promote overall immunization safety including injection safety.
- Scaling up existing vaccine: including potentially measles, neonatal tetanus, and rubella, linking vaccine delivery to Vitamin A, other micronutrients and disease interventions may also be explored.
- Supporting underutilized vaccines (Hep B, Hib, YF): This area includes fulfilling all current commitments and assumes that Hib and yellow fever will be introduced in all countries that have relevant disease burden. This area may also include "soft-landings" to support countries as they take on the financial burden of purchasing these vaccines.
- Accelerated introduction of new technologies and vaccine: (including Rota, Pneumo, Mening. A, Japanese Encephalitis and technologies and activities such as planning for the introduction of new but not yet licensed vaccines and assessments of need and impact.

6.b. Contribution to GAVI milestones

Discuss how the proposed project would contribute to GAVI's quantified milestones. Since its inception, GAVI/VF has striven to measure the impact of its investments. The GAVI Board is currently considering new milestones to measure progress against its current objectives: to increase access to currently available vaccines, improve the quality of all immunization services and accelerate the introduction of new priority vaccines at affordable prices and shorten the delay before vaccines become available to the poorest children of the world. One milestone under review is to reduce

vaccine preventable mortality by 90% from 2000 baseline globally in the 75 countries (or possibly each country) not later than 2015⁶.

6.c. Consistency with GAVI concept of value added

Outline how the use of VF resources for the project would be consistent with the GAVI definition of the value-add of VF investments (as opposed to funds coming from other sources in the immunization and development community). GAVI is defining the value-add of VF investment as resources to innovate, activate or catalyze necessary change. Given this view GAVI/VF is looking for investments that meet the following criteria:

- **Time-limited:** GAVI/The Vaccine Fund has established a comparative advantage by providing ‘catalyzing’ funds and creating innovative approaches to ensure long-term sustainability. The duration of support during the “Phase 1” has been 5 years for newer vaccines 3 years for injection safety. During “Phase 2” (2006-2015) the duration of support should relate to the relevant product maturation timeline and therefore be assessed on a case by case basis.
- **Additional:** new activities funded by new money
- **Information available:** adequate information to assess the activities with respect to criteria below
- **Unique:** there is no one else positioned to undertake the activities more effectively than GAVI
- **Catalytic step function:** activities lead to step-up functional change in a current situation through innovative processes by fulfilling at least one of the following – (a) add substantial impact beyond the specific activities that are funded, (b) have an impact that lasts longer than the funding, (c) develop innovative models that could be applied more broadly, (d) are capital investments or one-time expenses that lead to a new level of performance

⁶ The original agreed milestones are:

- By 2010 or sooner all countries will have routine immunization coverage at 90% nationally with at least 80% coverage in every district.(1)
- By 2002, 80% of all countries with adequate delivery systems will have introduced hepatitis B vaccine. By 2007, all countries.
- By 2005, 50% of the poorest countries with high disease burdens and adequate delivery systems will have introduced Hib vaccine.
- By 2005, the world will be certified polio-free.
- By 2005, the vaccine efficacy and burden of disease will be known for all regions for rotavirus and pneumococcal vaccine, and mechanisms identified to make the vaccines available to the poorest countries.

6.d. Target countries (1/4 page)

Identify the countries that are the target of the project. Explain why the proposed project's target countries are consistent with the current VF criteria for support (GNP < \$1000, coverage > 50% for additional or new vaccines, coverage < 80% for immunization strengthening support). If the target countries are not consistent with these criteria (for example, the additional or new vaccine proposed in the project would be available to all countries regardless of coverage) please provide a rationale for not applying the criteria.

Provide some evidence that there will be national demand and commitment for the proposed interventions in the regions to be covered by the project. Evidence may consist, for example, of discussion with country officials at regional meetings, statements in the media, past governmental interventions to address the given problem, national coordination mechanisms such as high level Government committees, or stated national policies and strategies. It may not be practical to obtain formal Government commitment in all of the target countries prior to preparation of a global or regional proposal. Formal commitment to provide the support needed to achieve the goals of the proposed project will be needed, however, during project implementation. It is recognized that in some cases, the magnitude of the disease problem and strong national demand may require intervention with government agreement but without government resources commensurate with the problem.

Section 7: Expected Incremental Impact of the Investment (2 1/4 pages)

This section should provide a statement of the expected benefits of the proposed project on public health and well being.

7.a. Description of benefits and beneficiaries (1/4 page)

Identify the individual and social benefits and discuss their relative importance for the welfare of the populations covered. Describe the direct beneficiaries in terms of age, sex, location, income or other characteristics that are related to the disease and design of the project. For example, the benefits could (this list is only suggestive) include reduced morbidity and mortality of children, avoided treatment costs which will free health resources to be used elsewhere, value of household time spent in home care, or improved attendance at school. The society as a whole could benefit from greater economic productivity.

7.b. Burden of Disease - Baseline (1 page)

A quantitative estimate of the current and projected burden of disease provides a critical dimension of an assessment of the magnitude of the problem and will also provide a baseline from which potential project impact can be assessed later in the proposal. Using a specified set of parameters, the proposal should include a projection of the burden of disease over the next fifteen years in the absence of the project. Where

information such as incidence, duration of disease, case fatality, and disability parameters are deficient for specific regions to be covered by the project, data from similar areas can be adapted. The methodology used for the projections should be identified with a bibliographic reference. It is requested that the burden of disease be measured as (a) cases, (b) deaths and (c) the loss of either healthy years of life (HYL) or disability adjusted life years (DALYs). If DALYs are used the age weights giving unequal subjective values to a year of life at different ages should be set to zero. Whatever method is used it should be identified here and applied consistently throughout the proposal. A 3/4 page table with a 1/4 page discussion summarizing the projections (regional and global totals) should be given in the text. A complete set of parameters used in the projections and supporting detailed projections should be given in Annex 5. Projections are requested for the total of all countries covered in the project, and a breakdown of disease burden by age group, gender, and region⁷ as needed by the objective of the project. Separate estimates for GAVI eligible countries to be covered by the project should be made available during project implementation to facilitate national applications.

