

# APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by  
**The Government of Yemen**  
for  
Measles-rubella follow-up campaign

# 1 Gavi Grant terms and conditions

## 1.2 Gavi terms and conditions

### 1.2.1 Gavi terms and conditions

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

### GAVI GRANT APPLICATION TERMS AND CONDITIONS

#### **FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

#### **AMENDMENT TO THE APPLICATION**

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

#### **RETURN OF FUNDS**

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

#### **SUSPENSION/ TERMINATION**

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

#### **NO LIABILITY**

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines

and related supplies after title to such supplies has passed to the Country.

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

## **INSURANCE**

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

## **ANTI-CORRUPTION**

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

## **ANTI-TERRORISM AND MONEY LAUNDERING**

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

## **AUDITS AND RECORDS**

The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

## **CONFIRMATION OF LEGAL VALIDITY**

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

## **COMPLIANCE WITH GAVI POLICIES**

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

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

### **USE OF COMMERCIAL BANK ACCOUNTS**

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

### **ARBITRATION**

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

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

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

## **1.3 Gavi Guidelines and other helpful downloads**

### **1.3.1 Guidelines and documents for download**

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

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

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

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

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

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

## 2 Review and update country information

### 2.1 Country profile

#### 2.1.1 Country profile

**Eligibility for Gavi support**

Eligible

**Co-financing group**

Initial self-financing

**Date of Partnership Framework Agreement with Gavi**

No Response

**Country tier in Gavi's Partnership Engagement Framework**

2

**Date of Programme Capacity Assessment**

No Response

#### 2.1.2 Country health and immunisation data

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

	2021	2022
Total government expenditure	0	

Total government health expenditure	0	
Immunisation budget	0	0

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

**The government planning cycle starts on the**

1 January

The current National Health Sector Plan (NHSP) is

From

2021

To

2025

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

2021-2022

**Is the cMYP we have in our record still current?**

Yes ☐

No ☒

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

*Note 1*

From

2021

To

2024

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

Yemen's last CMYP is from 2011-2016 and currently is in process of developing a new CMYP/NIS to cover the current period. Due to the conflict situation it has not been possible to update the plan. EPI program uses annual operational plan and the current one is 2021-2022 with the one for 2023 is to be developed by late 2022

2.1.4 National customs regulations

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

According to structure of MoPHP and General Laws of Public Health; the Supreme Board of Drugs and Medical Appliances of Yemen (SBDMAY) handles the regulatory requirements for drugs including vaccines importation approval, release process, inspection and registration. SBDMAY will facilitate the import and release process of the vaccine based on WHO Pre-qualification. The process of registration and release takes in average a period of 5 working days. There are no fees requested for the Registration and Release and vaccines are Tax free products.

The following documents should be submitted to the SBDMAY between 10-20 days before the arrival of the vaccine to ensure all processes are completed before vaccine arrives the point of entry:

- 1-Batch release certificate
- 2-Prequalification certificate.
- 3-The scientific file of vaccine.

After desk review of the scientific documents, registration there will be an inspection on the vaccine at its arrival to the Point of entry by a member of the SBDMAY (monitoring/inspection Department).

The SBDMAY doesn't perform lot/batch testing but accept vaccines shipment based on WHO prequalification.

2.1.5 National Regulatory Agency

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

The Supreme Board of Drugs and Medical Appliances of Yemen (SBDMAY) handles the regulatory requirements for drugs including vaccines importation approval, release process, inspection and registration. This is the body recognized by WHO as the Regulatory institution in the country. The SBDMAY accepts vaccines based on WHO pre-qualification.

