Submitted by

The Government of Mali

for

HPV routine and Measles-rubella 1st dose routine, with catch-up campaign

Application Form for Gavi NVS support

# 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

|  |
| --- |
| 14 June 2013 |

Country tier in Gavi's Partnership Engagement Framework

|  |
| --- |
| 3 |

Date of Programme Capacity Assessment

|  |
| --- |
| July 2016 |

### 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 |  |  |
| Total government health expenditure |  |  |
| Immunisation budget |  |  |

### 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 | 2016 |

|  |  |
| --- | --- |
| To | 2020 |

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

|  |
| --- |
| 2017-2021 |

Is the cMYP we have in our record still current?

|  |  |
| --- | --- |
| Yes[ ]  | No[x]  |

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

Note 1

|  |  |
| --- | --- |
| From | 2021 |

|  |  |
| --- | --- |
| To | 2025 |

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

|  |
| --- |
| No Response |

### 2.1.4 National customs regulations

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

|  |
| --- |
| Les vaccins et consommables sont exonérés de taxes au Mali. |

### 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.

|  |
| --- |
| La Direction de Pharmacie et des Médicaments constitue l'organe de règlementation. Le point focal est le Directeur de la Pharmacie et des medicaments. Dans le cadre de l'importation du vaccin dans le pays, l'UNICEF est chargé de donner toutes les informations sur la vaccin à importer, la quantité de doses, le nom du fournisseur et les coordonnées de l'importateur. |

## 2.2 National Immunisation Programmes

### 2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

|  |  |  |
| --- | --- | --- |
|  | 2021 | 2022 |
| Country Co-financing (US$) |  |  |
| Gavi support (US$) | 866,643 | 884,624 |

Measles Routine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Country Co-financing (US$) | 369,046 | 358,061 | 371,082 |  |
| Gavi support (US$) | 323,159 | 313,539 | 324,941 |  |

MenA Routine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Country Co-financing (US$) | 153,258 | 158,388 | 163,648 | 169,016 |
| Gavi support (US$) | 419,918 | 433,974 | 309,284 | 319,430 |

PCV Routine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Country Co-financing (US$) | 965,508 | 421,458 | 435,773 | 450,391 |
| Gavi support (US$) | 15,201,270 | 5,957,063 | 6,159,399 | 6,366,014 |

Pentavalent Routine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Country Co-financing (US$) | 1,049,908 | 504,990 | 522,143 | 539,658 |
| Gavi support (US$) | 2,806,691 | 1,393,854 | 1,441,198 | 1,489,542 |

Rota Routine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Country Co-financing (US$) | 250,557 | 612,540 | 267,942 | 276,930 |
| Gavi support (US$) | 6,337,811 | 15,320,705 | 6,777,546 | 7,004,897 |

YF Routine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Country Co-financing (US$) | 331,379 | 148,993 | 153,940 | 158,990 |
| Gavi support (US$) | 1,673,259 | 801,727 | 828,349 | 855,523 |

**Summary of active Vaccine Programmes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Total country co-financing (US$) | 3,119,656 | 2,204,430 | 1,914,528 | 1,594,985 |
| Total Gavi support (US$) | 27,628,751 | 25,105,486 | 15,840,717 | 16,035,406 |
| Total value (US$) (Gavi + Country co-financing) | 30,748,407 | 27,309,916 | 17,755,245 | 17,630,391 |

## 2.3 Coverage and Equity

### 2.3.1 Coverage and equity situation analysis

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

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

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

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

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

|  |
| --- |
| Les leçons apprises sont:- une micro planification et les ateliers de redevabilité devraient impliquer tous les acteurs communautaires- la nécessité de tenir les évaluation à mi-parcours des cadres de redevabilité au niveau régional avant le niveau national- la mobilisation des ressources locales est nécessaire pour la tenue des réunions de suivi des engagements- le suivi régulier des engagements est important.Les recommandations sont:- la généralisation de l'approche équité à tous les districts du Mali-l'extension de la stratégie urbaine de vaccination à tous les grands centres urbains du Mali- La prise en compte des cibles non scolarisées dans le dénombrement à tous les niveaux permettra d’améliorer la couverture vaccinale. De ce fait, un mécanisme de repérage doit être maintenu.- La prise en compte des écoles comme site de vaccination contribuera à l’atteinte d’une couverture vaccinale plus élevée.cf plan de mise en œuvre pour plus de détails. |

## 2.4 Country documents

### 2.4.1 Upload country documents

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

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

Country and planning documents

|  |  |  |  |
| --- | --- | --- | --- |
|  | National Immunization Strategy (NIS)or Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan |

|  |
| --- |
| MALI\_PPAC 2017-2021\_final\_mai 2017\_20-12-17\_12.23.28.pdf |

 |
|  |
|  | Country strategic multi-year plan / cMYP costing tool |

|  |
| --- |
| cMYP\_Costing\_Tool\_V3.9.3 (5)\_20-12-17\_12.25.50.xlsx |

 |
|  |
|  | Effective Vaccine Management (EVM) assessment |

|  |
| --- |
| Rapport\_final\_GEV\_MALI\_25\_Août\_15\_Septembre\_2014 Copy\_20-12-17\_12.33.54.pdf |

