

APPLICATION FORM FOR GAVI NVS SUPPORT

Submitted by
**The Government of Congo,
Democratic Republic of the**
for
Measles 1st and 2nd dose routine



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 October 2014

Country tier in Gavi's Partnership Engagement Framework

1

Date of Programme Capacity Assessment

No Response

2.1.2 Country health and immunisation data

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

	2019	2020
Total government expenditure	8,127,000	
Total government health expenditure	14,131,549	
Immunisation budget	224,950,884	

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

2019

To

2022

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

2015-2019

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

2020

To

2024

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

Le PPAC 2019 est dépassé et il a été actualisé pour la période de 2020-2024

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.

Avec l'Autorisation de Mise sur le Marché et les autres documents, l'UNICEF utilise une agence en douane (prestataires de service) pour toutes les formalités de lever des vaccins pour le dépôt central du PEV.

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 fonction de l'Agence de Nationale de réglementation est assurée par la Direction de la Pharmacie et des Médicaments

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2020	2021	2022
Country Co-financing (US\$)			
Gavi support (US\$)	3,692,530	3,766,533	3,841,342

PCV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	1,613,900	1,684,746	1,743,072	1,802,651	1,863,470

Gavi support (US\$)	22,811,522	23,812,897	24,637,297	25,479,414	26,339,050
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Pentavalent Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	4,654,494	4,686,437	4,807,393	2,030,013	2,098,502
Gavi support (US\$)	12,206,290	12,305,263	12,626,635	5,603,160	5,792,202

Rota Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	495,886	564,653	674,686	705,668	754,894
Gavi support (US\$)	3,392,629	3,863,097	4,615,895	4,827,856	5,164,641

YF Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	601,273	627,114	648,379	670,093	692,251
Gavi support (US\$)	3,235,445	3,374,494	3,488,920	3,605,762	3,724,992

Summary of active Vaccine Programmes

	2020	2021	2022	2023	2024
Total country co-financing (US\$)	7,365,553	7,562,950	7,873,530	5,208,425	5,409,117
Total Gavi support (US\$)	45,338,416	47,122,284	49,210,089	39,516,192	41,020,885
Total value (US\$) (Gavi + Country co-financing)	52,703,969	54,685,234	57,083,619	44,724,617	46,430,002

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).

L'évaluation de l'équité sur la couverture vaccinale au cours de l'enquête MICS 2017-2018 montre les mêmes tendances que celles de l'enquête EDS 2013-2014 (source : PPAC 2020-

2024 de la RD Congo).

L'évaluation de l'équité sur la couverture vaccinale au cours de l'enquête MICS 2017-2018 montre les mêmes tendances que celles de l'enquête EDS 2013-2014 (source : PPAC 2020-2024 de la RD Congo).

L'évaluation des résultats du nombre de zones de santé qui ont atteint la couverture vaccinale d'au moins 80% en DTC3 est de 434 ZS (soit 84,1%) en 2016, de 472 ZS (91,5%) en 2017 et 437 ZS (84,7%) en 2018. Il se dégage de cette évolution en dents de scie une déperdition de 35 zones de santé soit 7% qui n'ont plus maintenu le score de performance de la 2ème à la 3ème année de référence, marquant ainsi une certaine disparité de performance entre les ZS. Afin de réduire ces disparités, un effort de mise en œuvre complète de l'approche ACD dans toutes les Zones de Santé (mise à disposition des ressources humaines, matérielles et financières) doit être fait.

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Afin de réduire ces disparités, un effort de mise en œuvre complète de l'approche ACD dans toutes les Zones de Santé (mise à disposition des ressources humaines, matérielles et financières) doit être fait.

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

- | | | |
|---|---|---|
| ✓ | <p>Country strategic multi-year plan</p> <p>Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan</p> | <p>PPAC_RDC_2015-2019_VF_C CIA
Stratégique_20-01-18_23.17.12.docx</p> |
| ✓ | <p>Country strategic multi-year plan / cMYP costing tool</p> | <p>Costing tool DRC_27_06_2015 au 04-02-17_22-01-18_13.21.01.xls</p> |
| ✓ | <p>Effective Vaccine Management (EVM) assessment</p> | <p>RDC Rapport GEV 2014 Rapport Final_18-02-18_15.08.48.pdf</p> |
| ✓ | <p>Effective Vaccine Management (EVM): most recent improvement plan progress report</p> <hr/> | <p>RDCRapport MEO Plan Amélioration GEV Décembre 2017_13-05-18_14.41.01.pdf</p> |