The contact person's details are as below

Name: Dr Abdul Qader Al Bakeri  
Designation: Director General  
Phone #: +967777929063  
Email: ynpvc@ysbda.com

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

2022

Country Co-financing (US\$)	
Gavi support (US\$)	2,204,339

## MR Follow-Up

	2022	2023	2024
Country Co-financing (US\$)	51,218.41		
Gavi support (US\$)	2,788,448.88		

## PCV Routine

	2022	2023	2024
Country Co-financing (US\$)	2,399,371	1,210,031	1,226,488
Gavi support (US\$)	14,896,505	6,225,254	6,309,919

## Pentavalent Routine

	2022	2023	2024
Country Co-financing (US\$)	458,268	464,728	471,048
Gavi support (US\$)	2,202,507	2,233,552	2,263,929

## Rota Routine

	2022	2023	2024
Country Co-financing (US\$)	584,839	592,949	600,882
Gavi support (US\$)	3,019,560	3,061,434	3,102,391

**Summary of active Vaccine Programmes**

	2022	2023	2024
Total country co-financing (US\$)	3,493,696.41	2,267,708	2,298,418
Total Gavi support (US\$)	25,111,359.88	11,520,240	11,676,239



Total value (US\$) (Gavi + Country co-financing)	28,605,056.29	13,787,948	13,974,657
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## 2.3 Coverage and Equity

### 2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

### Equity analysis

The country context, coverage and equity are described in detail in section 2.1 of the MR plan of action and is summarized here.

Yemen has been in a conflict situation since 2015 due to which only 51% of health facilities were fully functional and 39% partially functional when the inventory was conducted in 2020 (HeRams). The percent of health facilities functional varies by governorate, but it is expected that with significant investment of Gavi Health Systems Strengthening, provision of solar cold chain equipment by WHO and UNICEF, and other support, the number of functional health centers should be increasing in the near future. On average, there are 12 healthcare workers (HCW) available per 10,000 people vs the WHO recommendation of greater than 22 and a lack of training is seen as a challenge to programme implementation.

Data quality is poor, in part due to outdated denominators that have not taken significant population movement into account. But DTP3 coverage was estimated to reach 86% in 2021 and MR1 coverage 78%. MR2 coverage has only reached 59% which contributes to the need for a campaign in the near future.

Challenges identified to higher coverage include access with sparsely population areas having poor access to health facilities, internally displaced populations, on-going conflict, and other areas with low coverage and / or continued measles. In the 2013 DHS, 90% of women said they had problems accessing health care, principally that they did not want to travel alone, the cost of services, that no female provider was available and distance to the facility.

To overcome these challenges, Yemen proposes to re-establish health care in health facilities, focusing on IMNCI and reproductive health; re-enforce public confidence in health care by providing integrated services in facilities and in outreach; providing vaccination in outreach close to family homes allowing any family member to bring children; assisting districts with low coverage to develop high quality microplans; including the private sector in vaccination; and developing specific plans for IDP/refugee camps.

## 2.4 Country documents

### 2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.

Note that only general country documents are uploaded here; at the end of section 3 (sub-section "Upload new application documents") you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

### Country and planning documents



**National Immunization Strategy (NIS)** [MOHPlan 20212025\\_07-05-22\\_12.09.53.pdf](#)

	or Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	
✓	<b>Country strategic multi-year plan / cMYP costing tool</b>	<a href="#">MOHPlan 20212025_07-05-22_12.10.22.pdf</a>
✓	<b>Effective Vaccine Management (EVM) assessment</b>	<a href="#">Yemen_EVMreport526 Jul 2013vfinal_07-05-22_17.49.22.pdf</a>
✓	<b>Effective Vaccine Management (EVM): most recent improvement plan progress report</b>	<a href="#">EVM action plan and implementation status April 2015_07-05-22_17.50.23.pdf</a>
✓	<b>Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators</b>	<a href="#">Yemen DHS 2013 Final Report English_07-05-22_12.15.28.pdf</a>
	<b>Data quality and survey documents: Immunisation data quality improvement plan</b>	<b>No file uploaded</b>
✓	<b>Data quality and survey documents: Report from most recent desk review of immunisation data quality</b>	<div> <p>The country is yet to develop data quality improvement plan</p> </div> <a href="#">MR cases 2018_2022_07-05-22_12.33.14.xlsx</a> <a href="#">DPT1DPT3MCV1 and MCV2 coverage in routine immunization activities 20172021_07-05-22_12.24.38.xlsx</a>