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

|  |
| --- |
| Rapport GEV 2014 W (1) 06 07 2017\_20-12-17\_12.36.13.docx |

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

|  |
| --- |
| ENCVA\_Rapport\_Final\_110516\_20-12-17\_12.38.30.pdf |

 |
|  |
|  | Data quality and survey documents: Immunisation data quality improvement plan |

|  |
| --- |
| Plan stratégique DQS V 18-05-2016\_20-12-17\_12.45.34.doc |

 |
|  |
|  | Data quality and survey documents: Report from most recent desk review of immunisation data quality | No file uploaded |
|  |
|  | Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation | No file uploaded |
|  |
|  | Human Resources pay scaleIf support to the payment of salaries, salary top ups, incentives and other allowances is requested | No file uploaded |
|  |

Coordination and advisory groups documents

|  |  |  |  |
| --- | --- | --- | --- |
|  | National Coordination Forum Terms of ReferenceICC, HSCC or equivalent |

|  |
| --- |
| Décision création CCIA\_20-12-17\_14.36.46.pdf |

 |
|  |
|  | National Coordination Forum meeting minutes of the past 12 months |

|  |
| --- |
| CR-CCIA\_20-12-17\_12.58.05.zip |

 |
|  |

Other documents

|  |  |  |  |
| --- | --- | --- | --- |
|  | Other documents (optional)Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available. |

|  |
| --- |
| Plan stratégique Com PEV VERSION F +C4D + budget\_20-12-17\_13.25.20.doc |

 |
|  |

# 3.1 HPV routine

## 3.1.1 Vaccine and programmatic data

### 3.1.1.1 Choice of presentation and dates

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

Note 3

HPV routine

|  |  |
| --- | --- |
| Preferred presentation | HPV4, 1 dose/vial, Liquid |

|  |  |  |
| --- | --- | --- |
| Is the presentation licensed or registered? | Yes [x]  | No [ ]  |

|  |  |
| --- | --- |
| 2nd preferred presentation | HPV2, 2 doses/vial, Liquid |

|  |  |  |
| --- | --- | --- |
| Is the presentation licensed or registered? | Yes [x]  | No [ ]  |

|  |  |
| --- | --- |
| Required date for vaccine and supplies to arrive | 31 August 2023 |

|  |  |
| --- | --- |
| Planned launch date | 20 November 2023 |

|  |  |
| --- | --- |
| Support requested until | 2024 |

### 3.1.1.2 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.

|  |
| --- |
| NA |

### 3.1.1.3 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[x]  |

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.

## 3.1.2 Target Information

### 3.1.2.1 Sources

For the text on data source - Countries are encouraged to work with their national statistical office, the Ministry of Education and refer to additional sources of data (e.g. UNPOPULATION (WHO), UNPD, UNESCO data estimates) for assistance in estimating the size of the national target population. In case of significant differences between estimates, countries should take the estimated average of a national and a UN data source (e.g. UNPD) to avoid underestimation as well as overestimation.

Source 1 : e.g. Ministry of Education

|  |
| --- |
| Ministère de l'Education |

Source 2 : e.g. UNESCO

|  |
| --- |
| Institut National de Statistique (INSTAT) |

Source 3 : e.g. UN Population estimates (WHO)

|  |
| --- |
| Les estimations de l'OMS |

### 3.1.2.2 Phasing

Will the country do a phased introduction?

|  |  |
| --- | --- |
| Yes[ ]  | No[x]  |

### 3.1.2.3 Targets for routine vaccination

For HPV, Gavi supports the vaccination of girls aged 9-14 years (as recommended by WHO), based on the following cohorts:

* Routine cohort - countries are required to identify a single year cohort of girls to be immunised on a routine basis. (e.g. 9 years old)
* Additional multi-age cohort – in the first year of routine introduction (or initial year of each phase, if the country chooses a phased introduction), countries also have the option to immunise additional girls within the recommended age groups (e.g. 10-14 years), that are older than the routine cohort.

Note: Countries may choose proxy age of girls based on a school grade (e.g. grade 5 corresponds to approximately 10 year olds). However, grades usually have a range of different aged girls so it is important to keep in mind that girls under 9 years should not be vaccinated, and doses for girls older than 14 years are not provided by Gavi.
The base year information should be completed for the year in which the application is being completed.

|  |  |
| --- | --- |
| Please describe the target age cohort for the HPV routine immunisation: | 10 |

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| Population in the target age cohort (#) | 325,021 | 361,836 |
| Target population to be vaccinated (first dose) (#) | 260,017 | 289,469 |
| Target population to be vaccinated (last dose) (#) | 234,017 | 260,522 |
| Estimated wastage rates for preferred presentation (%) | 5 | 5 |

## 3.1.3 Co-financing information

### 3.1.3.1 Vaccine and commodities prices

Price per dose (US$) - HPV routine

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| 1 dose/vial,liq | 4.5 | 4.5 |

Commodities Price (US$) - HPV routine (applies only to preferred presentation)

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| AD syringes | 0.036 | 0.036 |
| Reconstitution syringes |  |  |
| Safety boxes | 0.005 | 0.005 |
| Freight cost as a % of device value | 1.64 | 1.64 |

### 3.1.3.2 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 6

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| Country co-financing share per dose (%) | 4.44 | 4.44 |
| Minimum Country co-financing per dose (US$) | 0.2 | 0.2 |
| Country co-financing per dose (enter an amount equal or above minimum)(US$) | 0.2 | 0.2 |