- ✓ **Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators** [RDC_Rapport preliminaire EDS-RDC II version finale_22-01-18_14.12.48.pdf](#)
- ✓ **Data quality and survey documents: Immunisation data quality improvement plan** [RDC_Plan Stratégique de la Qualité des données de vaccination_22 janv 2018_GV FJ_22-01-18_14.23.04.docx](#)
- ✓ **Data quality and survey documents: Report from most recent desk review of immunisation data quality** [QD_La revue des données du PEV de 2007 à 2016_Original_22-01-18_14.32.48.docx](#)
- ✓ **Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation** [QD_Résultat Evaluation de terrain \(DQS\)_PM_2017-2011_22-01-18_14.44.49.docx](#)
- ✓ **Human Resources pay scale**
If support to the payment of salaries, salary top ups, incentives and other allowances is requested [20160831 Reglement commun GIBS actualise jan 2016 1_01-06-18_17.30.32.pdf](#)

Coordination and advisory groups documents

- ✓ **National Coordination Forum Terms of Reference** [CCIA_TDR_ORIENTATIONS_22-01-18_18.32.08.ppt](#)
ICC, HSCC or equivalent
-



National Coordination Forum meeting minutes of the past 12 months

[Compte rendu de la réunion de CCIA technique du 23 VF février 2017_01-06-18_17.42.00.docx](#)

Other documents



Other documents (optional)

[Dépenses engagées_26-02-20_16.40.28.docx](#)

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.

[ANALYSE DES PERFORMANCES DE VACCINATION ET REVUE DOCUMENTAIRE DES DONNEES_15-10-18_14.33.45.docx](#)

3 Measles 1st and 2nd dose routine

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 1st and 2nd dose routine

Preferred presentation M, 10 doses/vial, Lyophilised

Is the presentation licensed or registered? Yes No

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

Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	15 November 2020
Planned launch date	4 March 2021
Support requested until	2023

3.1.2 Vaccine presentation registration or licensing

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

Non applicable, le vaccin anti rougeoleux est déjà inclus dans la vaccination systématique de la RD Congo

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 Measles 1st dose routine immunisation:

Note 4

9 weeks months years

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

15 weeks months years

	2021	2022	2023
Population in the target age cohort (#)	3,975,090	4,094,343	4,217,173
Target population to be vaccinated (first dose) (#)	3,975,090	4,094,343	4,217,173
Population in the target age cohort for last dose(#)	3,975,090	4,094,343	4,217,173
Target population to be vaccinated for last dose (#)	3,975,090	4,094,343	4,217,173
Estimated wastage rates for preferred presentation (%)	40	40	40

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

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

	2021	2022	2023
10 doses/vial,Iyo	0.29	0.29	0.29

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

	2021	2022	2023
AD syringes	0.036	0.036	0.036

Reconstitution syringes	0.004	0.004	0.004
Safety boxes	0.005	0.005	0.005
Freight cost as a % of device value	4.18	4.18	4.18

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

	2021	2022	2023
Country co-financing share per dose (%)	69.69	69.69	69.69
Minimum Country co-financing per dose (US\$)	0.2	0.2	0.2
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.2	0.2	0.2

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

Measles routine, 1st and 2nd dose

	2021	2022	2023
Vaccine doses financed by Gavi (#)	5,879,800	4,880,200	5,026,700
Vaccine doses co-financed by Country (#)	10,716,300	8,894,500	9,161,300
AD syringes financed by Gavi (#)	12,396,400	9,117,100	9,390,600

AD syringes co-financed by Country (#)			
Reconstitution syringes financed by Gavi (#)			
Reconstitution syringes co-financed by Country (#)			
Safety boxes financed by Gavi (#)	136,375	100,300	103,300
Safety boxes co-financed by Country (#)			
Freight charges financed by Gavi (\$)	153,519	124,254	127,981
Freight charges co-financed by Country (\$)	279,799	226,461	233,255
	2021	2022	2023
Total value to be co-financed (US\$) Country	3,319,500	2,755,000	2,838,000
Total value to be financed (US\$) Gavi	2,437,000	1,924,500	1,982,500
Total value to be financed (US\$)	5,756,500	4,679,500	4,820,500

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

2021	2022	2023
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Minimum number of doses financed from domestic resources	8,298,050	6,887,350	7,094,000
Country domestic funding (minimum)	2,381,540.35	1,976,669.45	2,035,978

3.3.5 Co-financing payment

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

Une fois que le plan est approuvé par GAVI et étant donné que les Ministres de la Santé et des finances auront apposé leurs signatures sur le document de soumission, le Gouvernement de la République respectera ses engagements dans le décaissement des fonds de cofinancement pour l'achat du VAR. A cet effet, le groupe des Parlementaires appuyant la vaccination assurera le décaissement à temps des fonds pour le le paiement du cofinancement de l'achat des vaccins. Le Gouvernement a pris l'engagement de payer le cofinancement des nouveaux vaccins et achat des vaccins traditionnels par tranche et la première sera payée le 30 juin 2020

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.