✓ **Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation** [Epidemiological BulletinWeek052022\\_07-05-22\\_12.28.55.pdf](#)

✓ **Human Resources pay scale** [NTAs rate calculation updated periderm rate\\_30-05-22\\_22.21.51.pdf](#)  
If support to the payment of salaries, salary top ups, incentives and other allowances is requested

### Coordination and advisory groups documents

✓ **National Coordination Forum Terms of Reference** [Terms of Reference ICC\\_07-05-22\\_14.33.56.docx](#)  
ICC, HSCC or equivalent

✓ **National Coordination Forum meeting minutes of the past 12 months** [NITAG recommendations\\_30-05-22\\_22.22.58.docx](#)  
[NITAG MOM 16 june 2021\\_07-05-22\\_12.36.26.pdf](#)  
[NITAG MOM 28 Dec 2021 1\\_07-05-22\\_12.36.05.pdf](#)

### Other documents

✓ **Other documents (optional)** [Copy of HeRAMS 2020 Human Resources\\_07-05-22\\_12.31.25.xlsx](#)  
Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge- [Draft Report on Measles Rubella campaign Yemen Dec 2021\\_07-05-22\\_12.26.40.pdf](#)

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Attitude-Practice surveys or other  
demand-related surveys, if available.

### 3 Measles-rubella follow-up campaign

#### 3.1 Vaccine and programmatic data

##### 3.1.1 Choice of presentation and dates

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

*Note 3*

Measles-rubella follow-up campaign

Preferred presentation	MR, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	MR, 5 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	17 October 2022
Planned launch date	18 February 2023
Support requested until	2023

##### 3.1.2 Vaccine presentation registration or licensing

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

The Measles-Rubella 10 dose vial , lyophilised presentation is the preferred choice and is licensed in Yemen.

3.1.3 Vaccine procurement

Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund.Does the country request an alternative mechanism for procurement and delivery of vaccine supply (financed by the country or Gavi)?

Yes☐

No☒

If you have answered yes, please attach the following in the document upload section:\* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.\* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Targets for campaign vaccination

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

Note 4

From

6

weeks ☐

months ☒

years ☐

To

9

weeks ☐

months ☐

years ☒

	2023
Population in target age cohort (#)	11,477,965
Target population to be vaccinated (first dose) (#)	11,477,965
Estimated wastage rates for preferred presentation (%)	10

3.2.2 Targets for measles-rubella routine first dose (MR1)

To be eligible for measles and rubella vaccine support, countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1 which is

already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2023
Population in the target age cohort (#)	1,215,240
Target population to be vaccinated (first dose) (#)	1,129,495
Number of doses procured	3,593,803

### 3.3 Co-financing information

#### 3.3.1 Vaccine and commodities prices

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

	2023
10 doses/vial, lyo	0.84

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

	2023
AD syringes	0.056
Reconstitution syringes	0.005
Safety boxes	0.01
Freight cost as a % of device value	4.29

#### 3.3.2 Country choice of co-financing amount per vaccine dose

The table below shows the estimated financial commitment for the procurement of vaccines and supplies for the country, and the portion of Gavi support.

Please note that the values represented in this table do not account for any switches in co-financing group. The calculations for the entire five year period are based on the countries co-financing group in the first year.