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

HPV routine

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| Vaccine doses financed by Gavi (#) | 620,000 | 566,100 |
| Vaccine doses co-financed by Country (#) | 28,500 | 26,100 |
| AD syringes financed by Gavi (#) | 686,100 | 621,200 |
| AD syringes co-financed by Country (#) |  |  |
| Reconstitution syringes financed by Gavi (#) |  |  |
| Reconstitution syringes co-financed by Country (#) |  |  |
| Safety boxes financed by Gavi (#) | 7,550 | 6,850 |
| Safety boxes co-financed by Country (#) |  |  |
| Freight charges financed by Gavi ($) | 35,169 | 32,098 |
| Freight charges co-financed by Country ($) | 1,618 | 1,476 |

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| Total value to be co-financed (US$) Country | 130,000 | 118,500 |
| Total value to be financed (US$) Gavi | 2,853,500 | 2,606,000 |
| Total value to be financed (US$) | 2,983,500 | 2,724,500 |

### 3.1.3.4 Co-financing payment

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

|  |
| --- |
| Il y a une ligne budgétaire dédiée au cofinancement des vaccins nouveaux et sous-utilisés. |

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.

|  |
| --- |
| NA |

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

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

|  |  |
| --- | --- |
| Month | July |
| Year | 2023 |

## 3.1.4 Financial support from Gavi

### 3.1.4.1 Routine Vaccine Introduction Grant(s)

HPV routine

Number of girls in the target population

|  |
| --- |
| 325,019 |

Gavi contribution per targeted girl (US$)

|  |
| --- |
| 2.4 |

Total in (US$)

|  |
| --- |
| 780,045.6 |

|  |  |
| --- | --- |
| Funding needed in country by | 1 January 2023 |

### 3.1.4.2 Operational budget

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

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

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

|  |
| --- |
| 6500.38 |

Total amount - Other donors (US$)

|  |
| --- |
| 0 |

Total amount - Gavi support (US$)

|  |
| --- |
| 780046 |

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

|  |
| --- |
| 0.02 |

Amount per girl - Other donors (US$)

|  |
| --- |
| 0 |

Amount per girl - Gavi support (US$)

|  |
| --- |
| 2.40 |

### 3.1.4.3 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.

|  |
| --- |
| Formation, suivi/supervision, communication/mobilisation sociale/ génération de la demande et frais de gestion UNICEF. |

### 3.1.4.4 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.

|  |
| --- |
| La gestion financière sera faite à travers l'UNICEF. |

### 3.1.4.5 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[x]  | 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.

|  |
| --- |
| Les coûts liés au RH sont principalement les perdiems pour la formation et le suivi. |

### 3.1.4.6 Fiduciary management

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

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

|  |
| --- |
| Les fonds seront transférés à l'UNICEF (5%) |

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

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

Note 8

|  |
| --- |
| OMS , UNICEF et PATH. |

## 3.1.5 Strategic considerations

### 3.1.5.1 Rationale for this request

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

|  |
| --- |
| Cf Section 4.2 du formulaire |

### 3.1.5.2 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.

|  |
| --- |
| Cette introduction a été prévue dans le PPAC 2017-2021. |

### 3.1.5.3 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.

|  |
| --- |
| Le GTCV a participé à l'élaboration du formulaire de la demande et a validé le choix du vaccin. Le CCIA validera la demande de soumission avant la signature par les ministres. |

### 3.1.5.4 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?

|  |
| --- |
| Le Mali a toujours été à jour en matière de cofinancement. |

### 3.1.5.5 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.

|  |
| --- |
| Au Mali, nous n’avons pas de problème de groupes minoritaires. Notre système de santé prend en charge les groupes minoritaires, toutes sensibilités confondues, y compris les minorités ethniques et religieuses, à travers l’Agence Nationale d’Assurance Maladie (ANAM). Aussi, la stratégie « Atteindre chaque district/ chaque communauté/ chaque enfant et l’Equité en immunisation » permettra d’atteindre chaque fille ciblée qu’en soit son statut socio-économique, son lieu de résidence et le niveau d’éducation de ses parents.-L’analyse de l’équité dans l’immunisation réalisée en décembre 2017 a identifié 8 types de communautés difficilement accessibles pour les services de vaccination à savoir les nomades, les communautés occupant les lits du fleuve, les populations dispersées/éloignées, les communautés affectées par les conflits, les communautés vivants sur les sites d’orpaillage, les groupes religieux extrémistes (sunnites et pieds-nus), les populations péri-urbaines et les communautés sans domicile fixe. Les obstacles limitant l’accès aux services de vaccination par ces communautés ont été identifiés à savoir :i) La méconnaissance par les services de santé de certaines populations difficiles d’accès et l’absence d’actions orientées vers elles ;ii) La non prise en compte des périodes saisonnières pour l’adaptation des stratégies de vaccination en faveur des communautés dispersées ;iii) L’absence de micro-plan ou encore micro-plan insuffisamment élaboré prenant en compte toutes les communautés des aires de santé, y compris.- la demande: Une enquête CAP en 2019 a montré que les acteurs qui décident de la vaccination des enfants dans les 23 districts prioritaires sont les pères (52,3%), les mères (43,1%), les personnels de santé (8,5%) et les grand-mères (1,7%).Il ressort parmi les goulots d’étranglements du document de stratégie urbaine de Bamako ce qui suit :• Horaire : les femmes qui travaillent ou étudient ont des difficultés de respecter les horaires de vaccination ;• Le temps d’attente pendant la séance semble plus long pour certaines mères ;• Mauvaises expériences lors des séances de vaccination (l’accueil réservé aux mères) ;• Nombre de séances insuffisants et la programmation partielle des vaccinations sur la semaine (BCG un jour, liquides d’autres jours, vaccins de 9 mois d’autres jours) ;• Quelques cas d’isolement social et de résistance ;• Manque de suivi des normes par les équipes, surtout dans la planification selon le nombre d’injections, la vaccination au quotidien, l’ouverture d’un flacon pour ne serait ce qu’un enfant• Qualité de données qui rend difficile la planification des services, la priorisation des aires/activités et l’appréciation du progrès. |

