



## **Application Form for Gavi NVS support**

Submitted by

**The Government of Madagascar**

**for**

Measles 1st and 2nd dose routine and Measles follow-up campaign

## **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.

## **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/>

## **Review and update country information**

### **Country profile**

#### **2.1.1 Country profile**

Eligibility for Gavi support

Eligible
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Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

26 June 2013

Country tier in Gavi's Partnership Engagement Framework

2

Date of Programme Capacity Assessment

February 2016

## 2.1.2 Country health and immunisation data

Please provide the following information on the country's health and immunisation budget and expenditure.

What was the total Government expenditure (US\$) in 2016?

1250038

What was the total health expenditure (US\$) in 2016?

561671000

What was the total Immunisation expenditure (US\$) in 2016?

30895938

Please indicate your immunisation budget (US\$) for 2016.

59426160

Please indicate your immunisation budget (US\$) for 2017 (and 2018 if available).

47798535 en 2017 et 60999834 en 2018

### 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

2015

To

2019

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

2016-2019

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.

From

2018

To

2020

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.

A Madagascar toute importation de vaccins est sujet à une clearance de la douane avant livraison. Cependant cette clearance ne fait pas l'objet de taxation que cela soit les vaccins achetés par le Gouvernement ou par les partenaires. Pour cela avant l'arrivée des vaccins, le

service de douane doit recevoir au préalable dès l'alerte d'arrivée des vaccins : le certificat d'analyse du produit importé, le certificat d'origine, la lettre de transport aérien (AWB), la facture et le packing list.

### 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.

L'agence nationale de réglementation dénommé Agence du Médicament de Madagascar (AMM) qui est sous la tutelle du Ministère de la santé est certifié par OMS. Elle st charge des autorisations de mise sur le marché et l'acceptation ou non de l'introduction d'un nouveau vaccins dans le calendrier vaccinal à Madagascar. Sur base du dossier soumis par la Direction du PEV, elle délivre l'Autorisation de Mise sur le Marché.  
 Contact : Agence du Médicament de Madagascar – BP 8145 – 101 Antananarivo – Madagascar – Tel (261) 2022 365 22 - Fax (261) 2022 239 73

## National Immunisation Programmes

### 2.2.2 Financial Overview of Active Vaccine Programmes

#### IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	1,908,500	1,973,745	2,011,557	2,048,418	2,084,375

#### PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	525,843	561,838	607,457	610,398	620,998
Gavi support (US\$)	8,249,500	9,173,500	8,712,179	8,754,358	8,906,375

#### Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	559,724	602,104	598,735	609,212	619,791
Gavi support (US\$)	1,647,000	1,564,000	1,517,357	1,543,908	1,570,717

#### Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	308,400	354,000	361,025	367,567	373,950
Gavi support (US\$)	2,895,500	3,323,500	3,389,071	3,450,486	3,510,404

#### <b>Summary of active Vaccine Programmes</b>

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	1,393,967	1,517,942	1,567,217	1,587,177	1,614,739
Total Gavi support (US\$)	14,700,500	16,034,745	15,630,164	15,797,170	16,071,871
Total value (US\$) (Gavi + Country co-financing)	16,094,467	17,552,687	17,197,381	17,384,347	17,686,610

## 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'analyse de la situation de la vaccination à Madagascar a révélé que la pauvreté, le sexe et le lieu de résidence constituent des facteurs majeurs d'inégalité en matière de couverture vaccinale. Tout comme dans de nombreux pays, les inégalités entre les zones urbaines et rurales sont importantes. Tirant leçons de ces constats et pour y remédier, Madagascar a entrepris depuis 2015, en plus de l'organisation deux fois par an de la Semaine Santé Mère Enfant qui permet en une semaine d'assurer une offre intégrée de service de vaccination sur l'ensemble du pays y compris les zones difficile d'accès, d'organiser les Journées d'intensification de la vaccination 3 à 4 fois par an. Les 2 passages de la SSME permettent à elles seules de rattraper au moins 40% des enfants non vaccinés en rougeole pour la période concernée. A cela s'ajoute le renforcement de la capacité de stockage des vaccins avec la solarisation qui permet d'assurer la disponibilité en continue de vaccins de qualité notamment dans les zones difficiles d'accès. A ce jour, 25% des CSB soit 676 CSB sont équipés en réfrigérateurs solaires et ce chiffre devrait passer à 902 (37%) en fin 2018 avec l'installation des équipes acquis par le gouvernement et ses partenaires notamment avec les reliquats du RSS1. En terme de prestation de services, la mise en œuvre de l'approche Atteindre Chaque Enfant qui revient aux fondements de base de la vaccination avec la mise en œuvre effective des différentes composantes dont le volet communautaire, contribue au renforcement de la couverture et de l'équité. Si à ce jour seulement 54 districts sur les 114 ont déjà finalisé le processus de micro planification, les autres districts devraient progressivement les rejoindre et identifier ainsi les enfants insuffisamment ou non vaccinés et les causes de cette non vaccination pour les adresser et ainsi contribuer à l'augmentation de la couverture et de

l'équité. La mise en œuvre de l'approche urbaine en cours actuellement dans le districts urbain de Antananarivo et qui servira de pilote pour le passage à l'échelle, contribuera aussi à résoudre les questions d'équité en milieu urbain et qui pose une autre problématique différente de celle observée dans les zones rurales.

