Gavi NVS Application Form

Submitted by

The Government of

Mauritania

Date of submission: **20 January 2017**

Deadline for submission:

i. **11 January 2017**
ii. 3 May 2017
iii. 1 September 2017

Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)

Start Year	2016	End year	2020

Form revised in 2016

Use with instructions dated December 2016

Note: Please ensure that the application has been received by Gavi on or before the day of the deadline.

Gavi GRANT 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 the Gavi Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify Gavi in its Annual Progress Report if it wishes to propose any change to the programme(s) description in its application. Gavi will provide the necessary documents for the approved change, and the country's request will be duly amended.

RETURN OF FUNDS

The Country agrees to reimburse to Gavi all funding amounts that are not 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 purposes other than for the programmes described in this application, or any Gavi-approved amendment to this application. Gavi reserves the right to terminate its support to the Country for the programme(s) described in this proposal if Gavi receives confirmation of misuse of the funds granted by Gavi.

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.

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, and Annual Progress Report, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH Gavi's TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with Gavi Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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 this 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 programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

1. Type of support requested

Please specify the type of Gavi support you would like to apply for.

Type of Support	Vaccine	Start Year	End year	Preferred second presentation[1]
Initial catch-up campaign	MR, 10 dose(s) per vial, LYOPHILISED	2017	2020	
Routine New Vaccines Support	MR, 10 dose(s) per vial, LYOPHILISED for the first dose	2017	2020	

[1] If, for a variety of reasons, the country's first product preference might only be available in limited quantities or be unavailable in the short term, Gavi will contact the country and its partners to explore alternative options. A country will not be obliged to accept its second or third preference; however, Gavi will engage with the country to fully explore a variety of factors (such as implications on introduction timing, cold chain capacity, disease burden, etc) which may have an implication for the most suitable selection of vaccine. If a country does not indicate a second or third preference, it will be assumed that the country prefers to postpone introduction until the first preference is available. It should be noted that this may delay the introduction in the country.

2. Table of Contents

3. Executive Summary

Please provide a summary of your country's proposal, including the following the information:

- For each specific request, NVS routine support or NVS campaign:
  - Duration of support
  - The total amount of funds requested
  - Characteristics of vaccine(s), if necessary, and the reason for presentation choice
  - Month and year planned for vaccine introduction (including campaigns and routine immunisations)

- Relevant baseline data, including:
  - DTP3 and measles coverage data (as reported on the WHO/UNICEF Joint Reporting Form)
  - Target population determined based on the evaluation of yellow fever and meningitis A risk
  - Birth cohort, targets and immunisation coverage by vaccines

- Country preparedness
  - Summary of planned activities to prepare vaccine launch, including EVM assessments, progress regarding EVM improvement plans, communication plans, etc.
  - Summary of the EVM assessment report and progress report on the implementation of improvement plan

- How stakeholders participated in developing this proposal

Support for MR vaccine introduction into routine for a duration of 5 according to cMYP 2016-2020

Support for a national immunisation campaign with the MR vaccine (measles/rubella)

Total introduction amount: 117,063 dollars

Total campaign amount: 2,449,674 dollars

Vaccine selected for the campaign: combined measles/rubella vaccine, 10 dose presentation, chosen by the EPI technical committee

The campaign will be organised in November 2017 and the introduction in December 2017.

Reference data: DTP3 coverage 82% (2016) measles coverage 80% (2016)

Target population for the campaign: 1,616,855 children from 9 months to 14 years Target population for the introduction: 135,662 (2017)

Live births; 143,994 (2017) MCV vaccine coverage (80%) MR in 2018: 89%

Country preparedness:

Activities planned for the introduction:

-Communication plan, creating committees to prepare this activity, committee meetings, ICC meetings, estimating and ordering vaccines and inputs

Distributing them at the regional level

Participants in drafting the proposal: ICC members, including CSOs, different Ministry of Health directorates and technical and financial partners

4. Signatures

4.1. Signatures of the Government and national coordinating bodies

4.1.1. The Government and the Interagency Coordination Committee (ICC) for immunisation

The Government of Mauritania wishes to consolidate the existing partnership with Gavi to strengthen its national routine childhood immunisation programme and is specifically requesting Gavi support for:

MR, 10 dose(s) per vial, LYOPHILISED for the first dose, routine introduction

MR, 10 dose(s) per vial, LYOPHILISED, preventive campaigns

The Government of Mauritania agrees to develop national immunisation services on a sustainable basis in accordance with the comprehensive multi-year plan presented with this document. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunising children as outlined in this application.

Table(s) 6.2.4 in the NVS Routine section of this application show(s) the amount of support either in kind or in cash that is required from Gavi. Table(s) 6.2.3 of this application show(s) the Government's financial commitment for the procurement of this new vaccine (NVS support only).