7.c. Impact of the investment on burden of disease (1 page)

The introduction to this sub-section should identify the mechanisms by which the project will lower the burden of disease. This remainder of the sub-section should provide projections of the project coverage and burden of disease that would be expected if the project were carried out. Projection are requested for a fifteen year period starting from the current time. A number of different projections may need to be made to take into account important alternatives considered in the project design and to make comparisons with other possible interventions. The underlying methodology and parameters should be clearly stated. The estimates should apply the same method as used for the current projections of disease burden listed in section 7.b. The projections in 7.b should, thus, provide the baseline from which the impact of the project on the burden of disease is calculated. A summary table and illustrative figures can be provided in the text. The underlying parameters as well as more detailed projections should be provided in Annex 5. Text and annex tables in this section and in sections 7.b above should use a parallel format.

Section 8. Constraints and Probability of Success (3 pages).

All projects face potential constraints that could reduce the effective outcome if they are not dealt with as part of the project design. It is especially important that the proposal identify constraints that are expected to be widespread throughout regions to be covered. The identification of constraints and the design of counteracting measures is intended to strengthen the project. The existence of constraints is not a reason for rejecting a proposal. The failure of the proposers to recognize and address important constraints, however, could be a serious proposal flaw. The proposal should identify the project-defining constraints, make an assessment of their importance to project outcome,

⁷ Many of the required statistics, along with an explanation their basis, can be found at the websites of the WHO (www.who.int) and the US Centers for Disease Control (www.cdc.gov).

and set out the strategy for their mitigation. Discussion of constraints will be especially important for proposals, such as those for strengthening immunization service delivery, that are expressly designed to address systemic defects.

The proposal should consider whether the project can realistically address the constraints given available funds and the practicality of potential solutions. Do technical solutions exist? Are there precedents for dealing with the constraints? Important broad categories of potential constraints are (a) social, (b) epidemiological, (c) technical and (d) institutional. It is not expected that the proposal will mechanically consider all of the examples of constraints given in the discussion below. These categories are only meant to be suggestive and may not all be relevant for a given proposal. There may also be other constraints that should be included.

Finally, as an additional aid to identification of constraints, a “point - counterpoint” survey (defined in section 8.e below) should be carried out and the three most noted problems or issues identified by partners in the project should be summarized and discussed .

8.a. Social and cultural constraints

Is there clear social recognition of the problem addressed and a population based desire to address the problem? Are there any cultural impediments or stumbling blocks such as limited traditional roles for women or traditional antenatal care or nutritional practices that could prevent the ready acceptance of the required interventions? Is there sufficient community cohesion, social involvement and empowerment to provide required inputs into the proposed program at the basic level. If any of these things are substantial constraints, the proposal should set out the strategy for reducing their detrimental effect on project outcome. For example, the strategy could involve a program of information and communication, school programs, social marketing, or plans for involvement of women’s organizations and local leaders.

8.b. Epidemiological and environmental constraints

The characteristics of the disease target may in themselves present major constraints. The proposal should summarize the known aspects of (a) level and behavior of the disease and (b) related environmental issues that may impede project success. Episodic patterns of the disease may swamp available program resources. Resistant strains may develop with somewhat predictable periodicity or in response to program activities. Non human reservoirs may harbor the virus and be difficult to control. The intervention may create environmental problems, or conversely, the environment may present epidemiological risks.

8.c. Technical constraints

Vaccines, equipment, medical procedures, or delivery infrastructure may present constraints that must be addressed in the program design. For example vaccines may be

have a short shelf life or be highly sensitive to extremes of temperature or humidity, cold chain or other equipment may be difficult to maintain or transport in the target country context, improperly used injection equipment may introduce problems of biological contamination, warehouse and logistical infrastructure may not have the capacity to provide for secure storage and distribution of vaccines and specialized equipment. The proposal should demonstrate that technical constraints have been thought through and allowed for in program design.

8.d. Institutional constraints

Institutional risks within the target countries may be the single most important category of constraints in countries that have under-funded health systems, under-trained managerial and administrative personnel and weak institutions. Unfortunately the institutional infrastructure is poorly developed in many countries with the highest rates of infectious diseases. The magnitude of the constraints in this category may be overlooked in a global proposal because they are difficult to recognize without an intimate knowledge of institutions in the target countries. Nevertheless, international experience in the target countries and existing assessments of the efficiency and capacity of the health sector and other institutions can give a good picture of the importance of this category.

The institutional constraints in this section have been divided into (a) management and (b) health system categories but other country institutions may be relevant for a particular proposal and should be noted. Specific examples of management constraints include inadequate program administrative capacity, a lack of planning or monitoring capacity, and problems with probity in handling materials and financing within or outside of the health sector (sometimes referred to as “leakage”). Specific examples of health system institutions and hard and soft infrastructure that may present project defining constraints include the status of laboratories, health centers, health post, dispensaries, outreach capacity, maintenance capacity, training capacity, professional quality (technicians, nurses and MDs), and finally, capacity to replace international technical assistance at the end of the investment period.

8.e. Point - counterpoint process. (1 page)

As part of project preparation, GAVI would request that partners note their major concerns or issues, if any, in the design or implementation of the project. The importance of this process is to obtain the informed views of partners in order to strengthen the project. The points raised by the partners could encompass any aspect of the project and include, for example, constraints, process, design or costs. GAVI would summarize the three major points raised by partners and the agency preparing the proposal would be requested to provide a counterpoint response. The response should indicate how the partner concerns would be addressed in the project design or implementation.

8.f. Critical risks (1 page)

It is recognized that many hazards threatening project success may not be addressed fully within the scope and resources of the project or even the immunization program. This section provides subjective estimates of up to five of the most critical risks that, should they come into effect would derail or substantially impede achievement of a successful outcome with the proposed investment. These could include the most important constraints identified above in addition to non-program specific conditions such as political instability, economic and financial downturns, and weather extremes. It is not necessary for the proposal to methodically review all potential risks. The purpose of this section is to identify the salient critical risks that could make or break the project. The section should include,

- a qualitative description of each risk,
- a statement of the risks using a rating loosely tied to a probability of the risk coming into effect (e.g. very low, low, moderate, high, very high). The ratings should be summarized in the form of a table (see Table 8-1). To the extent practical and applicable, external evaluations of the risks should be cited (such as Moody’s ratings of political and sovereignty risk, corruption indices, and so on);
- a plan to address the risks, where feasible, with a timetable for carrying out the plan,
- a go/no go plan for monitoring the risks over the investment period.