Toutes ces actions en cours devraient permettre à Madagascar, non seulement d'améliorer significativement les couvertures vaccinales, mais aussi permettre au pays d'enregistrer de bonnes performances à l'introduction de la seconde dose contre la rougeole.

## 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

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	<b>Country strategic multi-year plan</b>  Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	<a href="#">MDGPPAC 20182020Version 01062018_01-06-18_15.58.38.pdf</a>
	<b>Country strategic multi-year plan / cMYP costing tool</b>	<a href="#">MadcMYPV3.9.420182020Version30052018_31-05-18_11.26.49.xlsx</a>
	<b>Effective Vaccine Management (EVM) assessment</b>	<a href="#">MDGRapportGEV310518_31-05-18_15.01.12.pdf</a>

✓	<b>Effective Vaccine Management (EVM): most recent improvement plan progress report</b>	<a href="#">Rapport intermédiaire du plan damélioration GEV_31-05-18_13.39.11.pdf</a>
✓	<b>Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators</b>	<a href="#">MDGImmunization performance and data desk reviewformaté_30-04-18_18.52.03.pdf</a>
	<b>Data quality and survey documents: Immunisation data quality improvement plan</b>	<b>No file uploaded</b> <input type="text" value="le plan est en cours d'élaboration"/>
✓	<b>Data quality and survey documents: Report from most recent desk review of immunisation data quality</b>	<a href="#">MDGImmunization performance and data desk reviewformaté_01-05-18_23.38.06.pdf</a>
	<b>Data quality and survey documents: Report from most recent in-depth data quality evaluation including immunisation</b>	<b>No file uploaded</b> <input type="text" value="pas disponible"/>
✓	<b>Human Resources pay scale</b> If support to the payment of salaries, salary top ups, incentives and other allowances is requested	<a href="#">Circulaire Grille frais de mission 08 02 16_31-05-18_18.27.10.pdf</a>

## Coordination and advisory groups documents

✓	<b>National Coordination Forum Terms of Reference</b> ICC, HSCC or equivalent	<a href="#">160718 DRAFT 2 TDR CCSS et CCIA_01-05-18_21.05.09.doc</a>
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**National Coordination Forum meeting minutes of the past 12 months**

[MDGFiche de présence CCIA décisionnel11 mai 2018\\_31-05-18\\_18.30.01.pdf](#)

[Fiche de Présence Reunion RSSGAVI\\_01-05-18\\_23.48.47.pdf](#)

[PV 250717\\_01-05-18\\_23.49.17.PDF](#)

[PV CCIACCSS080617\\_01-05-18\\_23.49.56.doc](#)

[PV 101017\\_01-05-18\\_23.50.19.PDF](#)

[MDGPV de réunion CCIA senior du 11 mai 2018\\_31-05-18\\_18.29.14.pdf](#)

**Other documents**



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**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.

[MADDPEVPTA 2018VF1\\_01-05-18\\_20.46.23.docx](#)

[PlanStrategiqueRR20182022\\_01-05-18\\_21.05.38.docx](#)

[MDGRapport  
TechniqueCampagneVARSSME2016\\_31-05-18\\_13.44.36.pdf](#)

[MDGENQUETE POST CAMPAGNE  
OCTOBRE 2016 RAPPORT FINAL\\_31-05-18\\_13.45.06.pdf](#)

[MDGPlan Campagne VAR 2019GAVI  
Version 31052018\\_31-05-18\\_18.32.23.pdf](#)

[MadagascarRapportFinalEvaluation  
RisqueRougeole 2018V01052018\\_01-05-18\\_20.45.06.docx](#)

## Measles follow-up campaign

### Vaccine and programmatic data

#### 3.1.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.  
Measles follow-up campaign

Preferred presentation	M, 10 doses/vial, lyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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	1 July 2019
Planned launch date	14 October 2019
Support requested until	2019

#### 3.1.1.2 Vaccine presentation registration or licensing

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

Le vaccin 5 doses lyophilisé n'est pas encore enregistré au niveau du pays et nécessite une durée de 1 mois pour être sûr d'achever ce processus avant l'arrivée du vaccin. La licence sera obtenue au mois de juin 2019 étant donné que les vaccins sont attendus en juillet 2019

#### 3.1.1.3 Vaccine procurement

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

Yes

No

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.

## Target Information

### 3.1.2.1 Targets for campaign vaccination

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 follow-up campaign:

From 9 weeks  months  years

To 59 weeks  months  years

	2019
Population in target age cohort (#)	4,056,235
Target population to be vaccinated (first dose) (#)	4,056,235
Estimated wastage rates for preferred presentation (%)	10

### 3.1.2.2 Targets for measles routine first dose (M1)

To be eligible for measles and rubella vaccine support, **countries must be fully financing with domestic resources the measles mono-valent vaccine component of MCV1** which is already in their national immunisation schedule, or have firm written commitments to do so. Please provide information on the targets and total number of doses procured for measles first dose.