*Note 5*

	2023
Country co-financing share per dose (%)	2.02

Minimum Country co-financing per dose (US\$)	0.017
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.017

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

Measles-rubella follow-up campaign

	2023
Vaccine doses financed by Gavi (#)	12,487,100
Vaccine doses co-financed by Country (#)	253,500
AD syringes financed by Gavi (#)	12,625,800
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	138,900
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi (\$)	231,844



Freight charges co-financed by Country (\$)	4,707
	2023
Total value to be co-financed (US\$) Country	217,000
Total value to be financed (US\$) Gavi	11,242,000
Total value to be financed (US\$)	11,459,000

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

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

*Note 6*

	2023
Minimum number of doses financed from domestic resources	1,227,883
Country domestic funding (minimum)	1,031,421.72

### 3.3.5 Co-financing payment

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

This application is for Measles-Rubella follow up campaign.

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

**Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the**

**additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.**

The country is not in the accelerated transition phase

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:

May

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

Month

December

Year

2022

**3.4 Financial support from Gavi**

**3.4.1 Campaign operational costs support grant(s)**

Measles-rubella follow-up campaign

**Population in the target age cohort (#)**

*Note 7*

11,477,965

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

0.65

**Total in (US\$)**

7,460,677.25

Funding needed in country by

11 September 2022

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Gavi Vaccine Introduction Grant and the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign and the introduction of the new vaccine. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi’s support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

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

0

**Total amount - Other donors (US\$)**

0

**Total amount - Gavi support (US\$)**

8,777,091

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

0

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

0

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

0.764

3.4.3 Key Budget Activities

List the key budgeted activities to be undertaken in implementing the requested support. Please provide details on the key cost drivers, inputs and assumptions required for these activities.

This is discussed under section seven of plan of action

- Strengthening of campaign coordination committees and sub-committees/task forces
- Engagement of other line ministries such as Ministry of Education
- Engagement of other health service programs for integration (coordination and/or co-delivery) of immunization campaigns and/or other health interventions
- Capacity building and training of all personnel involved in the campaign planning, implementation, and monitoring
- Develop microplanning from sub-districts upwards and update national consolidated plan
- Conduct Advocacy, communication and social mobilization activities
- Strengthen AEFI monitoring and preparation for crisis communication
- Ensure adequate vaccination sites to reach all eligible population through strategies appropriate to their contexts
- Developed monitoring and supervision plan and its implementation for ensure campaign
- Plan mop-up immunization activities in areas anticipated to fail and/or those proved to have missed children
- Ensure implementation of MR follow-up campaign ensuring COVID19 preventive measures

3.4.4 Financial management procedures

**Please describe the financial management procedures that will be applied for the management of the NVS direct financial support, including any procurement to be incurred.**

The funds will be channeled through UNICEF and WHO and will be managed according to the financial management procedures of respective organizations

3.4.5 Compliance with guidelines for use of Gavi financial support for human resources (HR) costs

**Does the submitted application and budget comply with existing guidelines, criteria and requirements for use of Gavi financial support for human resources (HR) costs?**

Yes☐

No☒

**Please provide further information and justification concerning human resources costs, particularly when issues and challenges have been raised regarding the compliance with Gavi guidelines.**

Gavi recommendations are exceeded in HR and transport categories for the following reasons:

HR - This campaign proposes to expand the target ages for vaccination as justified in the appropriate section. This expansion is expected to have minimal impact on the non-HR expenses, but does increase the number of days of the campaign in order to remain within the WHO recommendations for number of children vaccinated by each vaccinator per day. Additionally, the integration of vaccination with other interventions, integral to the government’s approach to re-establish trust in the health care services and attract those who have not been reached in previous campaigns, requires 2 additional staff per team for the outreach teams.

### 3.4.6 Fiduciary management

Please indicate whether funds for operational costs should be transferred to the government or WHO and/or UNICEF and when funding is expected to be needed in country. Attach banking form if funding should be transferred to the government. Please note that UNICEF and WHO will require administrative fees as follows.

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

The funds will be transferred to UNICEF and WHO and funding is expected in country by September of 2022.