### 3.1.5.6 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.

|  |
| --- |
| La proportion de filles non scolarisée est de 35,6% au Mali pour les filles âgées de 9 à 14 ans. A partir de l’annuaire statistique du Ministère de l’Education qui est mis à jour annuellement, on connait cette proportion par région et par localité. Des efforts particuliers seront mis en place pour identifier, localiser et vacciner ces filles dans la communauté ou dans les écoles avec l’appui des agents de santé communautaire.Le Mali est un pays de faible prévalence de VIH (autour de 1,1% dans la population de 15 à 49 ans selon EDS-M V) et le taux de prévalence du VIH dans la tranche d’âge de 15 à 19 ans pour les jeunes filles est de 0,8% contre 0,3% pour les jeunes garçons. En 2018, le nombre de jeunes et adolescentes de 10 à 24 ans vivant avec le VIH était estimé à 26 377 dont 8 557 de sexe masculin et 17 820 de sexe féminin. Le nombre de jeunes et adolescentes de 10 à 24 ans vivant avec le VIH sous traitement ARV était de 10 433 dont 3 204 de sexe masculin et 7 229 de sexe féminin.Dans le budget proposé et le RSS des activités telles que les stratégies avancées, les équipes mobiles permettront de vacciner les filles vivant dans les zones d'accès difficiles et de sécurité compromise. |

### 3.1.5.7 Synergies

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

Note 9

|  |
| --- |
| En plus du vaccin anti-VPH, le pays se prépare à réaliser une campagne avec le nVPO2 contre le poliovirus dérivé vaccinal de type 2. Cependant, il n’y aura pas de synergie possible entre les deux vaccins.Aujourd’hui le pays dispose des ressources humaines suffisantes pour gérer l’introduction de plusieurs vaccins, mais devra compter sur l’apport des partenaires pour supporter les coûts financiers (Gavi, OMS, UNICEF).Le soutien RSS sera utilisé pour la vaccination en centre fixe, stratégies avancées et mobiles pour maximiser l'équité entre les filles scolarisées et non scolarisées en milieu rural et urbain ainsi que la réduction des filles perdues de vues. |

## 3.1.6 Report on Grant Performance Framework

### 3.1.6.1 Grant Performance Framework – Application Instructions

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

**Required**

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.

2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.

3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

**Optional**

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.

2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

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

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

## 3.1.7 Upload new application documents

### 3.1.7.1 Upload new application documents

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

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

Application documents

|  |  |  |  |
| --- | --- | --- | --- |
|  | HPV implementation planReplaces the NVIP for the HPV vaccine application |

|  |
| --- |
| Plan de mise en oeuvre VPH MALI19janvier2022\_19-01-22\_15.03.29.docx |

 |
|  |
|  | Gavi budgeting and planning template |

|  |
| --- |
| Budget VPH Mali 19012022\_19-01-22\_14.57.01.xlsm |

 |
|  |

Endorsement by coordination and advisory groups

|  |  |  |
| --- | --- | --- |
|  | National coordination forum meeting minutes, with endorsement of application, and including signatures | No file uploaded |
|

|  |
| --- |
| La réunion se tiendra dans la dernière semaine du mois de mai 2021. |

 |
|  | NITAG meeting minuteswith specific recommendations on the NVS introduction or campaign |

|  |
| --- |
| Rapport de la réunion de GTCV du 27avril 2021 poratnt sur le choix entre le cecolin bivavent et le gardasil quadrivalent\_04-05-21\_16.00.26.docx |

 |
|  |

Vaccine specific

|  |  |  |  |
| --- | --- | --- | --- |
|  | HPV region/province profile |

|  |
| --- |
| HPVProfil des régions19 janvier 2022\_19-01-22\_14.59.24.xlsx |

 |
|  |
|  | HPV workplan |

|  |
| --- |
| HPVPlan de travail04 Mai 2021\_04-05-21\_15.58.14.xlsx |

 |
|  |
|  | Other documents (optional)Kindly upload any additional documents to support your HPV application | No file uploaded |
|  |