	2019
Population in the target age cohort (#)	900,484
Target population to be vaccinated (first dose) (#)	846,455
Number of doses procured	1,125,785

## Co-financing information

### 3.1.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles follow-up campaign  
2019

10 doses/vial,lyo	0.31
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Commodities Price (US\$) - Measles follow-up campaign (applies only to preferred presentation)  
2019

AD syringes	0.04
Reconstitution syringes	0.04
Safety boxes	0.47
Freight cost as a % of device value	0.02

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

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

	2019
Country co-financing share per dose (%)	2
Minimum Country co-financing per dose (US\$)	0.01
Country co-financing per dose (enter an amount equal or	0.01

above  
minimum)(US\$)

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

Measles follow-up campaign  
2019

Vaccine doses financed by Gavi (#)	4,368,100
Vaccine doses co-financed by Country (#)	134,400
AD syringes financed by Gavi (#)	4,461,900
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	495,300
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	54,550
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi (\$)	147,367
Freight charges co-financed by Country (\$)	4,533
	2019
Total value to be co-financed (US\$) Country	45,500



Total value to be financed (US\$) Gavi	1,692,000
Total value to be financed (US\$)	1,737,500

### 3.1.3.4 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.

2019	
Minimum number of doses financed from domestic resources	
Country domestic funding (minimum)	344,490.21

### 3.1.3.5 Co-financing payment

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

En 2017, l'état Malgache a payé la totalité de cofinancement des nouveaux vaccins. Avec la promulgation de la loi sur la vaccination en 2017 et la création de l'agence de fonds pour les vaccins en 2018, il sera plus facile d'obtenir le montant total de cofinancement de nouveaux vaccins et de la deuxième dose rougeole pour les années à venir. Néanmoins, le plaidoyer devra se poursuivre avec l'appui des parlementaires et des partenaires.

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 2019

## Financial support from Gavi

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

Measles follow-up campaign

Population in the target age cohort (#)

4,056,235

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

0.65

Total in (US\$)

2,636,552.75

Funding needed in  
country by

31 January 2019

### 3.1.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how 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. 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\$)

29388

Total amount - Other donors (US\$)

0

Total amount - Gavi support (US\$)

4705501

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

0.0073

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

0

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

0.65

### 3.1.4.3 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.

Le financement de la campagne passera par le mecanisme habituel à travers les partenaires de l'alliance Gavi (OMS et UNICEF).L'OMS se chargera des coûts opérationnels exeptés ceux liés à la communication alors que l'UNICEF se chargera des coûts de la communication. L'achat vaccins et matériels d'injection sera fait directement par Gavi à travers l'UNICEF.

### 3.1.4.4 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 coûts opérationnels seront transférés à l'OMS (Personnel, supervision, microplanification, formation, distribution des intrants, reproduction des outils de gestion, gestion des MAPI, ...) et à l'UNICEF (Communication / mobilisation sociale)

### 3.1.4.5 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.

L'assistance technique nécessaire sera reflétée dans le TCA OMS-UNICEF de 2019. Les domaines qui seront concernés sont : la logistique, le suivi de la préparation de la campagne, la communication, le renforcement de la vaccination de routine pendant la campagne, l'enquête postcampagne. Les besoins spécifiques seront identifiés lors de l'évaluation conjointe qui est prévue en juillet 2018.

## Strategic considerations

### 3.1.5.1 Rationale for this request

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

Section 1.4

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

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

La campagne de suivi contre la rougeole est prévue dans le PPAC révisé qui couvre la période 2018-2020. Ce PPAC a été élaboré en harmonie avec le Plan National du Développement Sanitaire pour 2016-2019 et le plan stratégique d'élimination de la rougeole rubéole 2018 - 2022 qui a été élaboré sur base de l'analyse de risque rougeole.

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

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request. If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.

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

Le comité de coordination CCSS/CCIA est l'organe suprême de décision. Ce comité est en charge de la consultation, de la coordination des activités et de l'approbation des propositions émanant du comité technique. Le Ministre de la Santé Publique ou son Représentant officiel préside et dirige le comité.

Le comité de coordination CCSS/CCIA est composé de 30 membres issus des partenaires et organisations œuvrant dans le secteur santé en général et de la Vaccination en particulier à Madagascar et disposant d'une notoriété démontrée au niveau de leur secteur respectif.

Le CCSS/CCIA s'appuie sur des comités (techniques, thématique ad hoc.....) pour l'éclairer dans les prises de décisions.

L'engagement du nouveau comité CCIA/CCSS consiste à représenter Madagascar vis-à-vis de GAVI, discuter, fournir des orientations générales, approuver et soumettre des propositions viables, conformes aux stratégies et priorités du pays à GAVI.

### 3.1.5.4 Financial sustainability

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

Avec la promulgation de la loi sur la vaccination en 2017 et la création de l'agence de fonds pour les vaccins en 2018, il sera plus facile d'obtenir le montant total de cofinancement de nouveaux vaccins et de la deuxième dose rougeole pour les années à venir. Néanmoins, le plaidoyer devra se poursuivre avec l'appui des parlementaires et des partenaires.