Non applicable

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

June

Year

2020

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)

4,423,279

Gavi contribution per live birth (US\$)

0.8

Total in (US\$)

3,538,623.2

Funding needed in
country by

14 October 2020

3.4.2 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\$)

0

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

3064982

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

0

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

0

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

0.79

3.4.3 Key Budget Activities

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

1. Formation des formateurs et des prestataires
2. Mobilisation sociale, Communication pour le Changement de Comportement et plaidoyer
3. Équipements et entretien de la chaîne du froid
4. Appui au monitoring des données au niveau central et intermédiaire
5. Organiser un atelier de révision des outils
6. Reproduire les outils de gestion et les supports éducatifs
7. Assurer la supervision post introduction du VAR 2
8. Suivi et évaluation externe post introduction du VAR 2

3.4.4 Financial management procedures

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

Les procédures de gestion financière des fonds Gavi en RDC sont les suivantes:

- Tous les fonds des coûts opérationnels sont logés à la Cellule d'Appui à la Gestion Financière (CAGF) du Ministère de la Santé Publique
 - Le PEV adresse une requête signée par son Directeur et le Secrétaire Général à la Santé Publique à la CAGF
 - Pour tout achat de plus de 150 USD, la CAGF ordonne la fiduciaire (GIZ) de lancer un appel d'offres qui sera examiné et accordé aux mieux offrant avant d'acheter puis livrer au PEV
- Pour les coûts opérationnels des activités, les fonds sont directement versés dans le compte de la Direction du PEV (pour une activité du niveau central) ou les Divisions Provinciales de la Santé (pour les activités en province)

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

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

Yes

No

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

Non applicable

3.4.6 Fiduciary management

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

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

Les fonds Gavi sont régulièrement transférés au pays via la Cellule d'Appui à la Gestion Financière (CAGF) avec l'appui de la fiduciaire GIZ. Une fois décaissés, les fonds sont dépensés conformément au budget détaillé qui a été soumis avec la requête.

3.4.7 Use of financial support to fund additional Technical Assistance needs

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

Note 8

Le pays a besoin d'une assistance technique dans la préparation et la mise en œuvre du processus d'introduction de la seconde dose de VAR lors de la seconde année de vie. Cet appui devrait concerner aussi le suivi et les évaluations en période post introductive

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.

Plan d'introduction section 2.4.6 et 2.4.7

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.

L'option d'introduire la seconde dose de VAR a été retenue dans le plan stratégique 2012 – 2020 mais cela n'a pas été possible suite aux difficultés programmatiques. Avec l'élaboration du PPAc et de la JSP, cette option a été maintenue après l'avis favorable du GTCV-RDC (NITAG)

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.

Les principales fonctions et responsabilités du CCIA / CCSS peuvent être résumées de la manière suivante :

- Coordonner les interventions des partenaires techniques et financiers pour mieux appuyer le PEV
 - Partager les informations techniques, financières et logistiques en rapport avec les services de vaccination
 - Coordonner et guider l'utilisation des ressources de GAVI et des partenaires pour la vaccination
 - Appuyer techniquement et financièrement le Programme de Vaccination dans le but d'atteindre les objectifs et les buts du Programme
 - Faire le plaidoyer auprès des donateurs pour mobiliser les ressources et soutenir le Programme
 - Faire le suivi des performances du Programme
- Le CCIA/CNC comprend 4 commissions dont la :
- Commission technique:
- Elaborer le plan d'action PEV et assurer le suivi de sa mise en œuvre
 - Analyser mensuellement les données vaccination y compris celles de la gestion des vaccins et autres intrants et de surveillance par zone de sante
 - Identifier les problèmes et contraintes du PEV
 - Partager les informations avec tous les partenaires
 - Faire la retro information vers les provinces
 - Communiquer avec les parties prenantes

Commission logistique:

- Analyser les données de la gestion des vaccins et autres intrants par zone de santé et identifier les besoins en vaccins
- Faire l'inventaire de matériels de la CF par ZS et dans la structure PEV
- Identifier les problèmes liés à la gestion des stocks (vaccins, diluants, pétrole, pièces détachées, outils de gestion, etc.) et à la gestion de la chaîne du froid,
- Faire le feedback aux provinces et zones de santé.