Table 8- 1: Addressing Critical Risks		
Risk¹	Risk Rating²	Risk Minimization Measure³
political instability of region	3	no measure feasible within project but high incidence and virulence justifies proceeding (see economic sensitivity analysis)
inadequate mid level management capacity	4	training, technical assistance from central management units (see project description)
women are excluded from community decision making and local management of services	4	Gender-sensitivity training of project and health center personnel, community facilitators, female outreach personnel
resistant strains have been found in region x.	2	sub program of local containment and treatment
past experience has shown that management and maintenance of cold chain and transport are difficult in the target countries	1	experienced project managers will be used, technical assistance and training will be provided at district level

¹Risks given in table are for purposes of illustration.

²The ratings refer to the potential impact on the project. Ratings are 1=very low, 2=low, 3=moderate, 4=high, 5=very high. [Ratings could be assigned a range of probabilities if it would help to make the definitions more explicit.]

³See full project description for details.

Section 9: Economic Analysis (1 page).

GAVI requires an economic analysis to (a) establish the cost effectiveness of the interventions to be supported by the project and the sensitivity of cost effectiveness to changes in critical aspects of the project, (b) examine the effects of the project on the markets for vaccines, equipment, and the provision of health services, and (c) predict the distribution of benefits across income groups (also referred to below as the equity impact). The text should provide a summary of the full analysis given in Annex 6. Economic analysis can inform difficult decisions in the allocation of investment resources and provide insights into the effective design of interventions. Fortunately, economic analysis in the health sector has been applied to many vaccine interventions. In many instances the analysis has been useful in demonstrating the high returns to projects such as national EPI (Expanded Program on Immunization) delivery of DPT immunization or in identifying others such as varicella that are too costly in particular environments given their effectiveness. Vaccine interventions lend themselves to economic analysis because of the discrete nature of the interventions, the availability of required epidemiological and cost information, and the clearly defined objective of reducing childhood infectious diseases. In contrast, broader projects such as those designed to improve immunization services through health system support can be more difficult to analyze and the economic analysis may have to be done at a more general and speculative level. This section provides only a broad description of how to conduct the economic analysis. Detailed and user friendly guides have been developed elsewhere and are readily available⁸.

9.a. Cost effectiveness and cost benefit analysis (3/4 page)

Cost effectiveness analysis is required for the proposals; cost benefit analysis is optional. Cost effectiveness and cost benefit analyses are two different methodologies with separate purposes. Cost effectiveness analysis yields estimates of the monetary cost of alternative means of producing an effect or outcome that need not be measured in monetary terms. For example the cost of immunizing a child or the cost per healthy year of life gained. Thus the analyst can compare, say, the cost per immunized child of using alternative ways of delivering the vaccine (outreach versus health clinics), or in alternative regions (mountains versus plains). The analyst can also compare the cost per healthy year of life gained from one immunization versus another, or even with other interventions in the health sector (oral re-hydration). The application determines the way in which the analysis is constructed, but as a practical matter, once the data on

⁸ See, Belli et al, Economic Analysis of Investment Operations: Analytical Tools and Practical Applications, World Bank Institute Studies, World Bank, Washington, 2001). Chapter 9 discusses the health sector with an example application for a hypothetical vaccine project. Also see, Handbook for the Economic Analysis of Health Sector Projects, Asian Development Bank, Manila, 2000; and Guidelines for Estimating the Costs of Introducing New Vaccines into the National Immunization System, Department of Vaccines and Biologicals, WHO, Geneva, 2002.

incremental effects (added children immunized, or changes in the burden of disease) is assembled and coordinated with the project cost data, a number of useful analyses can be carried out. Cost effectiveness can be used to great advantage to improve project design.

Cost benefit analysis (optional) requires monetary estimates of both costs and effects. The need to provide a monetary valuation of effects greatly complicates the analysis but gives the advantage of a greatly increased scope of comparisons. Cost benefit analysis would be used, for example where it is necessary to make intersectoral or cross project comparisons such as a comparison of a health and education project. Such a comparison requires aggregating the effects of diverse project outcomes (for example, reduced family time in caring for the sick, increased economic productivity, improved learning). An objective and careful cost benefit analysis can demonstrate the returns of immunization investments compared to investments in other sectors. Such a demonstration may be needed to mobilize resources from donors or secure commitment from participating countries. Cost benefit analysis is optional in the proposal.

The proposal should state the parameters for the cost effectiveness or optional cost benefit analysis and provide supporting tables of the costs and effects. The analysis should relate directly to the project described in the proposal and be consistent with the investment objective (Section 1), the design of the project (Section 3), the costs of the project (Section 4), the expected change in the burden of disease brought about by the investment (Section 7) and the monitoring indicators (Section 10). The analysis should cover both measures of outcome and process and be carried out for alternatives that were considered in the design of the proposal. The analysis should be carried out on the discounted stream of effects and costs associated with the intervention. Results can be given for a range of discount rates.

Finally, the analysis should clearly state whether it employs increments or averages in costs and effects. To the extent practical, it is requested that the cost effectiveness analysis be done in terms of the ratio of changes in costs and effects attributable to the proposal and not as the ratio of the absolute costs and effects. This may be approximated as the difference between the effects and costs with and without the intervention. Thus if the cost of the program were \$10,000,000 with the immunization of 1,000,000 people before the intervention and \$12,000,000 with the immunization of 1,100,000 after the intervention, the incremental cost effectiveness would be \$20 per immunized child = $(12,000,000 - 10,000,000)/(1,100,000 - 1,000,000)$.

9.b. Sensitivity analysis (1/4 page)

The cost effectiveness should be examined for sensitivity to possible variations in the values of critical parameters. The parameters chosen for sensitivity analysis should relate to identified project constraints or critical risks (Section 8) or be subject to prediction error (such as prices or discount rate). Constraints that are difficult to quantify can be linked to surrogate parameters in the analysis. For example, problems with logistics or cold chain could be explored by changing vaccine efficacy where this is known to be responsive to changes in temperature or storage time. Management issues

could manifest themselves in a reduction in efficacy where follow up immunizations are poorly timed or omitted where a sequence of immunizations is required,. The implications of the sensitivity analysis for project design should be discussed and the analysis should be summarized in a table such as Table 9-1.

Table 9-1: Sensitivity of Cost Effectiveness to Selected Values of the Economic Analysis¹					
Parameter	Best Estimate	Range of Values	Range of Results \$/child immnzd.	Range of Results \$/death prevnted	Range of Results \$/HYLG
Vaccine Efficacy	0.85	50% - 100%	20-10	600-300	40-20
Case Fatality Rate	0.012	0.01 - 0.02	20-10	600-300	40-20
Price of Vaccine	\$0.90	\$0.75 - \$1.00 /contact	9.5-10	270-300	18-20
Omitted follow up immunization	done	done, not done	17-16	400-1800	27-120
Discount rate (real)	3%	0% - 15%	14-20	350-2400	23-160

¹The values given in the table are for purposes of illustration.