### 3.4.7 Use of financial support to fund additional Technical Assistance needs

Gavi funds through its Partner Engagement Framework / TCA, tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved technical assistance plan (also referred to as the “One TA plan”) with a view to assess that required support for the implementation of the new vaccine support is contained in the approved technical assistance plan. If gaps in technical assistance are identified for the new vaccine support, the additionally required technical assistance may be funded through the vaccine introduction grant or campaign operational costs support. In this case, the relevant costs must be reflected in the budgeting and planning template. In addition, please indicate the programmatic areas for additional technical assistance needs and the respective agencies providing the technical assistance (if already identified) below.

*Note 9*

Technical assistance will be provided by traditional partners, WHO and UNICEF. For the moment, there are few partners available for in-country support in Yemen. Detail of existing TA is provided under section 10 of the PoA

## 3.5 Strategic considerations

### 3.5.1 Rationale for this request

Describe the rationale for requesting these new programme(s), including the burden of disease. If already included in detail in the Campaign Plan of Action, please cite the sections only.

The justification below is presented in section 2.2, based on the epidemiology presented in section 2.1.1.

Data presented in section 2.1.1 show that routine immunization coverage remains below the levels of 95% needed for measles and rubella elimination. The 2019, national campaigns reached over 90% coverage but prior campaigns did not, nor did the sub-national outbreak

response campaign. Cases have continued to occur despite efforts to reach every child with vaccination. As shown in the immunity profile, greater than one birth cohort remain susceptible to measles as of end 2022, the WHO recommended threshold for conducting a nationwide campaign.

Additionally, a significant number and percent of confirmed cases continue to occur in children under the age of 9 months. This, coupled with difficulty in reaching children on a continual basis due to the security situation, as well as the high levels of malnutrition, demonstrates the need to include children from 6-9 months of age in the campaign.

Finally, as seen in the measles immunity profile, approximately 9% of each cohort 5-9 years of age as of December 2022 remains susceptible to measles and rubella disease due to being missed by routine and campaign vaccination. This is reflected in the continued occurrence of measles and rubella disease in this and older age groups. This susceptibility to rubella risks accumulating a large number of women at risk of rubella disease during pregnancy.

For these reasons, support for a nation-wide campaign with MR vaccine is sought for children aged 6 months to 10 years of age. Complementary funding may be sought for 5–10-year-olds if Gavi is unable to support this age group, but planning is made for the entire age group.

### 3.5.2 Alignment with country strategic multi-year plan / comprehensive multi-year plan (cMYP)

**Please describe how the plans and key assumptions in this request align with the most recent country strategic multi-year plan (cMYP) and other national health and immunisation plans.**

The Measles-Rubella follow up campaign contributes to the Global and Regional efforts to eliminate Measles and Rubella. Key assumptions in the application proposal are aligned with country immunization plans.

### 3.5.3 Coordination Forum (ICC, HSCC or equivalent) and technical advisory committee (NITAG)

**Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.**

**If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.**

**In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.**

Term of Reference (ICC)

Approving all action plans submitted by MoPH&P;

Supervision of implementation of the various activities

Advocating for political commitments and financial support;

Incorporating health issues within the national development plans;

Putting health issues high on the political agenda;

Fund raising in support of health initiatives;  
Involving local communities in health interventions;  
Mobilizing resources for the health system;  
Social mobilization and communication related to behavior change initiatives;  
Supporting the MOPH&P in applying community based initiatives.  
To mobilize and coordinate support from government, partner agencies and others to strengthen EPI  
To develop a national policy framework for vaccines and immunization and approve addition of new vaccines and technologies to EPI as and when feasible.  
To advocate for increasing commitment to immunization at all levels.  
To advise on national strategic and financial planning.  
To ensure co-ordination among partners and government in planning and implementation of EPI  
To assess the EPI program activities  
To develop and monitor EPI communication and social mobilization plan  
To provide MoPH&P with EPI related technical advices

#### 3.5.4 Financial sustainability

**Please discuss the financing-related implications of the new vaccine programs requested, particularly how the government intends to fund the additional co-financing obligations. Please mention if any defaults occurred in the last three years and, if so, describe any mitigation measures that have been implemented to avoid future defaults. Additionally has the country taken into account future transition from Gavi support?**