# 3.2 Measles-rubella 1st dose routine, with catch-up campaign

## 3.2.1 Vaccine and programmatic data

### 3.2.1.1 Choice of presentation and dates

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

Note 10

Measles-rubella 1st dose routine

|  |  |
| --- | --- |
| Preferred presentation | MR, 10 doses/vial, Lyophilised |

|  |  |  |
| --- | --- | --- |
| Is the presentation licensed or registered? | Yes [x]  | No [ ]  |

|  |  |
| --- | --- |
| 2nd preferred presentation | MR, 5 doses/vial, Lyophilised |

|  |  |  |
| --- | --- | --- |
| Is the presentation licensed or registered? | Yes [x]  | No [ ]  |

|  |  |
| --- | --- |
| Required date for vaccine and supplies to arrive | 30 November 2022 |

|  |  |
| --- | --- |
| Planned launch date | 16 January 2023 |

|  |  |
| --- | --- |
| Support requested until | 2024 |

Measles-rubella catch-up campaign

|  |  |
| --- | --- |
| Preferred presentation | MR, 10 doses/vial, Lyophilised |

|  |  |  |
| --- | --- | --- |
| Is the presentation licensed or registered? | Yes [x]  | No [ ]  |

|  |  |
| --- | --- |
| 2nd preferred presentation | MR, 5 doses/vial, Lyophilised |

|  |  |  |
| --- | --- | --- |
| Is the presentation licensed or registered? | Yes [x]  | No [ ]  |

|  |  |
| --- | --- |
| Required date for vaccine and supplies to arrive | 15 September 2022 |

|  |  |
| --- | --- |
| Planned launch date | 5 December 2022 |

|  |  |
| --- | --- |
| Support requested until | 2024 |

### 3.2.1.2 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.

|  |
| --- |
| NA |

### 3.2.1.3 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[x]  |

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.

## 3.2.2 Target Information

### 3.2.2.1 Targets for routine vaccination

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

Note 11

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 9  | weeks [ ]  | months [x]  | years [ ]  |

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| Population in the target age cohort (#) | 891,700 | 916,040 |
| Target population to be vaccinated (first dose) (#) | 847,134 | 870,238 |
| Population in the target age cohort for last dose(#) | 847,134 | 870,238 |
| Target population to be vaccinated for last dose (#) | 847,134 | 870,238 |
| Estimated wastage rates for preferred presentation (%) | 15 | 15 |

### 3.2.2.2 Targets for campaign vaccination

Gavi will only provide support to countries for Rubella Containing Vaccine catch-up campaign by providing doses of MR vaccine for a target population of males and females aged 9 months to 14 years (the exact range in the scope of 9 months to 14 years old will depend on MR in the country). Gavi will always provide 100% of the doses needed to vaccinate the population in the target age cohort.Please describe the target age cohort for the measles-rubella catch-up campaign: (from 9m-14y).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From | 9  | weeks [ ]  | months [x]  | years [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| To | 14  | weeks [ ]  | months [ ]  | years [x]  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2022 | 2023 | 2024 |
| Population in target age cohort (#) | 9,758,922 | 9,758,922 | 9,758,922 |
| Target population to be vaccinated (first dose) (#) | 9,758,922 | 9,758,922 | 9,758,922 |
| Estimated wastage rates for preferred presentation (%) | 10 | 10 | 10 |

## 3.2.3 Co-financing information

### 3.2.3.1 Vaccine and commodities prices

Price per dose (US$) - Measles-rubella 1st dose routine

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| 10 doses/vial,lyo | 0.72 | 0.72 |

Commodities Price (US$) - Measles-rubella 1st dose routine (applies only to preferred presentation)

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| AD syringes | 0.2 | 0.2 |
| Reconstitution syringes | 0.3 | 0.3 |
| Safety boxes | 0.15 | 0.15 |
| Freight cost as a % of device value | 0.05 | 0.05 |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2022 | 2023 | 2024 |
| 10 doses/vial,lyo | 0.72 | 0.72 | 0.72 |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2022 | 2023 | 2024 |
| AD syringes | 0.2 | 0.2 | 0.2 |
| Reconstitution syringes | 0.3 | 0.3 | 0.3 |
| Safety boxes | 0.15 | 0.15 | 0.15 |
| Freight cost as a % of device value | 0.05 | 0.05 | 0.05 |

### 3.2.3.2 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 12

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| Country co-financing share per dose (%) | 41.61 | 41.61 |
| Minimum Country co-financing per dose (US$) | 0.3 | 0.3 |
| Country co-financing per dose (enter an amount equal or above minimum)(US$) | 0.3 | 0.3 |

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

Measles-rubella 1st dose routine

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| Vaccine doses financed by Gavi (#) | 738,500 | 610,800 |
| Vaccine doses co-financed by Country (#) | 511,100 | 422,900 |
| AD syringes financed by Gavi (#) | 1,206,800 | 964,800 |
| AD syringes co-financed by Country (#) |  |  |
| Reconstitution syringes financed by Gavi (#) |  |  |
| Reconstitution syringes co-financed by Country (#) |  |  |
| Safety boxes financed by Gavi (#) | 13,275 | 10,625 |
| Safety boxes co-financed by Country (#) |  |  |
| Freight charges financed by Gavi ($) | 12,118 | 9,943 |
| Freight charges co-financed by Country ($) | 8,388 | 6,884 |

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| Total value to be co-financed (US$) Country | 375,000 | 310,500 |
| Total value to be financed (US$) Gavi | 596,500 | 492,000 |
| Total value to be financed (US$) | 971,500 | 802,500 |