9.c. Market analysis (1/2 page)

All proposals should note whether or not there are major market issues such as price, supply, or investment in new capacity involved in carrying out the project. If there are major issues, or if the market is an intrinsic part of the proposal (that is, the proposal is expressly designed to develop supply or demand or otherwise support the market) then a market analysis needs to be carried out by the preparer. In addition, GAVI/VF may need to carry out a supplemental analysis.

Understanding the dynamics of the international market for the specific vaccines is required to assure a supply commiserate with projected project demand and at a stable price that will allow the project to be sustained. Many of the world’s pharmaceutical products are manufactured by only a handful of firms who must carefully manage long production lead-times. On the demand side, prices can vary greatly depending on market conditions. The proposal should identify the principal suppliers and providers and review the existing and projected demand and supply in the markets for vaccines and critical technical materials used in the project. If the project’s demand for critical materials is sufficiently large the price may be influenced and the overall capacity to meet supply affected.

A check list of some key requirements for the market analysis:

- identify the major suppliers and buyers and summarize the extent of industry competitiveness and its implications for the project objectives;

- estimate the existing and projected demand and supply with the project, and estimate the effect on prices and availability materials and vaccines;
- identify the significance for the project of any differential pricing maintained by manufacturers through separation of different parts of the market
- review potential and pipeline technology and supply changes in the industry
- note the importance of public relations, with respect to this disease problem, in guiding manufacturer and distributor market actions
- identify any bottlenecks in the development, distribution, procurement or manufacturing of key materials and vaccines
- note any displacement of existing public or private market demand or supply (including immunization services) that will result from project implementation

9.d. Equity impact

All proposals should provide a statement of how the project would achieve higher coverage of the poor and hard to reach target beneficiaries. Some projects may specifically be designed for greater access and equity and should provide an analysis of the equity effects. The analysis need not be quantitative; however, recent national surveys on the use of services and incidence of disease across income groups have become widely available and make it much easier to estimate the benefit incidence of health interventions by income group than in the past. Where data is available, poverty targeted proposals should review by income group:

- the distribution of income (or a proxy such as characteristics of wealth)
- the current use of services related to the prevention and treatment of the disease targets
- the incidence of the diseases (or related diseases if direct data is not available)
- coverage by the project.

A summary table or figure can be given in the text and detailed tables, if needed, can be given in Annex 6. The analysis should conclude by noting any special features of the project that will assist in achieving a favorable equity outcome.

Part III. Monitoring and Evaluating Implementation

Section 10: Monitoring and Evaluation (1 1/2 pages)

This section should specify how success at meeting project objectives will be measured and how the proposed project will be monitored and evaluated during implementation.⁹ In particular, the specification should include (a) a definition of success and milestones by which progress can be measured, (b) a specification of the data required for monitoring and evaluation, (c) identification of monitoring and evaluation responsibilities and a specification of the monitoring and evaluation processes, (d) a

⁹ See GAVI's website for detailed examples of annual progress reports and other monitoring topics: http://www.vaccinealliance.org/home/Support_to_Country/Monitoring_Evaluatio/Prog_rept_rev.php

timetable for monitoring and evaluation. Monitoring refers to collection and use of information for the purpose of routine management during the project implementation. Evaluation refers to periodic assessment of project performance and achievements by country administrators, partner agencies and GAVI.

10.a. Success and milestones

The definition of success should be capable of clear and unbiased measurement and interpretation, and relate directly to the projects stated objectives (see Section 1). This section should set out the standards (milestones) for the levels of achievement that will be expected at different times and stages in the project implementation. These milestones should link with the timeline in Annex 2. Explicit levels of project performance required for project continuation, modification, or discontinuation should be given (this is sometimes referred to as the go/no go plan). For most proposals it is expected that both qualitative and quantitative measures would be needed to measure success and milestone achievements. For example, a quantitative measure of achievement for an immunization project could include the percentage of the target population immunized, or more directly related to the project objective, a reduction in mortality. But the project objectives may also require an assessment of non quantitative achievements such as a successful transfer of planning or management responsibilities from outside organizers to national health systems.

10.b. Data and information required

The data required for monitoring and evaluation and the steps needed for data collection, compilation and processing should be set out. The individuals and agencies responsible for data collection should be designated, and any issues in assuring data quality should be identified and addressed. In particular the role of national ministries of health should be clearly described.

The data requirements for project monitoring for routine management purposes encompasses a range of information on inputs and process that would be routinely collected as part of implementing the project. Monitoring data may include inputs (procurement and distribution of materials, disbursements of funds, financing information), process (workshops held, people trained, fully immunized children, coverage) and outcome (reduced morbidity and mortality).

Data requirements for evaluating success, or milestone achievements will require information on process or outcome. Evaluation will use monitoring information but could also require special surveys. However, not all projects will require extensive detail and the monitoring plan needs to be designed to balance the cost and benefits of the information requested. Examples of process milestones are number of vaccinated children, number of health care workers trained, and other quantifiable steps towards achieving the desired goal. Outcome milestones relate to the overall impact of the proposed project intervention on burden of disease over time. It is recognized that some aspects of project performance, for example duration of protection in large populations or

a decline in mortality, take time to become manifest either over the life of the project or after. The proposal should state how these aspects of performance will be measured (for example, using data that would be available after a lag, or conducting a special survey). Interim reports may have to rely on process information such as the number of immunizations and coverage. The distinction between input, process and output indicators can be imprecise. Workshops might be viewed as an input into the later process of achieving greater coverage. Greater coverage might be viewed as an output if coverage is a defined goal and the effectiveness of greater coverage has been demonstrated to be stable.

10.c. Monitoring and evaluation responsibilities and the monitoring process

This section should outline plans, resources and processes needed to monitor and evaluate the project and designate who is responsible. A specific plan for routine monitoring and reporting by country administrators and periodic supervision and final evaluation by supporting agencies and partners is required. The monitoring process should be detailed with provision for feedback to critical administrative personnel at all levels. For each broad class of data, the plan should

- describe the process by which the data is collected and reported,
- specify the agencies involved and who collects the data. For example, general process information (financial transactions, inputs, etc) might be monitored by GAVI or the partnership running the proposed project, while national authorities will collect morbidity and mortality data for the disease in question. Selected data might be collected by the ministry of health, other government agencies (such as the bureau of statistics), non government organizations, or outside teams and special surveys;
- how collection is done (for example information on services could be recorded at the time of delivery, kept in health center logs, entered in computer at the district and reported at intervals to the central project management),
- state how often data is compiled and reported,
- discuss the accuracy of the data to be collected.

