

APPLICATION FORM FOR
GAVI NVS SUPPORT

Submitted by
The Government of Comoros
for
Measles-rubella 1st and 2nd dose
routine, with catch-up campaign



Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

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

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

NO LIABILITY

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

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

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

INSURANCE

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

ANTI-CORRUPTION

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

ANTI-TERRORISM AND MONEY LAUNDERING

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

COMPLIANCE WITH GAVI POLICIES

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

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

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

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

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

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

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

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

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

10 May 2013

Country tier in Gavi's Partnership Engagement Framework

3

Date of Programme Capacity Assessment

February 2017

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.

	2018	2019
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

2014

To

2019

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

2017-2021

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

To

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 douanes comoriennes ne requièrent pas de disposition spéciale et acceptent les vaccins préqualifiés par l’OMS.

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.

Aux Comores, il existait une autorité nationale responsable de la réglementation des médicaments y compris les vaccins : La Direction des Etablissements Publics et Privés (DESPP).

Cette autorité avait la charge de l’enregistrement administratif, de la délivrance des autorisations de mise sur le marché (visa) des médicaments, de l’assurance et du contrôle qualité des produits.

Cette Direction connaît certaines insuffisances en ressources humaines et matérielles qui ne lui permettent pas d’accomplir pleinement ses fonctions. C’était la structure habilitée à délivrer des autorisations d’importation des médicaments, des équipements médicaux et des vaccins. Faute de moyens, elle n’arrivait pas à faire le contrôle qualité des produits.

Coordonnées de la Directrice des Etablissements des Soins Publics et Privés, Mme Kamaria Ahamada, tél:+269 339 04 16, email: kael2wa@gmail.com

L’ANAMEV nouvellement créée et pas encore certifiée par l’OMS, va prendre le relai. Contact du Directeur : Dr Said Fazul, Tél : +269 326 56 86, email sfazul@yahoo.fr

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2019	2020	2021	2022
Country Co-financing (US\$)				
Gavi support (US\$)	45,562	46,436	47,315	48,199

Pentavalent Routine

2019 2020 2021 2022 2023

Country Co-financing (US\$)	13,778	24,380	24,860	25,362	11,080
Gavi support (US\$)	36,000	64,114	65,399	66,724	30,582

Summary of active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US\$)	13,778	24,380	24,860	25,362	11,080
Total Gavi support (US\$)	81,562	110,550	112,714	114,923	30,582
Total value (US\$) (Gavi + Country co-financing)	95,340	134,930	137,574	140,285	41,662

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).

Une analyse d'équité essentiellement qualitative a été conduite en 2017. Le rapport est annexé à la présente soumission.

Par ailleurs, les paragraphes 3.2.2 et 5.3 du document « Plan des AVS aux Comores » détaillent les sources alternatives de données en matière d'équité, les principales évidences générées sur les défis en matière d'équité et les mesures planifiées pour répondre à ces défis.

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



Country strategic multi-year plan

[PPAC 20172021_01-05-18_16.40.45.rtf](#)

Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan

- ✓

Country strategic multi-year plan / cMYP costing tool

[PPAc Costing VF 1DPC_08-05-18_11.18.14.xlsx](#)
 - ✓

Effective Vaccine Management (EVM) assessment

[RapportGEV Comoros 2018Final 101218_27-04-19_13.44.34.docx](#)

[1.RapportGEV Comoros 2015Final07July_01-05-18_16.42.32.pdf](#)
 - ✓

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

[PlanAmeliorationGEV2018ComoresFinal101018_27-04-19_13.46.03.xlsx](#)

[4.PlanAmeliorationGEV2015Comoresrevu21022017 1_01-05-18_16.42.52.xlsx](#)
 - ✓

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

[Rapport ECV2016_01-05-18_16.44.07.docx](#)
 - ✓

Data quality and survey documents: Immunisation data quality improvement plan

[5. Data quality improvement ActivitiesAP_2019 IST EngFR_Final_27-04-19_14.11.55.xlsx](#)

[5.PlannedRésolutiondesproblèmes post DQS DRSComoresconvertedmerged_16-10-18_15.23.59.pdf](#)
 - ✓

Data quality and survey documents: Report from most

[Analyse Qualite Donnees JRF 2018_27-04-19_14.03.19.docx](#)
-

recent desk review of immunisation data quality

[DPCCOMORES qualité données 16-10-18 15.24.52.docx](#)



Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation

[REVUE QUALITE DES DONNEES 2017 27-04-19 14.11.09.docx](#)

Human Resources pay scale

No file uploaded

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

[Annexe 2 Note de service GTCV 01-05-18 16.45.05.PDF](#)

ICC, HSCC or equivalent



National Coordination Forum meeting minutes of the past 12 months

[Annexe 1 PV de la premiere reunion GTCV 01-05-18 16.45.19.PDF](#)

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.