This application is not related to introduction of new vaccine in the country but for follow up measles campaign. The country is past years of protracted war has not been able to meet its co-financing obligation due to the economic situation. However, UNICEF has been mobilizing resources from donors to meet the obligation and there has not been default in the last three years with co-financing. The country is aware that at some point there will be transition from Gavi support and hopes to be economically boyant at that time to continue providing vaccines and other support for its citizen

#### 3.5.5 Programmatic challenges

**Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.**

Yemen has been in a conflict situation since 2015 due to which only 51% of health facilities were fully functional and 39% partially functional when the inventory was conducted in 2020 (HeRams). The percent of health facilities functional varies by governorate, but it is expected that with significant investment of Gavi Health Systems Strengthening, provision of solar cold chain equipment by WHO and UNICEF, and other support, the number of functional health centers should be increasing in the near future. On average, there are 12 healthcare workers (HCW) available per 10,000 people vs the WHO recommendation of greater than 22 and a lack

of training is seen as a challenge to programme implementation.

Data quality is poor, in part due to outdated denominators that have not taken significant population movement into account. But DTP3 coverage was estimated to reach 86% in 2021 and MR1 coverage 78%. MR2 coverage has only reached 59% which contributes to the need for a campaign in the near future.

Challenges identified to higher coverage include access with sparsely population areas having poor access to health facilities, internally displaced populations, on-going conflict, and other areas with low coverage and / or continued measles. In the 2013 DHS, 90% of women said they had problems accessing health care, principally that they did not want to travel alone, the cost of services, that no female provider was available and distance to the facility.

To overcome these challenges, Yemen proposes to re-establish health care in health facilities, focusing on IMNCI and reproductive health; re-enforce public confidence in health care by providing integrated services in facilities and in outreach; providing vaccination in outreach close to family homes allowing any family member to bring children; assisting districts with low coverage to develop high quality microplans; including the private sector in vaccination; and developing specific plans for IDP/refugee camps.

### 3.5.6 Improving coverage and equity of routine immunisation

**Explain how the proposed NVS support will be used to improve the coverage and equity of routine immunisation, by detailing how the proposed activities and budget will contribute to overcoming key barriers.**

The MR campaign will help improving the routine EPI in the following ways:

- Capacity building of vaccinators and supervisors during training before MR SIAs
- Improving the cold chain facilities in some health centers
- Following up of defaulters and gaining community confidence
- Using the monitoring opportunity to monitor routine EPI as well

Coverage during the campaign will be continuously monitored with respect to age groups. Geographical coverage and accessibility will be considered during the micro planning process and mapping of hard-to-reach population will be addressed; special plans and interventions will be prepared and implemented for those population to be followed up after the campaign.

### 3.5.7 Synergies

**Describe potential synergies across planned and existing Gavi support, including planned introductions, campaigns and HSS support. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions. Furthermore, how is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and GFF?**

*Note 10*

The application is for a follow up measles campaign in the country. There are strong synergies across the requested support and other Gavi existing supports including the HSS, CCEOP. The cold chain equipment provided under the CCEOP would support the storage of MR vaccine for the follow up campaign which has informed no request for cold chain equipment in this proposal. Similarly, the health workforce and the health facilities providing immunization services under the HSS support are also going to be used for the implementation of the follow



up campaign. Even though the application is not for introduction of new vaccine, its important to know that Yemen has introduced PCV, IPV, Rota and Pentavalent vaccine and has the capacity to introduce multiple vaccines into the routine system. WHO and UNICEF provides required technical support to the MoPHP to mitigate any program risk and funding from Gavi for activities in the country are channelled through UNICEF and WHO with strong financial management system to mitigate potential risk

There are several other donors supporting immunization agenda in the country and efforts are made to ensure complementarity and synergy of support to avoid duplication of support. Other donors support with additional cold chain equipment for other health facilities, districts, and the governorate levels. Others support the provision of traditional vaccine and support the co-financing of Gavi funded vaccines.