Finally, this section should state who would evaluate the ongoing project in terms of achieving its milestones and interim and final evaluations and summarize the process of evaluation. If partners are involved the section should be consistent with Section 3.d. If the project is not under the auspices of usual GAVI procedures, it will be important to identify the groups responsible for preparing, evaluating, and acting on reports. The proposal should state how the proposed project partners will report back to GAVI.

10.d. Monitoring and evaluation timetable

Monitoring and supervision intervals and the expected dates for reporting need to be set out. The text in Section 10 should be supplemented by a table in Annex 7 identifying the monitoring, evaluation and reporting activity, stating the agencies involved and giving dates for the activities. The timetable and dates for reporting should

be specified with the objective of maximizing project success from the provision of useful and timely feedback to guide management. Final evaluation and measurement of success should be done to provide information that can guide investment and improve projects in the future.

Annex 1: How to respond to GAVI/VF requests for proposals

The GAVI/VF has a two step process for reviewing proposals for investment. In the first step agencies that wish to respond to a GAVI/VF request for proposals (RFP) should submit a brief letter of interest (LOI) summarizing the proposed investment, arguing its suitability for GAVI/VF support, and providing a notional estimate of the requested funding. In the second step, GAVI will invite the agencies preparing the most promising LOIs consistent with GAVI priorities to provide full proposals following the GAVI/VF Guidelines for the Preparation of Proposals for GAVI/VF Funding (available on the GAVI/VF website [\[address\]](#)). Agencies preparing successful LOIs will be eligible for a grant, justified by a preparation budget, of up to US\$xx,xxx, to help offset the cost of preparing the full proposal.

Content of the Letter of Interest.

The letter of interest should be no more than five pages in addition to a cover sheet and a summary cost table and should provide the information requested below. This information, which is a highly abbreviated subset of the full proposal, should be brief and would be elaborated in the event that a full proposal is prepared in the second step.

Cover sheet: The first page of the proposal should identify (1) the GAVI/VF RFP and funding window to which the LOI is responding, (2) name of the responding agency and provide contact information including name of person, address, telephone, Email address, (3) title for the proposal, (4) geographic area to be included in proposal, (5) date of the proposal, (6) total amount requested, (7) time period for which funding is required, (8) whether a preparation grant is requested and the amount.

The remainder of the LOI should have the following sections and content:

Investment objective: Provide a concise statement of what the project is designed to achieve. The statement should be specific and, preferably, measurable. Include the current baseline status of the objective and the expected outcome of the project.

Statement of the problem: Describe the problem and the challenges to be met in addressing the problem. State how the project would address the problem.

Description of the Proposed Project: Provide a brief overview of the content of the project and the activities that would be supported. Describe the structure of the project by component and summarize the activities to be carried out, the expected outputs, the required inputs. Identify any major partners in the project and their proposed roles.

Alignment with GAVI Priorities and Strategy: Proposals will be evaluated for their consistency with GAVI priorities and strategy (see the statement on the GAVI web site, [\[address\]](#)). The LOI should make it clear that the proposed project would be time limited and not depend indefinitely on Vaccine Fund support, would fund new activities and not replace existing funding, would have a catalytic impact beyond the activities

funded and an impact that last longer than the funding. It should also be described if the project would encourage innovative processes or support needed institutional change. Finally it should be confirmed that there are no other agencies positioned to undertake these activities more effectively than GAVI.

Proposal Cost and Financing: Attach a notional summary of the cost of the proposal. Provide the minimum detail needed to rationalize the cost estimate. It is understood that a full proposal will require more detail and more accurate estimates. Describe any sources of financing that are being considered in addition to GAVI and provide an estimate of any identified funding gaps.

Preparation Budget: If a preparation support is to be request, also attach a preparation budget to the LOI. The budget should provide an estimate of required consultant time (by skill and number of days), travel and per diem, and incidental costs. Preparation support will not cover salaries of staff or routine expenses of the agencies sponsoring the proposal.

Annex 2: Notes on Definitions of Terms

Definitions are offered here to assist in understanding the guidelines and in preparation of proposals. The definitions are open to change and clarifying discussion is welcomed to the end that all participants have, in the end, the same understanding.

Terms related to scope:

effort. Effort is a very loosely applied term of scope. It is most often preceded by a qualifying phrase that defines the scope. Thus, the yellow fever effort refers to the development of activities targeting a single disease - yellow fever. It can also be used broadly as in “the global immunization effort”.

program (programme). A program is a coordinated and broad effort, sometimes loosely defined and often involving multiple agencies, to achieve a goal. In the case of immunization and vaccines, the global immunization program is focused on the development and use of vaccines and immunization to improve global health and well being through the reduction of infectious disease morbidity and mortality. Thus, the Expanded Program on Immunization is a global effort cooperatively involving many international agencies and coordinated, largely, through the World Health Organization.

initiative. An initiative is a broad effort targeting a specific disease or set of diseases. An initiative lies within a program and is more specifically defined. Thus one speaks of the measles initiative within which there are a number of existing and proposed projects to reduce measles morbidity and mortality.

project. A project is a described set of activities to achieve a specified goal in a set period. Project is a term of art widely used among donors, investors, governments and private business to denote a defined undertaking with clearly specified goals, activities and expected costs.

investment. An investment is an outlay of money (funds) to achieve a specific goal. As used most often within the international donor community, an investment is an outlay of money to fund a project with a defined goal. This is the most widely used meaning of the word investment. Economist also have a specific and related use of investment to mean an addition to capital. The economic definition is avoided in the guidelines, see the discussion below.