[Reponses au Rapport CEIComoresRR230419 27-04-19 14.26.54.docx](#)

3 Measles-rubella 1st and 2nd dose routine, with catch-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 1st and 2nd dose routine

Preferred presentation MR, 10 doses/vial,
Lyophilised

Is the presentation licensed or registered? Yes No

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

Is the presentation licensed or registered? Yes No

Required date for vaccine and supplies to arrive 18 May 2020

Planned launch date 1 October 2020

Support requested until 2021

Measles-rubella catch-up campaign

Preferred presentation MR, 10 doses/vial,
Lyophilised

Is the presentation licensed or registered? Yes No

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

Is the presentation licensed or registered? Yes No

Required date for vaccine and supplies to arrive	18 May 2020
Planned launch date	11 September 2020
Support requested until	2021

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.

Les douanes comoriennes ne requièrent pas de disposition spéciale et acceptant les vaccins préqualifiés par l'OMS.

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 routine vaccination

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

Note 4

9 weeks months years

Please describe the target age cohort for the MR 2nd dose routine immunisation:

18 weeks months years

	2020	2021
Population in the target age cohort (#)	24,604	25,260
Target population to be vaccinated (first dose) (#)	24,604	25,260
Population in the target age cohort for last dose(#)	24,604	25,260
Target population to be vaccinated for last dose (#)	24,604	25,260
Estimated wastage rates for preferred presentation (%)	25	25

3.2.2 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 years

To 14 weeks months years

	2020	2021
Population in target age cohort (#)	373,243	383,190

Target population to be vaccinated (first dose) (#)	373,243	383,190
Estimated wastage rates for preferred presentation (%)	25	25

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles-rubella routine, 1st and 2nd dose

	2020	2021
10 doses/vial,lyo	0.66	0.66

Commodities Price (US\$) - Measles-rubella routine, 1st and 2nd dose (applies only to preferred presentation)

	2020	2021
AD syringes	0.036	0.036
Reconstitution syringes	0.004	0.004
Safety boxes	0.005	0.005
Freight cost as a % of device value	3.2	3.2

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

	2020	2021
10 doses/vial,lyo	0.66	0.66

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

	2020	2021
AD syringes	0.036	0.036
Reconstitution syringes	0.004	0.004
Safety boxes	0.005	0.005
Freight cost as a % of device value	3.2	3.2

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

	2020	2021
Country co-financing share per dose (%)	47.26	47.26
Minimum Country co-financing per dose (US\$)	0.3	0.3
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.31	0.31

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

Measles-rubella routine, 1st and 2nd dose

	2020	2021
Vaccine doses financed by Gavi (#)	43,800	36,200
Vaccine doses co-financed by Country (#)	38,100	31,500
AD syringes financed by Gavi (#)	72,200	56,100
AD syringes co-financed by Country (#)		
Reconstitution syringes financed by Gavi (#)	100	100
Reconstitution syringes co-		

financed by Country (#)		
Safety boxes financed by Gavi (#)	800	625
Safety boxes co- financed by Country (#)		
Freight charges financed by Gavi (\$)	654	534
Freight charges co-financed by Country (\$)	570	464
	2020	2021
Total value to be co-financed (US\$) Country	25,500	21,000
Total value to be financed (US\$) Gavi	33,000	27,000
Total value to be financed (US\$)	58,500	48,000

Measles-rubella catch-up campaign

	2020	2021
Vaccine doses financed by Gavi (#)	496,500	509,700
AD syringes financed by Gavi (#)	410,600	421,600
Reconstitution syringes financed by Gavi (#)	100	100
Safety boxes financed by Gavi (#)	4,525	4,650
Freight charges financed by Gavi (\$)	7,308	7,503
	2020	2021

Total value to be financed (US\$) Gavi	350,000	359,500
Total value to be financed (US\$)	350,000	359,500

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

	2020	2021
Minimum number of doses financed from domestic resources		
Country domestic funding (minimum)		

3.3.5 Co-financing payment

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

D'après la déclaration d'Addis Abeba en février 2016, tous les pays doivent financer les vaccins traditionnels et participer au cofinancement des nouveaux vaccins. Dès l'introduction de la 2ème dose de la vaccination anti rougeoleuse et anti rubéoleuse, le pays s'engage à financer entièrement avec des ressources nationales la partie monovalente anti rougeoleuse. En effet, le gouvernement a augmenté significativement la subvention en faveur du PEV à partir de la loi de finances 2019. Le processus d'achat des vaccins traditionnels y compris la rougeole est déjà en cours pour l'année 2019.