### 3.5.8 Indicative major Measles-rubella and rubella activities planned for the next 5 years

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

The country has introduced Measles-Rubella second dose and aims to implement follow up campaigns in early 2023 and 2026/27

## 3.6 Report on Grant Performance Framework

### 3.6.1 Grant Performance Framework – Application Instructions

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

#### Required

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

**Optional**

- 1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.
- 2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

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

If you have any questions, please send an email to [countryportal@gavi.org](mailto:countryportal@gavi.org).

**3.7 Upload new application documents**

**3.7.1 Upload new application documents**

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

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


**English workplan**

**French workplan**

**Gavi Budgeting & Reporting Template**

**Modele du budget et de reporting financier**

**Application documents**

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

[MMRcampaignpoaYemen23May\\_30-05-22\\_22.33.23.docx](#)

[MMRcampaignpoaYemen26Apr\\_07-05-22\\_13.28.14.docx](#)

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

combined into one document to minimise duplication.



### Gavi budget template

[ENYemen MR campaign  
GaviBudgetingReportingYemen 26 May\\_30-05-22\\_22.35.31.xlsm](#)

[ENYemen MR campaign  
GaviBudgetingReportingYemen 7 May\\_07-05-22\\_21.06.18.xlsm](#)

### Most recent assessment of burden of relevant disease

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

No file uploaded

This information is included in the implementation plan of action

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

No file uploaded

The target population estimates are provided by the Ministry of Public Health and Population



### Workplan with activities specific to Vaccine grant

[Chronogramme19Apr\\_07-05-22\\_17.53.04.xlsx](#)

## Endorsement by coordination and advisory groups



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

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

No file uploaded

The application is prepared by MR taskforce with input from both Ministries (Sana'a and Aden) and because calling ICC meetings take time in Yemen context, there was no discussion of the document by ICC



### NITAG meeting minutes

with specific recommendations on the NVS introduction or campaign

[NITAG recommendations\\_30-05-22\\_22.37.40.docx](#)

Vaccine specific

cMYP addendum

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

No file uploaded

The country is yet to develop new cMYP. The MR PoA is the major guiding and planning document for implementation of the MR follow up campaign

Annual EPI plan

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

No file uploaded

MCV1 self-financing commitment letter

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

No file uploaded

Currently UNICEF is covering co-financing for MCV1 and the country did not default co-financing commitment

Measles (and rubella) strategic plan for elimination

If available

No file uploaded

The country is yet to develop Measles-Rubella strategic plan for elimination



Other documents (optional)

[MMRcampaignpresentationYemendraft0\\_30-05-22\\_22.39.49.pptx](#)

[StandaloneVaccineYemenMR\\_30-05-22\\_22.38.15.xlsx](#)

[MOHPlan 20212025\\_23-05-22\\_18.08.29.pdf](#)

Targeted Areas

No file uploaded

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

the MR-Follow up campaign will be implemented nationwide

## 4 Review and submit application

### 4.1 Submission Details

#### Country vaccine funding summary

Please review the estimated projections for new vaccine programmes included in this application.

#### Active Vaccine Programmes

*Note 11*

##### IPV Routine

	2022
Country Co-financing (US\$)	
Gavi support (US\$)	2,204,339

##### MR Follow-Up

	2022	2023	2024
Country Co-financing (US\$)	51,218.41		
Gavi support (US\$)	2,788,448.88		

##### PCV Routine

	2022	2023	2024
Country Co-financing (US\$)	2,399,371	1,210,031	1,226,488
Gavi support (US\$)	14,896,505	6,225,254	6,309,919

##### Pentavalent Routine

	2022	2023	2024
Country Co-financing (US\$)	458,268	464,728	471,048

Gavi support (US\$)	2,202,507	2,233,552	2,263,929
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Rota Routine