### 3.1.5.5 Programmatic challenges

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

- Atteinte de taux de couverture vaccinale nationale à 90% pour tous les antigènes et au moins 80% dans chaque district ;
- Obtention de la certification d'un pays libre de la polio ;
- Prestation de qualité par la disponibilité de tous les antigènes et les intrants à tout moment au niveau central et districts ;
- Fonctionnalité permanente des équipements de chaîne du froid ;
- Renforcement des capacités des acteurs à tous les niveaux ;
- Harmonisation de la coordination à tous les niveaux et de la collaborations avec les partenaires ;
- Bonne gouvernance.

L'approche ACD/ACE y compris la stratégie urbaine sera mise en œuvre pour accélérer l'atteinte des objectifs de couverture vaccinale et d'équité. Le renforcement des capacités du

Personnel sera assuré à tous les niveaux pour améliorer la qualité des prestations et des données. Aussi, le projet CCEOP sera déjà en cours de réalisation pour augmenter la capacité de la chaîne de froid surtout au niveau opérationnel. Concernant la bonne gouvernance, le ministère est entrain de prendre des mesures pour éviter les erreurs et irrégularités révélés par l'audit et investigation de Gavi.

### 3.1.5.6 Improving coverage and equity of routine immunisation

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

Lors de la planification et de la mise en œuvre la campagne rougeole à Madagascar, les activités suivantes seront mises en œuvre pour renforcer la vaccination de routine et la surveillance des MEV:

- La micro-planification de la campagne rougeole sera une opportunité pour actualiser le micro-plan des activités de routine (vaccination systématique et surveillance).
- La formation des différents acteurs lors de la campagne rougeole aussi l'occasion de renforcer les capacités sur les domaines spécifiques qui enregistrent des gaps de façon récurrente : gestion des vaccins, l'administration des vaccins injectables y compris le VAR, le monitoring/suivi des vaccinations effectuées, la surveillance des MEV, la gestion des déchets. Le manuel de formation devra intégrer tous ces aspects. Des supports standards de formation (agenda, présentations, exercices, exemples,...) seront produits pour faciliter et harmoniser la formation dans tous les districts sanitaires.
- Les outils de suivi de la campagne rougeole seront utilisés pour documenter les zéro doses (les enfants recevant la vaccination contre la rougeole pour la première fois après 9 mois comme moyen essentiel pour identifier les zones mal couvertes pour la vaccination de routine). La fiche de suivi des enfants zéro dose sera adaptée pour identifier les raisons de non vaccination de ces enfants. Cette opportunité sera saisie pour passer le message sur l'importance de faire vacciner les enfants contre la rougeole avant leur premier anniversaire.
- La communication en faveur de la campagne rougeole sera mise à profit pour passer les messages essentiels sur la vaccination de routine: le calendrier vaccinal, la nécessité de conserver la carte de vaccination et le ramener à chaque consultation. Cette communication devra s'étendre sur une période de 1 à 3 mois et permettra de préparer l'introduction de la 2ème dose rougeole pour faciliter son acceptation par la population. Les résultats des études antérieures (enquêtes CAP, MI,...) seront utilisés pour cibler les messages essentiels et adaptés à chaque cible. Dans la situation de Madagascar, la cartographie des refus et des résistances sera mise à cet effet. La diffusion des messages intégrés devra se poursuivre même après la campagne en utilisant les champions nationaux qui seront identifiés pour la campagne. Les supports de communication de la campagne rougeole seront conçus de telle sorte qu'ils servent pour sensibiliser aussi pour la routine après la campagne. Les agents communautaires seront des acteurs principaux de cette sensibilisation intégrée pour la campagne, la vaccination de routine et la surveillance à base communautaire.
- La logistique de la campagne sera aussi exploitée pour non seulement renforcer le fonctionnement de la chaîne du froid au niveau es DS, mais aussi pour acheminer les intrants du PEV de routine en cas de besoin.
- Les supervisions pré et per campagne rougeole serviront à superviser les aspects essentiels du système de vaccination, notamment la chaîne du froid, l'archivage des données, implication de la communauté, l'analyse et l'utilisation des données, la coordination. Le checklist e supervision de la campagne rougeole sera amélioré et mis sur ODK

collect/eSurv pour être exploité facilement. La synthèse de la supervision permettra de ressortir les domaines à améliorer et de proposer des actions correctrices qui feront l'objet d'un feedback écrit.