Terms related to the GAVI investment process:

window. A window is an allocation of overall GAVI resources to an investment category. The categories are open to the submission of proposals for GAVI investment. In some outstanding literature the terms “windows” has been use interchangeably with the term “buckets”. (Current GAVI windows are (1) improved immunization services for current programs (this comprises DPT3, TT, measles and

polio), (2) introduction of existing but underutilized vaccines into the current programs (HepB, Hib, YF), (3) improved strategies for current programs (measles, neonatal tetanus, rubella), (4) introduction of new, “near-term” vaccines (rotavirus, pneumonia, meningitis A., Japanese encephalitis, possibly others), (5) core management of GAVI/VF.)

portfolio. The set of GAVI investments in projects across all windows. The term is directly analogous to its use in investment in banking. The difference, of course, is that while a portfolio investment banking is selected to provide a maximum financial return, the GAVI portfolio is selected to provide a maximum return on global health status (while also taking into account equity across countries).

proposal. A proposal is a solicitation for an investment to support a defined project. To facilitate evaluation, comparison, and management, GAVI requests that a proposal be prepared according to designated guidelines.

investment case framework. The investment case framework refers to the outlined content of a proposal for GAVI investment in a project, the guidelines for preparing the proposal and the suggested decision criteria for the proposal evaluation.

guidelines. The guidelines provide guidance for preparing the proposals following the outlined framework content.

decision criteria. The decision criteria are a set of suggested metrics and standards, related to the content of the investment case framework, for evaluating and comparing proposals for GAVI investment.

Terms related to economics and finance:

capital. Capital consists of assets with productive lives and usefulness that last over more than one accounting period. Examples are not only vehicles, buildings, equipment, but also trained personnel and the transfer of skills through technical assistance.

investment. Economists define investment as an addition to the stock of capital. That is, investment is an increment to capital. Although closely related to the more general meaning (see terms of scope), to prevent confusion, the economic definition is avoided in the guidelines. In its place, the term “incremental capital” is used in the cost tables to refer to additions to capital.

incremental capital. An addition to the capital stock.

budget (noun). A budget is an assignment of funds. Commonly used to refer to an assignment of funds to carry out a project or the functions of an agency.

costs. The actual expenditures to carry out a project. In the case of proposals, costs refers to the expected expenditures required to carry out the proposed project. Budget and costs are not interchangeable terms. Too often a budget is not adequate to cover the required costs.

financing (noun). Financing refers to funds raised or to be raised.

fund / funding. A fund is a sum of money set aside for a specific objective. Funding is the provision of money for a fund. The financing tables requested in the guidelines set out the expected amounts of funds to be provided for the project from various sources. For practical purposes in applying the guidelines, funding and financing are synonymous.

Table 3.1: Total Costs by Core Expenditure Category and Components During Investment Period¹

Expenditure Category	Regional Components								Administrative Agency		Total Costs
	Region 1 (Africa)				Region 2 (etc.)				Operations Research/Evaluation	Project Management	
	Delivery Infrastructure Development	Information, Education, Social Mobilization	Vaccine Delivery	Monitoring	Delivery Infrastructure Development	Information, Education, Social Mobilization	Vaccine Delivery	Monitoring			
I. Capital Costs											
1 Buildings	-	-	-	-	-	-	-	-	-	-	-
2 Cold Chain Equipment	-	-	-	-	-	-	-	-	-	-	-
3 Other Equipment	-	-	-	-	-	-	-	-	-	-	-
4 Vehicles	-	-	-	-	-	-	-	-	-	-	-
5 Technical Assistance	-	-	-	-	-	-	-	-	-	-	-
6 Country Project Management	-	-	-	-	-	-	-	-	-	-	-
Total Incremental Capital Costs	-	-	-	-	-	-	-	-	-	-	-
II. Recurrent Costs²											
1 Vaccines	-	-	-	-	-	-	-	-	-	-	-
2 Injection & Vaccine Related Supplies	-	-	-	-	-	-	-	-	-	-	-
3 Other Supplies	-	-	-	-	-	-	-	-	-	-	-
4 Personnel Costs	-	-	-	-	-	-	-	-	-	-	-
.1 Salaries	-	-	-	-	-	-	-	-	-	-	-
.2 Per Diem	-	-	-	-	-	-	-	-	-	-	-
5 Workshops and Short Term Training	-	-	-	-	-	-	-	-	-	-	-
6 Transportation	-	-	-	-	-	-	-	-	-	-	-
7 Maintenance & Repair	-	-	-	-	-	-	-	-	-	-	-
8 Other Recurrent Costs (Specify)	-	-	-	-	-	-	-	-	-	-	-
Total Recurrent Costs	-	-	-	-	-	-	-	-	-	-	-
Total Costs	-	-	-	-	-	-	-	-	-	-	-

¹These are (a) the total costs of the larger initiative within which the GAVI/Vaccine Fund project is providing co-financing and (b) cover the period over which Gavi/Vaccine Fund is providing financing. These global/regional cost tables are based on aggregated expenditure categories and consistent with the detailed tables requested for individual country projects. See costing instructions and detailed tables: http://www.vaccinealliance.org/home/Task_Forces/Financing_Task_Force/guidelines_en.php.

²Including allocated country cost covered by country budgets (for example, personnel time, transport, warehouse, equipment, etc.). The country contribution is detailed in the financing tables.

Table 3. 2: Total Costs by Expenditure Category and Investment Year¹

Expenditure Category	Year 1	Year 2	Year ... etc.	Total
I. Capital Costs				
1 Buildings	-	-	-	-
2 Cold Chain Equipment	-	-	-	-
3 Other Equipment	-	-	-	-
4 Vehicles	-	-	-	-
5 Technical Assistance	-	-	-	-
6 Country Project Management	-	-	-	-
Total Incremental Capital Costs	-	-	-	-
II. Recurrent Costs²				
1 Vaccines	-	-	-	-
2 Injection & Vaccine Related Supplies	-	-	-	-
3 Other Supplies	-	-	-	-
4 Personnel Costs	-	-	-	-
.1 Salaries	-	-	-	-
.2 Per Diem	-	-	-	-
5 Workshops and Short Term Training	-	-	-	-
6 Transportation	-	-	-	-
7 Maintenance & Repair	-	-	-	-
8 Other Recurrent Costs (Specify)	-	-	-	-
Total Recurrent Costs	-	-	-	-
Total Costs	-	-	-	-

¹These are (a) the total costs of the larger initiative within which the GAVI/Vaccine Fund project is providing co-financing and (b) cover the period over which Gavi/Vaccine Fund is providing financing. These global/regional cost tables are based on aggregated expenditure categories and consistent with the detailed tables requested for individual country projects. See costing instructions and detailed tables:

http://www.vaccinealliance.org/home/Task_Forces/Financing_Task_Force/guidelines_en.php .

²Including allocated country cost covered by country budgets (for example, personnel time, transport, warehouse, equipment, etc.). The country contribution is detailed in the financing tables.