Measles-rubella catch-up campaign

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2022 | 2023 | 2024 |
| Vaccine doses financed by Gavi (#) |  |  |  |
| AD syringes financed by Gavi (#) |  |  |  |
| Reconstitution syringes financed by Gavi (#) |  |  |  |
| Safety boxes financed by Gavi (#) |  |  |  |
| Freight charges financed by Gavi ($) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2022 | 2023 | 2024 |
| Total value to be financed (US$) Gavi |  |  |  |
| Total value to be financed (US$) |  |  |  |

### 3.2.3.4 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 13

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| Minimum number of doses financed from domestic resources | 248,707 | 205,736 |
| Country domestic funding (minimum) | 179,317.75 | 148,335.66 |

### 3.2.3.5 Co-financing payment

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

|  |
| --- |
| Il y a une ligne budgétaire dédiée au cofinancement des vaccins nouveaux et sous-utilisés. |

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.

|  |
| --- |
| NA |

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

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

|  |  |
| --- | --- |
| Month | July |
| Year | 2023 |

## 3.2.4 Financial support from Gavi

### 3.2.4.1 Routine Vaccine Introduction Grant(s)

Measles-rubella 1st dose routine

Live births (year of introduction)

|  |
| --- |
| 891,720 |

Gavi contribution per live birth (US$)

|  |
| --- |
| No Response |

Total in (US$)

|  |
| --- |
| 100,000 |

|  |  |
| --- | --- |
| Funding needed in country by | 30 November 2022 |

### 3.2.4.2 Campaign operational costs support grant(s)

Measles-rubella catch-up campaign

Population in the target age cohort (#)

Note 14

|  |
| --- |
| 9,758,922 |

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

|  |
| --- |
| No Response |

Total in (US$)

|  |
| --- |
| 0 |

|  |  |
| --- | --- |
| Funding needed in country by | 30 November 2022 |

### 3.2.4.3 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.

**Budget for the vaccine introduction activities**

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

|  |
| --- |
| 9183.2 |

Total amount - Other donors (US$)

|  |
| --- |
| 0 |

Total amount - Gavi support (US$)

|  |
| --- |
| 1124235.8 |

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

|  |
| --- |
| 0.010 |

Amount per target person - Other donors (US$)

|  |
| --- |
| 0 |

Amount per target person - Gavi support (US$)

|  |
| --- |
| 1.26 |

**Budget for the campaign operational costs support**

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

|  |
| --- |
| 810424 |

Total amount - Other donors (US$)

|  |
| --- |
| 3298463 |

Total amount - Gavi support (US$)

|  |
| --- |
| 5510127 |

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

|  |
| --- |
| 12 |

Amount per target person - Other donors (US$)

|  |
| --- |
| 3 |

Amount per target person - Gavi support (US$)

|  |
| --- |
| 2 |

### 3.2.4.4 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.

|  |
| --- |
| Les formations à tous les niveaux, perdiem des vaccination, mobilisation sociale, les évaluations post introduction et campagne. |

### 3.2.4.5 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.

|  |
| --- |
| Il existe une ligne budgétaire dédiée au cofinancement des vaccins nouveaux et sous utilisés |

### 3.2.4.6 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[x]  | 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.

|  |
| --- |
| NA |

### 3.2.4.7 Fiduciary management

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

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

|  |
| --- |
| UNICEF |

### 3.2.4.8 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 16

|  |
| --- |
| OUI |

## 3.2.5 Strategic considerations

### 3.2.5.1 Rationale for this request

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

|  |
| --- |
| Cette campagne s’inscrit en droite ligne dans la mise en œuvre du plan stratégique pour l’élimination de la rougeole 2021–2030 conformément à la Résolution du Comité Régional de l’OMS pour la Région africaine et le nouveau cadre stratégique de lutte contre la rougeole 2021-2030 en référence au plan mondial de vaccination à l’horizon 2030. Ce plan qui combine une série d’interventions /stratégies pour l’atteinte du dit objectif incluent :• La réalisation des campagnes de suivi périodiques pour offrir aux enfants une seconde opportunité de vaccination contre la rougeole ;• L’amélioration de la couverture de la première dose VAR à partir de 9 mois à 95% dans au moins 80% des districts de santé d’ici 2030 avec la possibilité d'introduire une seconde dose de vaccin anti-rougeoleux-rubéoleux ;• Le renforcement de la surveillance au cas par cas de la rougeole, pour atteindre 80% des districts de santé avec des cas suspects de rougeole prélevés ;• Le renforcement de haut niveau des capacités opérationnelles des agents de santé et l’amélioration de la qualité des données• La réalisation de plaidoyer soutenu, la mobilisation des partenaires locaux et internationaux et de la recherche opérationnelle.La couverture de routine contre la rougeole est insuffisante à établir l'immunité de la population contre la rougeole car à titre d’illustration, la couverture nationale estimée selon OMS-UNICEF était 70% en 2020.L’incidence de la rougeole reste élevée en République du Mali durant les 5 dernières années, le pays n’a pas atteint l’objectif d’arriver à une incidence de moins d’un cas pour 1 million d’habitants. Les flambées récurrentes indiquent toutes qu'une AVS est nécessaire pour réduire à nouveau la morbidité et réduire rapidement la transmission. A titre d’exemple, cette incidence était à 2,3/1.000.000 d’habitants en 2020 et à 3,8 /1.000.000 d’habitants en 2021 jusqu’ au 31 |