Une réunion du CCIA est organisée à ce sujet pour l'engagement de toutes les parties prenantes. En plus du procès-verbal de la réunion du Forum de coordination (Comité de coordination inter-agences : CCIA), qui donne la preuve de l'engagement du pays à financer entièrement les doses de VAR1, une lettre d'engagement sera signée par le Ministre de la Santé et le Ministre des Finances au nom du Gouvernement

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.

No Response

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:

March

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

Month

October

Year

2019

3.4 Financial support from Gavi

3.4.1 Routine Vaccine Introduction Grant(s)

Measles-rubella 1st and 2nd dose routine

Live births (year of introduction)

26,917

Gavi contribution per live birth (US\$)

0.8

Total in (US\$)

100,000

Funding needed in country by

29 April 2020

3.4.2 Campaign operational costs support grant(s)

Measles-rubella catch-up campaign

Population in the target age cohort (#)

Note 7

373,243

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

0.65

Total in (US\$)

242,607.95

Funding needed in
country by

29 April 2020

3.4.3 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\$)

0

Total amount - Other donors (US\$)

4592

Total amount - Gavi support (US\$)

100000

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

0

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

0.17

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

3.71

Budget for the campaign operational costs support

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

0

Total amount - Other donors (US\$)

99808

Total amount - Gavi support (US\$)

241711

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

0

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

0.26

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

3.4.4 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.

Prestations de services : 216981 US\$
 Renforcement capacités RH : 37483 US\$
 Gestion des achats et de la chaine d'appro : 20273 US\$
 Systeme d'information sanitaire : 33893 US\$
 Plaidoyer, communication : 21509 US\$
 Gestion des programmes : 11380US\$
 Voir budget détaillé joint

3.4.5 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.

Les procedures de gestion qui seront appliquées seront conformes aux Exigences en matiere de gestion de subvention convenues entre GAVI et le Gouvernement des Comores. Elles repondront egalement aux procedures administratives du Ministere de la Santé. Les dispositions de gestion de la subvention seront similaires a celles contenues dans les accords de subvention signés pour le RSS2 et l'introduction du VPI.

Ainsi, un plan de travail annuel sera élaboré par la Coordination Nationale du PEV indiquant les activités à financer par les partenaires et le Fonds GAVI conformément au plan de travail établi. Ce plan sera présenté au CCIA pour approbation.

Chaque décaissement fera l'objet d'une requête adressée par la Directeur général de la santé à l'UNICEF pour exécution. Un rapport financier sera établi à la fin de chaque activité puis transmis à l'Unicef.

Pour chaque acquisition locale de biens, les procédures habituelles seront appliquées : soumission préalable de 3 factures pro formas, comité de sélection pour attribution du marché, règlement de la facture définitive après livraison des biens commandés.

Chaque année, en janvier ou février, une réunion du CCIA statuera sur la mise en œuvre du soutien de GAVI pendant l'année précédente. Les rapportages technique et financier se feront suivant les exigences en la matiere.

3.4.6 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

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

3.4.7 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%.

Accord tripartite : 5%

3.4.8 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 9

Les assistances techniques requises et détaillées dans le plan d'introduction seront couvertes par le TCA ou les apports directs des partenaires techniques et financiers (OMS et UNICEF).

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 Vaccine Introduction Plan or Campaign Plan of Action, please cite the sections only.

La justification de l'introduction du vaccin RR est développée dans le document "plan de l'introduction du RR2 aux Comores" a la section 5 : "Justification de l'introduction d'une deuxième dose".

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.

Le Plan National de la Santé, adoptée en décembre 2014 pour la période 2015-2024, s'inspire des Initiatives mondiales tout en s'adaptant au nouveau contexte politique et aux réalités socio-économiques des Comores. Elle donne les grandes orientations du système de la santé et bénéficie de l'adhésion des acteurs du secteur santé des Comores. Le but de ce document de politique est d'assurer une meilleure santé pour tous les Comoriens à travers la disponibilité et l'accessibilité à des services de santé de bonne qualité d'ici 2024. Les objectifs visés sont :

1. Améliorer l'état de santé de la population comorienne à travers un système de santé performant et équitable ;
2. Assurer un accès universel à des services et soins de santé complets, promotionnels, préventifs et curatifs ;
3. Renforcer la gouvernance, le leadership et le partenariat ;
4. Améliorer la gestion des ressources du système de santé

Le Plan Pluri Annuel Complet 2017-2021 va permettre d'améliorer les principaux indicateurs en termes de couverture vaccinale, de fiabilité de la chaîne de froid, de renforcement des capacités du personnel de santé, de la sécurité de la vaccination, de la surveillance et du plaidoyer du cofinancement.