Table 3.3: Total Costs by Component and Investment Year¹

Component and sub-component	Year 1	Year 2	Year...etc.	Total
Region 1 (Africa)				
Delivery Infrastructure Development	-	-	-	-
Information, Education, Communication	-	-	-	-
Vaccine Delivery	-	-	-	-
Monitoring	-	-	-	-
Region 2 (etc.)				
Delivery Infrastructure Development	-	-	-	-
Information, Education, Communication	-	-	-	-
Vaccine Delivery	-	-	-	-
Monitoring	-	-	-	-
Global Administrative Agency				
Operations Research/Evaluation	-	-	-	-
Project Management	-	-	-	-
Total Costs	-	-	-	-

¹These costs are (a) the total costs of the larger initiative within which the GAVI project is providing co-financing and (b) cover the five year period over which Gavi is providing financing.

Table 3. 4: Financier by Investment Year and Commitment

Note: Commitment is separated by year to accommodate varying budgeting and commitment periods over the various donors.

Expenditure Category	Year 1			Year 2			Year ... etc.			Total		
	Secure	Under Discussion	Total	Secure	Under Discussion	Total	Secure	Under Discussion	Total	Secure	Under Discussion	Total
Program Countries												
National/Local Government	-	-	-	-	-	-	-	-	-	-	-	-
Community/Private Sector	-	-	-	-	-	-	-	-	-	-	-	-
Non Governmental Organizations												
Rotary, etc.	-	-	-	-	-	-	-	-	-	-	-	-
Bilateral Agencies												
DFID, JICA, USAID, etc.	-	-	-	-	-	-	-	-	-	-	-	-
Multilateral Agencies												
EU, World Bank, etc.	-	-	-	-	-	-	-	-	-	-	-	-
UN Agencies¹												
WHO, UNICEF, etc.	-	-	-	-	-	-	-	-	-	-	-	-
DonorBucket²												
Other Sources												
International Private Sector	-	-	-	-	-	-	-	-	-	-	-	-
GAVI	-	-	-	-	-	-	-	-	-	-	-	-
Total Financing	-	-	-	-	-	-	-	-	-	-	-	-
Total Costs			-			-			-			-
Funding GAP			-			-			-			-

¹Care should be taken to avoid double counting of UN agency program funds already included under other donor agencies. For example, vaccines purchased from UNICEF using EU funds should not be included both under UNICEF and EU.

² Provide a list of donors in the bucket (sometimes referred to as a consortium or pool). Financing under a SWAp can be included here.

Table 3. 5: Financier by Expenditure Category during Investment Period

Expenditure Category	Program Countries		NGOs (specify)	Bilateral Agencies (specify)	Multil'I Agencies (specify)	UN Agencies ³ (specify)	Intern'l Private Sector	Donor Bucket ⁴	GAVI	Total Identified Funding	Total Costs ¹	Gap
	National & Local Govern.	Commnty/ Private Sector										
I. Capital												
Buildings	-	-	-	-	-	-	-	-	-	-	-	-
Cold Chain Equipment	-	-	-	-	-	-	-	-	-	-	-	-
Other Equipment	-	-	-	-	-	-	-	-	-	-	-	-
Vehicles	-	-	-	-	-	-	-	-	-	-	-	-
Technical Assistance	-	-	-	-	-	-	-	-	-	-	-	-
Country Project Management	-	-	-	-	-	-	-	-	-	-	-	-
Total Capital Item Financing	-	-	-	-	-	-	-	-	-	-	-	-
II. Recurrent²												
Vaccines	-	-	-	-	-	-	-	-	-	-	-	-
Injection & Delivery Supplies	-	-	-	-	-	-	-	-	-	-	-	-
Other Supplies	-	-	-	-	-	-	-	-	-	-	-	-
Personnel Costs	-	-	-	-	-	-	-	-	-	-	-	-
Salaries	-	-	-	-	-	-	-	-	-	-	-	-
Per Diem	-	-	-	-	-	-	-	-	-	-	-	-
Workshops & Short Term	-	-	-	-	-	-	-	-	-	-	-	-
Training	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	-	-	-	-	-	-	-	-	-	-	-	-
Maintenance & Repair	-	-	-	-	-	-	-	-	-	-	-	-
Other Recurrent Costs	-	-	-	-	-	-	-	-	-	-	-	-
Total Recurrent Item Financing	-	-	-	-	-	-	-	-	-	-	-	-
Non Earmarked Financing	-	-	-	-	-	-	-	-	-	-	-	-
Total Financing	-	-	-	-	-	-	-	-	-	-	-	-

¹These are (a) the total costs of the larger initiative within which the GAVI project is providing co-financing and (b) cover the five year period over which Gavi is providing financing. These global/regional cost tables are based on aggregated expenditure categories and consistent with the detailed tables requested for individual country projects. See costing instructions and detailed tables:

http://www.vaccinealliance.org/home/Task_Forces/Financing_Task_Force/guidelines_en.php .

²Including allocated country cost covered by country budgets (for example, personnel time, transport, warehouse, equipment, etc.). The country contribution is detailed in the financing tables.

³Care should be taken to avoid double counting of UN agency program funds already included under other donor agencies. For example, vaccines purchased from UNICEF using EU funds should not be included both under UNICEF and EU.

⁴Provide a list of donors in the bucket (sometimes referred to as a consortium or pool). Financing under a SWAp can be included here.

Table 3. 6: Financier by Components During Investment Period

Financier	Regional Components								Administrative Agency Oper. Resrch Project Management	Non Ear-marked Funds	Total Funding Provided
	Region 1 (Africa)				Region 2 (etc.)						
	Delivery Infrastr. Develop.	Informat, Educat, Social Market.	Vaccine Delivery	Monitor.	Delivery Infrastr. Develop.	Informat, Educat, Social Market.	Vaccine Delivery	Monitor.			
Program Countries											
National Government	-	-	-	-	-	-	-	-	-	-	-
Local Government	-	-	-	-	-	-	-	-	-	-	-
Community Participation	-	-	-	-	-	-	-	-	-	-	-
Local Private Sector	-	-	-	-	-	-	-	-	-	-	-
Non Govern. Organizations	-	-	-	-	-	-	-	-	-	-	-
Rotary, etc.	-	-	-	-	-	-	-	-	-	-	-
Bilateral Agencies											
DFID, JICA, USAID, etc.	-	-	-	-	-	-	-	-	-	-	-
UN Agencies¹											
WHO, UNICEF, etc.	-	-	-	-	-	-	-	-	-	-	-
Multilateral Agencies											
EU, World Bank, etc.	-	-	-	-	-	-	-	-	-	-	-
Donor Bucket²											
Other Sources											
International Private Sector	-	-	-	-	-	-	-	-	-	-	-
GAVI	-	-	-	-	-	-	-	-	-	-	-
Total Financing	-	-	-	-	-	-	-	-	-	-	-
Total Costs	-	-	-	-	-	-	-	-	-	-	-
Funding Gap	-	-	-	-	-	-	-	-	-	-	-

³Care should be taken to avoid double counting of UN agency program funds already included under other donor agencies. For example, vaccines purchased from UNICEF using EU funds should not be included both under UNICEF and EU.