### 3.2.5.2 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.

|  |
| --- |
| Le plan est en conformité avec le PPAC qui vient d'être terminé. |

### 3.2.5.3 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.

|  |
| --- |
| Le CCIA valide le plan d'introduction et campagne de rattrapage. Le NITAG donne des recommandations au Ministère pour le choix des vaccins. |

### 3.2.5.4 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?

|  |
| --- |
| NA |

### 3.2.5.5 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.

|  |
| --- |
| Dans le domaine de la coordination: activation du comité de coordination national et renforcement et suivi de celui des régions.Préparation et planification: Partage des directives de l’OMS sur les campagnes de suivi contre la rougeole dans toutes les régions et districtsMicroplanification: Prise en compte des ateliers de microplanification au niveau opérationnelRenforcement des capacités et matériel de formation: La réalisation de formation en cascade à tous les niveaux et s’assurer que chacune est supervisée par un ou des personnels du niveau supérieurRenforcement des capacités et matériel de formationPlaidoyer, communication et mobilisation sociale: La réalisation de formation en cascade à tous les niveaux et s’assurer que chacune est supervisée par un ou des personnels du niveau supérieurLe démarrage des activités de communication doit être conforme à la date qui est indiquée dans le checklit de préparationStratégies d’administration: Adaptation de stratégies identifiés lors des ateliers de microplanification et formation des acteursSupervision, compte-rendu et suivi :Organisation de la supervision et le suivi en définissant les axes, chronogramme et tenue quotidienne des réunions de suivi avec compte renduEvaluation (enquête de couverture post-campagne): Prévision dans le budget le coût de l’évaluation en y incluant l’assistance technique et surtout le calendrier de réalisationRessources financières : Tenue compte de l’acquisition des fonds, les mécanismes et durée de décaissement dans la planifictaion |

### 3.2.5.6 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.

|  |
| --- |
| l'appui SVN proposé va s'appuyer sur: les disparités de couverture vaccinale selon: les régions, les milieux rural et urbain, le statut socio-économique, le genre, le niveau d'éducation de la mère ou gardienne d'enfants et l’ethnie du chef de ménage. La microplanfication prendra en compte les critères ci dessus énumérés. |

### 3.2.5.7 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 17

|  |
| --- |
| Il peut avoir une complémentarité entre les différents financement (SVN et RSS). Les fonds de la campagne pourraient servir a complété le financement des activités d'introduction après un ANO. |

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

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

|  |
| --- |
| La vaccination de routine à travers les différentes stratégies (fixe, avancée et mobile). La surveillance épidémiologique de la rougeole/rubeole. Riposte vaccinale en cas d'épidémie de rougeole/rubéole. Les activités de suvi/supervision. |

## 3.2.6 Report on Grant Performance Framework

### 3.2.6.1 Grant Performance Framework – Application Instructions

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

**Required**

1. In addition to the calculated targets, country targets are required to be submitted for outcome indicators. These targets should align to those in your cMYP or NHSP. If these targets are not in your cMYP or NHSP, or are the same as the calculated targets, please enter “NA” for each target value.

2. Additional indicators that appear in the Performance Framework that are not included in the application form. Please enter targets for these indicators.

3. For many indicators, reporting dates have been pre-populated. For those that have not yet been pre-populated, please add reporting dates.

**Optional**

1. Adding data sources to existing indicators: If there are data sources for indicators that you would like to include, you may add an additional source by clicking on the pencil icon next to the indicator name.

2. Adding new indicators: Gavi requires all countries to report on core indicators, which are already included in the GPF. If you wish to add supplemental indicators to monitor performance, you may do so by clicking the “Add indicator” button at the respective performance level (Outcome, Intermediate Result, or Process).

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

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

## 3.2.7 Upload new application documents

### 3.2.7.1 Upload new application documents

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

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

Application documents

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

|  |
| --- |
| MaliMcampaignplanof14012022\_24-01-22\_11.30.47.docx |

 |
|  |
|  | Gavi budgeting and planning template |

|  |
| --- |
| SYNTHESE MALI\_24-01-22\_11.32.32.xls |

 |
|  |
|  | Most recent assessment of burden of relevant diseaseIf not already included in detail in the Introduction Plan or Plan of Action. | No file uploaded |
|  |
|  | Sources and justification of campaign target population estimates (if applicable) | No file uploaded |
|  |

Endorsement by coordination and advisory groups

|  |  |  |  |
| --- | --- | --- | --- |
|  | National coordination forum meeting minutes, with endorsement of application, and including signaturesThe minutes of the national coordination forum meeting should mention the domestic funding of MCV1 |

|  |
| --- |
| Compte rendu réunion du CCIA Introduction RR\_24-01-22\_11.46.27.docx |

 |
|  |
|  | NITAG meeting minuteswith specific recommendations on the NVS introduction or campaign |

|  |
| --- |
| Notes de recommandations GTCV Introduction RR\_24-01-22\_11.51.44.docx |

 |
|  |

Vaccine specific

|  |  |  |
| --- | --- | --- |
|  | cMYP addendumSituation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP | No file uploaded |
|  |
|  | Annual EPI planAnnual 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 letterIf 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 |
|  |
|  | Measles (and rubella) strategic plan for eliminationIf available | No file uploaded |
|  |
|  | Other documents (optional) | No file uploaded |
|  |