- La surveillance des MAPI sera renforcée lors de la campagne rougeole. En effet, le guide national validé ainsi que les outils de notification et d'investigation seront reproduits et mis à la disposition de tous les DS lors de cette campagne. Le module de formation contenant les informations essentielles sera aussi ajouté aux supports de formation de la campagne.
- L'évaluation de la campagne à chaque niveau sera une occasion de faire la revue globale du PEV avec les trois aspects : vaccination de routine, surveillance des MEV et campagne rougeole, avant la validation des résultats. Le rapport de cette évaluation sera partagé pour faciliter la mise en œuvre des recommandations. L'enquête post-campagne rougeole sera focalisée sur la campagne étant donné qu'une ECV sera déjà organisée en 2018, mais certains aspects de routine pourront être vérifiés à cette occasion, selon le besoin du programme. Cela sera facilité par le fait que l'INSTAT sera impliqué dans les 2 enquêtes. De façon générale, les leçons apprises lors des meilleures pratiques utilisées de la campagne rougeole seront documentées et intégrées dans le plan opérationnel 2020 du PEV pour renforcer la vaccination de routine et la surveillance des MEV.

Le financement de ce renforcement sera intégré dans différentes rubriques du budget de la campagne.

### 3.1.5.7 Synergies

Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.

Les différentes activités préparatoires de la campagne de suivi constituent une opportunité pour préparer l'introduction de la seconde dose en routine. C'est pour cette raison que certains coûts n'ont pas été repris dans le budget d'introduction de VAR2

### 3.1.5.8 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.).

- Préparation du plan de la campagne de suivi rougeole et du plan de l'introduction de VAR2
- Mise en place de la surveillance sentinelle du syndrome de rubéole congénitale
- renforcement de la surveillance de la rougeole et des MAPI

## Report on Grant Performance Framework

### 3.1.6.1 Grant Performance Framework – Application Instructions

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

### Required

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

### Optional

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

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

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

## Upload new application documents

### 3.1.7.1 Upload new application documents

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

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

### Application documents



**New vaccine introduction plan (NVIP) and/or campaign plan**

[MDGPlan Campagne VAR 2019GAVI  
Version 31052018\\_31-05-18\\_19.07.22.pdf](#)



	<p><b>of action (PoA), including checklist &amp; activity list and timeline</b></p> <p>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.</p>	<p><a href="#">MDGPlan Introduction VAR 2GAVIVersion31052018_31-05-18_19.06.21.pdf</a></p>
<p>✓</p>	<p><b>Gavi budgeting and planning template</b></p>	<p><a href="#">MADModèle de prévision budgétaire31052018 AMVF_31-05-18_19.18.00.xls</a></p>
<p>✓</p>	<p><b>Most recent assessment of burden of relevant disease</b></p> <p>If not already included in detail in the Introduction Plan or Plan of Action.</p>	<p><a href="#">MadagascarRapportFinalEvaluation RisqueRougeole 2018V01052018_31-05-18_19.22.45.pdf</a></p>
<p>✓</p>	<p><b>Campaign target population (if applicable)</b></p>	<p><a href="#">MADUtility 201801062018_01-06-18_14.37.11.xlsx</a></p>
<p><b>Endorsement by coordination and advisory groups</b></p>		
<p>✓</p>	<p><b>National coordination forum meeting minutes, with endorsement of application, and including signatures</b></p> <p>The minutes of the national coordination forum meeting should mention the domestic funding of MCV1</p>	<p><a href="#">Lettre dengagemntachat VAR 1_01-06-18_13.45.19.pdf</a></p> <p><a href="#">MDGFiche de présence CCIA décisionnel11 mai 2018_01-06-18_13.44.47.pdf</a></p> <p><a href="#">MDGPV de réunion CCIA senior du 11 mai 2018_01-06-18_13.44.13.pdf</a></p>
<p><b>No file uploaded</b></p>		



### NITAG meeting minutes

with specific recommendations on the NVS introduction or campaign

Le NITAG n'est pas encore fonctionnel à Madagascar

## Vaccine specific



### cMYP addendum

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

No file uploaded

Pas nécessaire parceque le PPAC est complet



### 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

[MADDPEVPTA 2018VF1\\_01-05-18\\_22.42.38.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.

[Lettre dengagemntachat VAR 1\\_01-06-18\\_13.46.17.pdf](#)



### Measles (and rubella) strategic plan for elimination

If available

[PlanStrategieRR20182022\\_01-05-18\\_22.43.49.docx](#)

### Other documents (optional)

No file uploaded

## Measles 1st and 2nd dose routine

### Vaccine and programmatic data

#### 3.2.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.  
Measles 1st and 2nd dose routine

Preferred presentation	M, 10 doses/vial, lyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	M, 5 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Required date for vaccine and supplies to arrive	1 October 2019
Planned launch date	5 January 2020
Support requested until	2020

### 3.2.1.2 Vaccine presentation registration or licensing

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

Le vaccin 5 doses lyophilisé n'est pas encore enregistré au niveau du pays et nécessite une durée de 1 mois pour être sûr d'achever ce processus avant l'arrivée du vaccin. La licence sera obtenue au mois de juin 2019 étant donné que les vaccins sont attendus en juillet 2019

### 3.2.1.3 Vaccine procurement

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

Yes  No

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.