Dans son axe stratégique 3, portant sur l'Équité, l'accès et la couverture des prestations, il a pour objectif spécifiques de :

- vacciner 95% des enfants de moins de 15 ans contre la rougeole et la rubéole en 2019 et
- introduire les nouveaux vaccins Rougeole/Rubéole en Novembre 2019.

Ces propositions permettent également d'opérationnaliser le plan quinquennal 2017-2021 d'élimination de la rougeole et de la rubéole.

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.

Le CCIA a pour mission de :

- apporter un appui technique à la Coordination Nationale du programme élargi de la vaccination (CNPEV)
- aider à la mobilisation des ressources
- suivre et réorienter le cas échéant la mise en œuvre des activités de la CNPEV

Le CCIA est opérationnel et se réunit régulièrement chaque trimestre. Des réunions extraordinaires peuvent avoir lieu au besoin. Dans le cadre de cette subvention, le CCIA a examiné et approuvé la présente introduction.

Le GCTV a été mis en place en novembre 2017 mais n'est pas encore très opérationnel en raison de questions liées à la non-disponibilité de certains profils-clé, à des besoins de formation des membres et de soutien technique. Au cours de la dernière réunion du PEV, une feuille de route a été validée pour en accélérer la fonctionnalité.

En lieu et place, le CCIA a examiné au cours de ses sessions, les aspects techniques et opérationnels de l'introduction.

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?

D'après la déclaration d'Addis Abeba en février 2016, tous les pays doivent financer les vaccins traditionnels et participer au cofinancement des nouveaux vaccins. Dès l'introduction de la 2ème dose de la vaccination anti rougeoleuse et anti rubéoleuse, le pays s'engage à financer entièrement avec des ressources nationales la partie monovalente anti rougeoleuse. En effet, le gouvernement a augmenté significativement la subvention en faveur du PEV à partir de la loi de finances 2019. Le processus d'achat des vaccins traditionnels y compris la rougeole est déjà en cours pour l'année 2019.

Une réunion du CCIA est organisée à ce sujet pour l'engagement de toutes les parties prenantes. En plus du procès-verbal de la réunion du Forum de coordination (Comité de coordination inter-agences : CCIA), qui donne la preuve de l'engagement du pays à financer entièrement les doses de VAR1, une lettre d'engagement sera signée par le Ministre de la Santé et le Ministre des Finances au nom du gouvernement..

L'engagement des plus hautes autorités du pays à lutter contre les maladies évitables par la vaccination en général et la rougeole en particulier est un atout que le pays doit utiliser.

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.

Les analyses de situation contenues dans les sections 3 des deux plans ainsi que celle du PPAc indiquent les difficultés prioritaires du Programme et les stratégies de mitigation. La question de la prise en compte de la couverture et de l'équité lors de la campagne est adressée dans la section 5.2 du document de la campagne.

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.

L'amélioration de la couverture vaccinale et de l'équité se fait dans le Pays sur la base des microplans développés au niveau des districts dans le cadre de l'approche « Atteindre Chaque Enfant ». Les fonds de l'introduction renforceront spécifiquement la composante communication et mobilisation sociale.

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

Les financements sur l'introduction de la seconde dose et la campagne de rattrapage seront complémentaires sur des aspects essentiels comme la révision et la disponibilité des outils de gestion et la mobilisation sociale. Les microplans et actions identifiées dans le cadre de la subvention RR2 fournissent des axes d'interventions pour la campagne en vue d'assurer une couverture équitable.

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

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

Le switch du vaccin anti-rougeoleux monovalent au vaccin contre la rougeole et la rubéole, la campagne de rattrapage contre la rougeole-rubéole, l'introduction de la deuxième dose et le renforcement de la surveillance communautaire sont les grands axes du plan d'élimination rougeole-rubéole pour les années 2019 et 2020.