	2022	2023	2024
Country Co-financing (US\$)	584,839	592,949	600,882
Gavi support (US\$)	3,019,560	3,061,434	3,102,391

Total Active Vaccine Programmes

	2022	2023	2024
Total country co-financing (US\$)	3,493,696.41	2,267,708	2,298,418
Total Gavi support (US\$)	25,111,359.88	11,520,240	11,676,239
Total value (US\$) (Gavi + Country co-financing)	28,605,056.29	13,787,948	13,974,657

New Vaccine Programme Support Requested

Measles-rubella follow-up campaign

	2023
Country Co-financing (US\$)	217,000
Gavi support (US\$)	11,242,000

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

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

2022	2023	2024
------	------	------

Total country co-financing (US\$)	3,493,696.41	2,484,708	2,298,418
Total Gavi support (US\$)	25,111,359.88	22,762,240	11,676,239
Total value (US\$) (Gavi + Country co-financing)	28,605,056.29	25,246,948	13,974,657

Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Mohammed Al-Mota'a	EPI officer	+967739888442	almotaam@who.int	WHO

Comments

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

No major comments

## **Government signature form**

The Government of Yemen would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

Measles-rubella follow-up campaign

The Government of Yemen commits itself to developing national immunisation services on a sustainable basis in accordance with the national health and immunisation strategic plans. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

The co-financing commitments in this application include the amount of support in either supplies or cash that is requested from Gavi, and the financial commitment of the Government for the procurement of this new vaccine.

Please note that Gavi will not review this application without the signatures of both the Minister of Health and Minister of Finance (and Minister of Education, if applicable) or their delegated authority.



*We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any needed vaccine co-financing will be included in the annual budget of the Ministry of Health.*

*We, the undersigned, further affirm that the requested funding for salaries, salary top-ups/allowances, per diems and incentives does not duplicate funding from other sources (e.g. from other donors).*

*We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.<sup>1</sup>*

Minister of Health (or delegated authority)	Minister of Finance (or delegated authority)
Name	Name
Date	Date
Signature	Signature

For countries requesting HPV support, with a school linked strategy, the signature of the Minister of Education (or delegated authority) is also required.

**Minister of Education (or delegated authority)**

Name

Date

Signature

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<sup>1</sup> In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application.

## Appendix

### NOTE 1

The new cMYP must be uploaded in the country document section.

### NOTE 2

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates.

Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.

### NOTE 3

\* For more information on the vaccine presentations available, please refer to the detailed product profiles available here: <http://www.gavi.org/about/market-shaping/detailed-product-profiles/>

\* Please note Gavi may not be in a position to accommodate all countries first product preferences. In such cases, Gavi will contact the country and partners to explore options.

\* Due to a variety of factors, the launch date may vary compared to the date stipulated in the application. Gavi will work closely with countries and their partners to address these issues.

\* For routine vaccine introduction, support is usually requested until the end of the country's valid cMYP, as per the guidelines and may be extended in the future. If you wish to request Gavi support for a shorter time period than the end of your cMYP you may do so.

\* For campaigns the "support requested until" field will normally be one calendar year from the launch date, but can be extended for a phased campaign.

### NOTE 4

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

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

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

\* The wastage rate applies to first and last dose.

#### NOTE 5

Co-financing requirements are specified in the guidelines.

#### NOTE 6

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

#### NOTE 7

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

#### NOTE 8

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

#### NOTE 9

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

#### NOTE 10

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

#### NOTE 11

The purpose of these estimates is to provide visibility into the current and future vaccine funding requirements. The values reflected here are a combination of actuals and estimates.

Specifically, current year values reflect values approved by the secretariat, while future values are based on data provided by the country – when data isn't available we rely on extrapolations to estimate funding needs. Please note that any future values might be subject to change, and for the official obligations a country should refer to its active Decision Letter.