## Target Information

### 3.2.2.1 Targets for routine vaccination

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

15 weeks  months  years

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

18 weeks  months  years

	2020
Population in the target age cohort (#)	924,797
Target population to be vaccinated (first dose) (#)	878,557
Target population to be vaccinated (last dose) (#)	832,317
Estimated wastage rates for preferred presentation (%)	25

## Co-financing information

### 3.2.3.1 Vaccine and commodities prices

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

	2020
10 doses/vial, lyo	0.31

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

	2020
AD syringes	0.04
Reconstitution syringes	0.04

Safety boxes	0.47
Freight cost as a % of device value	0.02

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

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

	2020
Country co-financing share per dose (%)	65.36
Minimum Country co-financing per dose (US\$)	0.2
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.2

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

Measles routine, 1st and 2nd dose

	2020
Vaccine doses financed by Gavi (#)	1,146,900
Vaccine doses co-financed by Country (#)	1,697,500
AD syringes financed by Gavi (#)	2,507,800
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	312,900

Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	31,050
Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi (\$)	38,177
Freight charges co-financed by Country (\$)	56,504

	2020
Total value to be co-financed (US\$) Country	569,000
Total value to be financed (US\$) Gavi	514,500
Total value to be financed (US\$)	1,083,500

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

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

	2020
Minimum number of doses financed from domestic resources	588,948.7
Country domestic funding (minimum)	159,016.15

### 3.2.3.5 Co-financing payment

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

En 2017, l'état Malgache a payé la totalité de cofinancement des nouveaux vaccins. Avec la promulgation de la loi sur la vaccination en 2017 et la création de l'agence de fonds pour les vaccins en 2018, il sera plus facile d'obtenir le montant total de cofinancement de nouveaux vaccins et de la deuxième dose rougeole pour les années à venir. Néanmoins, le plaidoyer devra se poursuivre avec l'appui des parlementaires et des partenaires.

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

2019

### Financial support from Gavi

#### 3.2.4.1 Routine Vaccine Introduction Grant(s)

Measles-rubella 1st and 2nd dose routine  
Live births (year of introduction)

924,797

Gavi contribution per live birth (US\$)

0.8

Total in (US\$)

739,837.6

Funding needed in country by

31 July 2019

### 3.2.4.2 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\$)

739837.6

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\$)

0.8

### 3.2.4.3 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.



Avec la situation actuelle de la suspension du financement Gavi, le financement de l'introduction de la deuxième dose de la rougeole pourra passer par les partenaires de l'alliance Gavi (OMS et UNICEF). Si la situation s'améliore d'ici l'échéance, ce financement pourra passer par le gouvernement selon les procédures habituelles.

#### 3.2.4.4 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%.

Avec la situation actuelle de la suspension du financement Gavi, le financement de l'introduction de la deuxième dose de la rougeole pourra passer par les partenaires de l'alliance Gavi (OMS et UNICEF). Si la situation s'améliore d'ici l'échéance, ce financement pourra passer par le gouvernement selon les procédures habituelles.

#### 3.2.4.5 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.

L'introduction de VAR2 n'a pas besoin d'une assistance technique spécifique. Toutefois, les besoins précis à l'assistance technique pourront être identifiés lors de l'évaluation conjointe qui sera prévue en juillet 2018. Cela sera reflété dans le TCA 2018 si nécessaire.

### Strategic considerations

#### 3.2.5.1 Rationale for this request

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

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

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

L'introduction de VAR2 figure dans le PPAC 2018-2020 selon les références suivantes:  
6.2.2 Objectif spécifique N°10  
Tableau 17 Jalons des indicateurs de couverture vaccinale du programme  
9.4 Surveillance des maladies évitables par la vaccination

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

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request. If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines. In the absence of a NITAG, countries should clarify the role and functioning of the advisory group and describe plans to establish a NITAG.

Le comité de coordination CCSS/CCIA est l'organe suprême de décision. Ce comité est en charge de la consultation, de la coordination des activités et de l'approbation des propositions émanant du comité technique. Le Ministre de la Santé Publique ou son Représentant officiel préside et dirige le comité.  
Le comité de coordination CCSS/CCIA est composé de 30 membres issus des partenaires et organisations œuvrant dans le secteur santé en général et de la Vaccination en particulier à Madagascar et disposant d'une notoriété démontrée au niveau de leur secteur respectif.  
Le CCSS/CCIA s'appuie sur des comités (techniques, thématique ad hoc...) pour l'éclairer dans la prise de décisions.  
L'engagement du nouveau comité CCIA/CCSS consiste à représenter Madagascar vis-à-vis de GAVI, discuter, fournir des orientations générales, approuver et soumettre des propositions viables, conformes aux stratégies et priorités du pays à GAVI.

### 3.2.5.4 Financial sustainability

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

Avec la promulgation de la loi sur la vaccination en 2017 et la création de l'agence de fonds pour les vaccins en 2018, il sera plus facile d'obtenir le montant total de cofinancement de

nouveaux vaccins et de la deuxième dose rougeole pour les années à venir. Ces fonds contribueront également au fonctionnement du PEV et à la mise en œuvre des activités. Néanmoins, le plaidoyer devra se poursuivre avec l'appui des parlementaires et des partenaires.