Commission de mobilisation sociale

- Analyser et identifier les problèmes de communication et leurs causes
- Faire des suggestions/recommandations pour améliorer
- Définir les stratégies efficaces de communication sur le PEV
- Identifier les partenaires au niveau de la communauté

- Impliquer et former les Relais communautaires dans le suivi des perdus de vue et dans la gestion des rumeurs
- Développer des stratégies susceptibles d'accroître le lien entre les structures sanitaires et la communauté pour le PEV.

Mobilisation des ressources

- Renforcer le plaidoyer en faveur du PEV
- Identifier les Zones non appuyées
- Déterminer les domaines sans appui
- Identifier les donateurs potentiels et faire le Suivi (Recouvrement)
- Préparer les réunions de plaidoyer
- Elaborer le Rapport au cours des réunions du CCCIA/CNC

Le CCIA stratégique (composé des chefs d'agences) va approuver et suivre les recommandations des différentes commissions de CCIA.

Le pays dispose déjà du NITAG opérationnel depuis décembre 2017

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?

Depuis plus de 5 ans, la RDC a amorcé le processus de décentralisation administrative en mettant sur pied des gouvernements provinciaux qui ont en charge la responsabilité d'assurer les soins de santé de qualité aux populations de leurs entités respectives (Cfr Articles 202, 203 et 204 de la constitution du 18 février 2006).

En application de ces dispositions constitutionnelles et pour relancer définitivement le Programme Elargi de Vaccination :

□ Le Gouvernement central s'occupera de la politique, des stratégies, des normes, des directives (faire l'arbitrage entre les différents projets et programme, de l'achat des vaccins, des matériels d'inoculation et de leur expédition aux chefs lieux des provinces et l'obtention des facilités douanières en exonération des matériels de chaîne de froid, d'inoculation et d'autres intrants;

□ Les Gouvernements provinciaux s'occuperont des soins de santé de base et assureront la mise en oeuvre de la politique nationale ainsi que les coûts opérationnels (distribution des intrants, l'achat du pétrole, conservation du vaccin...).

Une meilleure collaboration intra sectorielle dans le cadre du CNP des actions de santé permettra de mobiliser plus de ressources et mieux les utiliser.

Pour assurer la pérennité financière du PEV, le pays va recourir aux stratégies suivantes :

- Mobilisation des ressources adéquates à travers les plaidoyer aux Gouvernement et partenaires;
- La facilitation à l'accès au financement et
- La gestion rationnelle de ressources.

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.

voir la section 2.4.2. du plan d'introduction du VAR 2

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'appui à l'introduction de la seconde dose du VAR sera une opportunité pour renforcer la mise en œuvre des activités de vaccination de routine et par voie de conséquence améliorer les couvertures vaccinales. En effet:

- La formation de tout le personnel en prévision de l'introduction de la seconde dose de VAR sera utilisée pour renforcer les capacités du personnel de santé sur les activités innovantes permettant d'améliorer l'équité de la couverture
- Les visites de supervisions seront aussi capitalisées pour

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 9

Les fonds RSS en vigueur pourront être capitalisés pour l'appui au fonctionnement des équipements de la chaîne du froid mais aussi pour le renforcement des capacités de stockage nécessaire à l'introduction de la seconde dose de VAR. Ces fonds (RSS) facilitent également le distribution des vaccins et autres intrants dans les différentes provinces et Zones de santé. Enfin, les fonds RSS sont utilisés pour améliorer la génération de la demande vaccination nécessaire à l'amélioration de l'utilisation de la seconde dose de VAR

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 follow up campaign, etc.).

1. Préparation et soumission de la proposition à Gavi pour l'introduction du vaccin combiné contre la Rougeole et la Rubéole
2. Mise en œuvre de rattrape au vaccin combiné contre la Rougeole et la Rubéole
3. Introduction dans la vaccination systématique de deux doses de vaccin combiné contre la Rougeole et la Rubéole
4. Renforcement de la surveillance du syndrome de rubéole congénitale
5. Évaluation post introduction du vaccin combiné contre la Rougeole et la Rubéole

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 d'introduction VAR2 25022020 26-02-20 13.05.00.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** [Prévision budgétaire VAR2RDC19012020 26-02-20 13.06.39.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.