¹Provide a list of donors in the bucket (sometimes referred to as a consortium or pool). Financing under a SWAp can be included here.

Table 3. 7: Annual Cost to Sustain Initiative after Investment Period¹

Note: Projection of annual cost is expected to be sensitive to expected vaccine prices. The sensitivity of sustainability to low and high price scenarios should be presented. The scenarios should be discussed in the Annex narrative and summarized in the proposal text.

Expenditure Category	1st year after invest. period	2nd year after invest. period	3rd year after invest. period	Typical Year Thereafter	Typical Year Thereafter
I. Capital Costs					
1 Buildings	-	-	-	-	-
2 Cold Chain Equipment	-	-	-	-	-
3 Other Equipment	-	-	-	-	-
4 Vehicles	-	-	-	-	-
5 Technical Assistance	-	-	-	-	-
8 Country Project Management	-	-	-	-	-
Total Incremental Capital Costs	-	-	-	-	-
II. Recurrent Costs					
1 Vaccines					
Expected price	-	-	-	-	-
Low price scenario (describe in text)					
high price scenario (describe in text)					
2 Injection & Vaccine Related Supplies					
3 Other Supplies	-	-	-	-	-
4 Personnel Costs					
5 Workshops and Short Term Training					
6 Transportation					
7 Maintenance & Repair	-	-	-	-	-
8 Other Recurrent Costs (Specify)	-	-	-	-	-
Total Recurrent Costs	-	-	-	-	-
Total Costs - Most likely scenario					
Total Costs - Low cost scenario					
Total Costs - High cost scenario	-	-	-	-	-

¹These costs are the total costs of the larger initiative after the period over which Gavi is providing financing.

**Table 3. 8: Sustainability - Identified Post Project Financing
By Year and Commitment**

Note: This table should be accompanied by narrative describing the likelihood of financing under the sources identified, identifying the institutional arrangements affecting the likelihood, and providing an overall assessment of the reliability of financial sustainability.

Expenditure Category	1 st Year Post Proj.		2 nd Year Post Proj.		3 rd Year Post Proj.		Typical Year Thereafter	
	Probable	Under Discussion	Probable	Under Discussion	Probable	Under Discussion	Probable	Under Discussion
Program Countries								
National/Local Government	-	-	-	-	-	-	-	-
Community/ Private Sector	-	-	-	-	-	-	-	-
Non Governmental Organizations								
Rotary, etc.	-	-	-	-	-	-	-	-
Bilateral Agencies								
DFID, JICA, USAID, etc.	-	-	-	-	-	-	-	-
Multilateral Agencies								
EU, World Bank, ADB, etc.	-	-	-	-	-	-	-	-
UN Agencies								
WHO, UNICEF, etc.	-	-	-	-	-	-	-	-
Other Sources								
Donor Bucket ¹	-	-	-	-	-	-	-	-
International Private Sector	-	-	-	-	-	-	-	-
Total Sustaining Financing	-	-	-	-	-	-	-	-
Total Sustaining Costs (see Table 7)	-	-	-	-	-	-	-	-
Funding GAP	-	-	-	-	-	-	-	-

¹Provide a list of the donors in the bucket. Financing from SWAp countries can be included here.

Table 3.9: GAVI Financing by Expenditure Category and Investment Year

Expenditure Category	Year 1	Year 2	Year ...etc.	Total
A. Expenditures for National Programs				
I. Capital Costs				
1 Buildings	-	-	-	-
2 Cold Chain Equipment	-	-	-	-
3 Other Equipment	-	-	-	-
4 Vehicles	-	-	-	-
5 Technical Assistance	-	-	-	-
6 Country Project Management	-	-	-	-
Total Incremental Capital Costs	-	-	-	-
II. Recurrent Costs				
1 Vaccines	-	-	-	-
2 Injection & Vaccine Related Supplies	-	-	-	-
3 Other Supplies	-	-	-	-
4 Personnel Costs	-	-	-	-
.1 Salaries	-	-	-	-
.2 Per Diem	-	-	-	-
5 Workshops and Short Term Training	-	-	-	-
6 Transportation	-	-	-	-
7 Maintenance & Repair	-	-	-	-
8 Other Recurrent Costs (Specify)	-	-	-	-
Total National Program Costs	-	-	-	-
B. Global Expenditures				
1 Office (equipment, supplies, etc.)	-	-	-	-
2 Personnel Costs	-	-	-	-
3 TA (Consultants)	-	-	-	-
4 Travel	-	-	-	-
5 Meetings and Workshops	-	-	-	-
6 Studies and Research	-	-	-	-
7 Management	-	-	-	-
Total Global Expenditures	-	-	-	-
Total GAVI Financing without overhead¹	-	-	-	-
8 Overhead	-	-	-	-
Total GAVI Financing with overhead	-	-	-	-

¹Total GAVI financing without overhead equals the total GAVI financing shown in Tables 4 through 6.

Table 3. 10: Total Gavi Financing by Component and Investment Year

Component and sub-component	Year 1	Year 2	Year ... etc.	Total
Region 1 (Africa)				
Delivery Infrastructure Development	-	-	-	-
Information, Education, Social Mobilization	-	-	-	-
Vaccine Delivery	-	-	-	-
Monitoring	-	-	-	-
Region 2 (etc.)				
Delivery Infrastructure Development	-	-	-	-
Information, Education, Social Mobilization	-	-	-	-
Vaccine Delivery	-	-	-	-
Monitoring	-	-	-	-
Global Administrative Agency				
Operations Research/Evaluation	-	-	-	-
Project Management	-	-	-	-
Total GAVI Financing without overhead¹	-	-	-	-
Overhead	-	-	-	-
Total GAVI financing with overhead	-	-	-	-

¹Total GAVI financing without overhead equals the total GAVI financing shown in Tables 4 through 6.