### 3.2.5.5 Programmatic challenges

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

- Atteinte de taux de couverture vaccinale nationale à 90% pour tous les antigènes et au moins 80% dans chaque district ;
- Obtention de la certification d'un pays libre de la polio ;
- Prestation de qualité par la disponibilité de tous les antigènes et les intrants à tout moment au niveau central et districts ;
- Fonctionnalité permanente des équipements de chaîne du froid ;
- Renforcement des capacités des acteurs à tous les niveaux ;
- Harmonisation de la coordination à tous les niveaux et de la collaborations avec les partenaires ;
- Bonne gouvernance.

L'approche ACD/ACE y compris la stratégie urbaine sera mise en œuvre pour accélérer l'atteinte des objectifs de couverture vaccinale et d'équité. Le renforcement des capacités du Personnel sera assuré à tous les niveaux pour améliorer la qualité des prestations et des données. Aussi, le projet CCEOP sera déjà en cours de réalisation pour augmenter la capacité de la chaîne de froid surtout au niveau opérationnel. Concernant la bonne gouvernance, le ministère est entrain de prendre des mesures pour éviter les erreurs et irrégularités révélés par l'audit et investigation de Gavi.

### 3.2.5.6 Improving coverage and equity of routine immunisation

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

L'analyse de la situation de la vaccination à Madagascar a révélé que la pauvreté, le sexe et le lieu de résidence constituent des facteurs majeurs d'inégalité en matière de couverture vaccinale. Tout comme dans de nombreux pays, les inégalités entre les zones urbaines et rurales sont importantes. Tirant leçons de ces constats et pour y remédier, Madagascar a entrepris depuis 2015, en plus de l'organisation deux fois par an de la Semaine Santé Mère Enfant qui permet en une semaine d'assurer une offre intégrée de service de vaccination sur l'ensemble du pays y compris les zones difficile d'accès, d'organiser les Journées d'intensification de la vaccination 3 à 4 fois par an. Les 2 passages de la SSME permettent à elles seule de rattraper au moins 40% des enfants non vaccinés en rougeole pour la période concernée. A cela s'ajoute le renforcement de la capacité de stockage des vaccins avec la solarisation qui permet d'assurer la disponibilité en continue de vaccins de qualité notamment

dans les zones difficiles d'accès. A ce jour, 25% des CSB soit 676 CSB sont équipés en réfrigérateurs solaires et ce chiffre devrait passer à 902 (37%) en fin 2018 avec l'installation des équipes acquis par le gouvernement et ses partenaires notamment avec les reliquats du RSS1. En terme de prestation de services, la mise en œuvre de l'approche Atteindre Chaque Enfant qui revient aux fondements de base de la vaccination avec la mise en œuvre effective des différentes composantes dont le volet communautaire, contribue au renforcement de la couverture et de l'équité. Si à ce jour seulement 54 districts sur les 114 ont déjà finalisé le processus de micro planification, les autres districts devraient progressivement les rejoindre et identifier ainsi les enfants insuffisamment ou non vaccinés et les causes de cette non vaccination pour les adresser et ainsi contribuer à l'augmentation de la couverture et de l'équité. La mise en œuvre de l'approche urbaine en cours actuellement dans le districts urbain de Antananarivo et qui servira de pilote pour le passage à l'échelle, contribuera aussi à résoudre les questions d'équité en milieu urbain et qui pose une autre problématique différente de celle observée dans les zones rurales. Toutes ces actions en cours devraient permettre à Madagascar, non seulement d'améliorer significativement les couvertures vaccinales, mais aussi permettre au pays d'enregistrer de bonne performances à l'introduction de la seconde dose contre la rougeole.

### 3.2.5.7 Synergies

Describe potential synergies across planned introductions or campaigns. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines in a year. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions.

Les différentes activités préparatoires de la campagne de suivi constituent une opportunité pour préparer l'introduction de la seconde dose en routine. C'est pour cette raison que certains coûts n'ont pas été repris dans le budget d'introduction de VAR2. D'autre part, l'introduction de VAR2 servira à renforcer le PEV de routine en général à travers la communication, la reproduction des cartes infantiles et des outils de gestion du PEV, la formation du Personnel, la supervision formative, la surveillance ainsi que l'évaluation post introduction.

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

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

- Préparation du plan de la campagne de suivi rougeole et du plan de l'introduction de VAR2
- Mise en place de la surveillance sentinelle du syndrome de rubéole congénitale
- Renforcement de la surveillance de la rougeole et des MAPI
- Mise en œuvre de l'approche ACD/ACE pour améliorer la couverture de VAR 1