# 4 Review and submit application

## 4.1 Submission Details

#### Country vaccine funding summary

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

**Active Vaccine Programmes**

Note 18

IPV Routine

|  |  |  |
| --- | --- | --- |
|  | 2021 | 2022 |
| Country Co-financing (US$) |  |  |
| Gavi support (US$) | 866,643 | 884,624 |

Measles Routine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Country Co-financing (US$) | 369,046 | 358,061 | 371,082 |  |
| Gavi support (US$) | 323,159 | 313,539 | 324,941 |  |

MenA Routine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Country Co-financing (US$) | 153,258 | 158,388 | 163,648 | 169,016 |
| Gavi support (US$) | 419,918 | 433,974 | 309,284 | 319,430 |

PCV Routine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Country Co-financing (US$) | 965,508 | 421,458 | 435,773 | 450,391 |
| Gavi support (US$) | 15,201,270 | 5,957,063 | 6,159,399 | 6,366,014 |

Pentavalent Routine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Country Co-financing (US$) | 1,049,908 | 504,990 | 522,143 | 539,658 |
| Gavi support (US$) | 2,806,691 | 1,393,854 | 1,441,198 | 1,489,542 |

Rota Routine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Country Co-financing (US$) | 250,557 | 612,540 | 267,942 | 276,930 |
| Gavi support (US$) | 6,337,811 | 15,320,705 | 6,777,546 | 7,004,897 |

YF Routine

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Country Co-financing (US$) | 331,379 | 148,993 | 153,940 | 158,990 |
| Gavi support (US$) | 1,673,259 | 801,727 | 828,349 | 855,523 |

**Total Active Vaccine Programmes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Total country co-financing (US$) | 3,119,656 | 2,204,430 | 1,914,528 | 1,594,985 |
| Total Gavi support (US$) | 27,628,751 | 25,105,486 | 15,840,717 | 16,035,406 |
| Total value (US$) (Gavi + Country co-financing) | 30,748,407 | 27,309,916 | 17,755,245 | 17,630,391 |

**New Vaccine Programme Support Requested**

Measles-rubella 1st dose routine, with catch-up campaign

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2022 | 2023 | 2024 |
| Country Co-financing (US$) |  | 375,000 | 310,500 |
| Gavi support (US$) |  | 596,500 | 492,000 |

HPV routine

|  |  |  |
| --- | --- | --- |
|  | 2023 | 2024 |
| Country Co-financing (US$) | 130,000 | 118,500 |
| Gavi support (US$) | 2,853,500 | 2,606,000 |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| 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$)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 | 2024 |
| Total country co-financing (US$) | 3,119,656 | 2,204,430 | 2,419,528 | 2,023,985 |
| Total Gavi support (US$) | 27,628,751 | 25,105,486 | 19,290,717 | 19,133,406 |
| Total value (US$) (Gavi + Country co-financing) | 30,748,407 | 27,309,916 | 21,710,245 | 21,157,391 |

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 |
| Dr Ibrahima DIARRA | Chef Section Immunisation | +223 76034238 | idiarrasi50@gmail.com | Ministère de la Santé |
| Bani DIABY | Point Focal GAVI | +223 66855755 | diabyseptembre@yahoo.fr | Ministère de la Santé |
| Dr Boubacar TRAORE | Chef Unité Gestion des données et AVS | +223 66850566 | bdtraore@yahoo.fr | Ministère de la santé |
| Dr Eric BOLOGO | Appui AEDES | +223 64395556 | eric.bologo@gmail.com | AEDES |
| Dr Abdoul Karim SIDIBE | Appui PEV | +22376480229 | asidibe@who.int | OMS |
| Joseph DJIBU | Appui Dalberg | +223 93898974 | joseph.djibu@dalberg.com | Dalberg |

#### Comments

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

|  |
| --- |
| La lettre de recommandations du GTCV, le compte rendu de réunion du CCIA et la page de signature des ministres de la Santé et de l'Economie et des Finances vous parviendrons dès que possible. |

**Government signature form**

The Government of Mali 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:

HPV routine and Measles-rubella 1st dose routine, with catch-up campaign

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

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

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

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

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

*We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this application.[[1]](#footnote-1)*

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

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

|  |
| --- |
| **Minister of Education (or delegated authority)** |
| Name |
| Date |
| Signature |

# 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

If introduction month is other than January, please provide Year 1 targets that are pro-rated according to the introduction month.ure or to update figures; click on the balloon symbol to provide a note and/ or to indicate that this data is not available.

Note 6

Co-financing requirements are specified in the guidelines.

Note 7

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

Note 8

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

Note 9

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

Note 10

\* 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 11

\* 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 12

Co-financing requirements are specified in the guidelines.

Note 13

\*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 14

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

Note 15

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

Note 16

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

Note 17

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

Note 18

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.

1. In the event the Country has not yet executed a Partnership Framework Agreement, the terms and conditions of this application shall apply to any and all Gavi support made pursuant to this application. [↑](#footnote-ref-1)