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

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

Required

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

Optional

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

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

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

3.7 Upload new application documents

3.7.1 Upload new application documents

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

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

Application documents

- ✓ **New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist & activity list and timeline**
- [Plan des AVS aux COMORES010519_01-05-19_14.13.24.docx](#)
- [Plan de l'introduction de RR2 au Comoresversion 01 MAI 2019_01-05-19_14.13.00.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 budgeting and planning template**
- [Comores Budget Template V2revu010519_01-05-19_14.13.53.xlsm](#)
- Most recent assessment of burden of relevant disease**
- No file uploaded**
- If not already included in detail in the Introduction Plan or Plan of Action.
- Ces informations figurent dans les plans de campagne et d'introduction ci-joints
- Campaign target population (if applicable)**
- No file uploaded**
- Ces informations figurent dans les plans de campagne et d'introduction ci-joints

Endorsement by coordination and advisory groups

- ✓ **National coordination forum meeting minutes, with endorsement of application, and including signatures**
- [PV CCIA Approbation Initiale_01-05-19_14.34.18.pdf](#)
- [Approbation CCIA_01-05-19_14.28.50.docx](#)
- The minutes of the national coordination forum meeting should mention the domestic funding of MCV1

- ✓ **NITAG meeting minutes**
with specific recommendations on the NVS introduction or campaign
- [PV de la premiere reunion GTCV_01-05-19_14.33.28.PDF](#)
[PV CCIA Approbation Initiale_01-05-19_14.32.34.pdf](#)
- Vaccine specific**
- ✓ **cMYP addendum**
Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP
- [MR situation analysis and 5 year plan for cMYPFR Final 010519_01-05-19_14.35.45.DOCX](#)
- ✓ **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
- [PAO GLOBAL CNPEV 2019 suite Réunion de validation040819_01-05-19_14.39.32.xlsm](#)
[PAO PEV 2019 ComorosVersion narrative090419_01-05-19_14.39.02.docx](#)
- ✓ **Other documents (optional)**
- [Rapport finale évaluation équité PEV_01-05-19_14.43.12.docx](#)
[Rapport ECV2016_01-05-19_14.42.44.docx](#)
- ✓ **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.
- [Signatures Ministres 1_01-05-19_14.50.31.pdf](#)
[Note Engagement Ministres_01-05-19_14.49.19.docx](#)



Measles (and rubella) strategic plan for elimination

[plan délimitation rougeole 20182022 2_01-05-19_14.51.10.doc](#)

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

	2019	2020	2021	2022
Country Co-financing (US\$)				
Gavi support (US\$)	45,562	46,436	47,315	48,199

Pentavalent Routine

	2019	2020	2021	2022	2023
Country Co-financing (US\$)	13,778	24,380	24,860	25,362	11,080
Gavi support (US\$)	36,000	64,114	65,399	66,724	30,582

Total Active Vaccine Programmes

	2019	2020	2021	2022	2023
Total country co-financing (US\$)	13,778	24,380	24,860	25,362	11,080
Total Gavi support (US\$)	81,562	110,550	112,714	114,923	30,582
Total value (US\$) (Gavi +	95,340	134,930	137,574	140,285	41,662

Country co-financing)

New Vaccine Programme Support Requested

Measles-rubella 1st and 2nd dose routine, with catch-up campaign

	2020	2021
Country Co-financing (US\$)	25,500	21,000
Gavi support (US\$)	383,000	386,500
Total country co-financing (US\$)		
Total Gavi support (US\$)		
Total value (US\$) (Gavi + Country co-financing)		

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

	2019	2020	2021	2022	2023
Total country co-financing (US\$)	13,778	49,880	45,860	25,362	11,080
Total Gavi support (US\$)	81,562	493,550	499,214	114,923	30,582
Total value (US\$) (Gavi + Country co-financing)	95,340	543,430	545,074	140,285	41,662

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
Nouroulhoudah Youssouf	EPI Manager	+2693385469	nouroulhoudahy@yahoo.com	

Comments

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

No Response

Government signature form

The Government of Comoros 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 1st and 2nd dose routine, with catch-up campaign

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

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

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

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

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

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

Minister of Health (or delegated authority)

Minister of Finance (or delegated authority)

Name

Name

Date

Date

Signature

Signature

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

Minister of Education (or delegated authority)

Name

Date

Signature

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

Appendix

NOTE 1

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

NOTE 2

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

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

NOTE 3

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

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

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

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

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

NOTE 4

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

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

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

* The wastage rate applies to first and last dose.

NOTE 5

Co-financing requirements are specified in the guidelines.

NOTE 6

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

NOTE 7

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

NOTE 8

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

NOTE 9

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

NOTE 10

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

NOTE 11

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

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