Endorsement by coordination and advisory groups

- ✓ **National coordination forum meeting minutes, with endorsement of application, and including signatures** [Compte rendu CNC Mardi 21 01 2020 23-01-20 14.54.23.pdf](#)

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

- ✓ **NITAG meeting minutes** [PV réunion GTCV lubumbashi 23-01-20 15.07.16.pdf](#)
with specific recommendations on the NVS introduction or campaign

Vaccine specific

- ✓ **cMYP addendum** [PPACRDC 2020202423 01 2020BLGavi 23-01-20 18.42.11.pdf](#)
Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP

- ✓ **Annual EPI plan** [PAO2020NARRATIF07 Novembre 2019 23-01-20 18.45.32.pdf](#)
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

MCV1 self-financing commitment letter **No file uploaded**

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.

- ✓ **Measles (and rubella) strategic plan for elimination** [Plan strategique d'Elimination rougeole en RDC 2012 2020Final 23-01-20 18.40.24.pdf](#)

If available



Other documents (optional)

[RapportGEVDRC 2019 VF.doc 23-01-20_19.11.06.pdf](#)

[Liste de présencesRéunion Comité National Lutte contre la maladie21 01 2020_23-01-20_19.18.28.pdf](#)

[Page Signature Minsite de la Santé_23-01-20_19.25.06.pdf](#)

[Page signatures partenaires_23-01-20_19.30.10.pdf](#)

[Outils costing PPAC_23-01-20_19.33.30.xlsx](#)

[PLAN DAMELIORATION GEV RDC 20191_23-01-20_20.32.10.pdf](#)

[Intégration commentaires de Gavi_26-02-20_13.10.21.docx](#)

[Compte rendu CNCMardi 21 01 2020_23-01-20_18.49.07.pdf](#)

[Signature Min Finanaces_05-03-20_13.49.53.jpg](#)

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 10

IPV Routine

2020

2021

2022

Country Co-financing (US\$)

Gavi support (US\$)	3,692,530	3,766,533	3,841,342
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PCV Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	1,613,900	1,684,746	1,743,072	1,802,651	1,863,470
Gavi support (US\$)	22,811,522	23,812,897	24,637,297	25,479,414	26,339,050

Pentavalent Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	4,654,494	4,686,437	4,807,393	2,030,013	2,098,502
Gavi support (US\$)	12,206,290	12,305,263	12,626,635	5,603,160	5,792,202

Rota Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	495,886	564,653	674,686	705,668	754,894
Gavi support (US\$)	3,392,629	3,863,097	4,615,895	4,827,856	5,164,641

YF Routine

	2020	2021	2022	2023	2024
Country Co-financing (US\$)	601,273	627,114	648,379	670,093	692,251
Gavi support (US\$)	3,235,445	3,374,494	3,488,920	3,605,762	3,724,992

Total Active Vaccine Programmes

	2020	2021	2022	2023	2024
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Total country co-financing (US\$)	7,365,553	7,562,950	7,873,530	5,208,425	5,409,117
Total Gavi support (US\$)	45,338,416	47,122,284	49,210,089	39,516,192	41,020,885
Total value (US\$) (Gavi + Country co-financing)	52,703,969	54,685,234	57,083,619	44,724,617	46,430,002

New Vaccine Programme Support Requested

Measles 1st and 2nd dose routine

	2021	2022	2023
Country Co-financing (US\$)	3,319,500	2,755,000	2,838,000
Gavi support (US\$)	2,437,000	1,924,500	1,982,500

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\$)

	2020	2021	2022	2023	2024
Total country co-financing (US\$)	7,365,553	10,882,450	10,628,530	8,046,425	5,409,117
Total Gavi support (US\$)	45,338,416	49,559,284	51,134,589	41,498,692	41,020,885
Total value (US\$) (Gavi + Country co-financing)	52,703,969	60,441,734	61,763,119	49,545,117	46,430,002

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
MUKAMBA	Médecin	+243824192070	elisabethmukamba@gmail.com	Programme Elargi
MUSENGA	Directeur du PEV			de Vaccination RD
Elisabeth				Congo

Comments

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

No Response

Government signature form

The Government of Congo, Democratic Republic of the 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 1st and 2nd dose routine

The Government of Congo, Democratic Republic of the 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)

Name

Date

Signature

Minister of Finance (or delegated authority)

Name

Date

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

<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

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.