### 3.2.6.1 Grant Performance Framework – Application Instructions

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

#### Required

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

#### Optional

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

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

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

### [Upload new application documents](#)

#### 3.2.7.1 Upload new application documents

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

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

#### **Application documents**

✓	<p><b>New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist &amp; activity list and timeline</b></p> <p>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.</p>	<p><a href="#">MDGPlan Introduction VAR 2GAVIVersion31052018_31-05-18_19.31.51.pdf</a></p>
✓	<p><b>Gavi budgeting and planning template</b></p>	<p><a href="#">MADModèle de prévision budgétaire31052018 AMVF_31-05-18_19.32.33.xls</a></p>
✓	<p><b>Most recent assessment of burden of relevant disease</b></p> <p>If not already included in detail in the Introduction Plan or Plan of Action.</p>	<p><a href="#">MadagascarRapportFinalEvaluation RisqueRougeole 2018V01052018_31-05-18_19.34.10.pdf</a></p>
<p><b>Endorsement by coordination and advisory groups</b></p>		
✓	<p><b>National coordination forum meeting minutes, with endorsement of application, and including signatures</b></p> <p>The minutes of the national coordination forum meeting should mention the domestic funding of MCV1</p>	<p><a href="#">MDGFiche de présence CCIA décisionnel11 mai 2018_31-05-18_19.39.07.pdf</a></p> <p><a href="#">MDGSignatures des Ministres de la santé et des Finances_31-05-18_19.36.37.pdf</a></p> <p><a href="#">MDGPV de réunion CCIA senior du 11 mai 2018_31-05-18_19.36.04.pdf</a></p>
✓	<p><b>NITAG meeting minutes</b></p>	<p><a href="#">NITAG advocacy Mada4691_31-05-18_19.46.58.pdf</a></p>

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with specific recommendations on the  
NVS introduction or campaign

[MadagascarNOTE CONCEPTUELLE  
GTCVNITAGdraft 31 mai 2018\\_31-05-  
18\\_19.40.42.pdf](#)

[ChronogrammeNITAGMDG4690\\_31-05-  
18\\_19.46.28.pdf](#)

## Vaccine specific

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	<b>cMYP addendum</b> Situation analysis and 5 year plan captured in the cMYP or as an addendum to the cMYP	<b>No file uploaded</b> <div style="border: 1px solid gray; padding: 2px; margin-top: 5px;">Pas besoin d'ajouter un avenant car le PPAC est complet</div>
	<b>Annual EPI plan</b> 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	<a href="#">MADDPEVPTA 2018VF1_01-05-18_23.23.24.docx</a>
	<b>MCV1 self-financing commitment letter</b> 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.	<a href="#">Lettre dengagemntachat VAR 1_31-05-18_19.48.25.pdf</a>
	<b>Measles (and rubella) strategic plan for elimination</b> If available	<a href="#">PlanStrategieRR20182022_01-05-18_23.23.57.docx</a>
<b>Other documents (optional)</b>		<b>No file uploaded</b>

## Review and submit application

### Submission Details

## Country vaccine funding summary

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

### Active Vaccine Programmes

#### IPV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)					
Gavi support (US\$)	1,908,500	1,973,745	2,011,557	2,048,418	2,084,375

#### PCV Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	525,843	561,838	607,457	610,398	620,998
Gavi support (US\$)	8,249,500	9,173,500	8,712,179	8,754,358	8,906,375

#### Pentavalent Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	559,724	602,104	598,735	609,212	619,791
Gavi support (US\$)	1,647,000	1,564,000	1,517,357	1,543,908	1,570,717

#### Rota Routine

	2018	2019	2020	2021	2022
Country Co-financing (US\$)	308,400	354,000	361,025	367,567	373,950



Gavi support (US\$)	2,895,500	3,323,500	3,389,071	3,450,486	3,510,404
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**Total Active Vaccine Programmes**

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	1,393,967	1,517,942	1,567,217	1,587,177	1,614,739
Total Gavi support (US\$)	14,700,500	16,034,745	15,630,164	15,797,170	16,071,871
Total value (US\$) (Gavi + Country co-financing)	16,094,467	17,552,687	17,197,381	17,384,347	17,686,610

#### **New vaccine support requested**

Measles follow-up campaign

2019

Country Co-financing (US\$)	45,500
Gavi support (US\$)	1,692,000

Measles 1st and 2nd dose routine

2020

Country Co-financing (US\$)	569,000
Gavi support (US\$)	514,500

	2019	2020
Total country co-financing (US\$)	45,500	569,000
Total Gavi support (US\$)	1,692,000	514,500

Total value (US\$) (Gavi + Country co-financing)	1,737,500	1,083,500
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#### Total Portfolio Overview – Existing Programs + New Vaccine Support Requested (US\$)

	2018	2019	2020	2021	2022
Total country co-financing (US\$)	1,393,967	1,563,442	2,136,217	1,587,177	1,614,739
Total Gavi support (US\$)	14,700,500	17,726,745	16,144,664	15,797,170	16,071,871
Total value (US\$) (Gavi + Country co-financing)	16,094,467	19,290,187	18,280,881	17,384,347	17,686,610

## 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
VUO MASEMBE Yolande	Point Focal PEV	00261320330572	masembey@who.int	
YAMEOGO André	Immunization Specialist/Chef Unité PEV	00261320541101	ayameogo@unicef.org	
RAMAMONJISOA Christiane Bodohanta	Directeur du PEV	00261340480792	dpev.minsan@gmail.com	

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

Pas de commentaire à ce stade

## Government signature form

The Government of Madagascar 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 and Measles follow-up campaign

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

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

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

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

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

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

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

**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