Following the regulations of the internal budgeting and financing cycles, the Government will release its portion of the funds in the month of **June**.

The payment of the first year of co-financed support will be due around **December 2017** for MR, 10 dose(s) per vial, LYOPHILISED for the first dose.

It should be noted that any request not signed by the Ministers of Health and Finance, or by their authorised representatives, will not be examined or recommended for approval by the Independent Review Committee (IRC). These signatures appear in Documents Nos.: 1 and 2 in Section 10. Attachments

Minister of Health (or authorised representative)		Minister of Finance (or authorised representative)	
Name	Pr Kane Boubacar	**Name**	Moctar Ould Djay
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted by the Gavi Secretariat if additional information related to this proposal is required):

Full name	Position	Telephone	E-mail
Dr Mbarek Ould Houmeid	EPI Coordinator	00 222 22 24 37 95	mbarekohoumeid@yahoo.fr

4.1.2. National Coordinating Body/Interagency Coordination Committee for immunisation

Agencies and partners (including development partners and civil society organisations) supporting immunisation services are coordinated and organised through an inter-agency coordinating mechanism (ICC, Health Sector Coordinating Committee (HSCC), or equivalent committee). The ICC, HSCC, or equivalent committee is responsible for coordinating and guiding the proper use of the Gavi ISS and NVS routine support and/or campaign support. Please provide information about the ICC, HSCC, or equivalent committee in your country in the table below.

Profile of the ICC, HSCC, or equivalent committee

Name of the committee	Inter-Agency Co-ordination Committee

Organisational structure (e.g., sub-committee, stand-alone)	Stand-alone

The Terms of Reference or Standard Operating Principles for the ICC, including details on the ICC membership, quorum, dispute resolution process and meeting schedules are presented in the attached document (Document No.: 4).

Major functions and responsibilities of the ICC/HSCC:

Monitoring of immunisation activities

Coordinates with the cabinet

Endorses annual Action Plans

4.1.3. 4.1.3. Signature Table for the Coordination Committee on Immunisation

We, the undersigned members of the ICC, HSCC or equivalent committee [1] met on **13/01/2017** to review this proposal. At that meeting, we approved this proposal based on the attached supporting documentation. The minutes of this meeting are attached as document number 5. The signatures confirming the request appear in document 7 (please use the list of signatures in the section below).

Position	Title/Organisation	Name	Please sign below to indicate your attendance at the meeting during which the proposal was discussed.	Please sign below to indicate your endorsement of the minutes of the meeting during which the proposal was discussed.
Chair	Advisor/Ministry of Health	Boueye Ould ABEIDI		
Secretary	EPI Coordinator/MH	M'barek Ould HOUMEID		
Members	MH logistics officer	Habiboullah O MAMAH		

By submitting the proposal, we confirm that a quorum was present. **Yes**

The minutes from the three most recent ICC meetings are attached as DOCUMENT No.: 6).

4.2. National Immunisation Technical Advisory Group (NITAG)

Has a NITAG been established in your country? **Not selected**

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

5. Data on the immunisation programme

5.1 Reference material

Please complete the table below, using the most recent data from available sources. Please identify the source of the data, and the date and attach the source document, where possible. The following documents should be referred to and/or attached:

- Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan). Please attach as DOCUMENT NUMBER 9.
- New Vaccine Introduction Plan(s) / Plan of Action. Please attach as DOCUMENT NUMBER 12.
- New Vaccine Introduction Checklist, Activity List and Timeline. Please attach as DOCUMENT NUMBER 12.
- Effective Vaccine Management (EVM) assessment. Please attach as DOCUMENT NUMBER 20.
- Two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases.
- Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.
- In the case of Yellow Fever and Meningitis A mass preventive campaigns, the relevant risk assessments. Please attach as DOCUMENT NUMBER 24 and DOCUMENT NUMBER 25.

Please use the most recent data available and specify the source and date.

	Figure	Year	Source
Total population	3,893,775.00	2017	ONS/DPCIS
Birth cohort	143,994.00	2017	ONS/DPCIS
Infant Mortality Rate	72.00	2013	ONS/GPHC 2013
Surviving infants *[1]*	135,662.00	2017	ONS/DPCIS
GNI per capita (US$)	1,110.00	2015	WB
Total Health Expenditure (THE)	58,633,317.00	2016	DPCIS
General government expenditure on health (GGHE) as % of general government expenditure	4.60	2016	DPCIS

[3] Surviving infants = infants surviving the first 12 months of life

5.1.1 Lessons learned

Support for new routine vaccines

If new or underused vaccines have already been introduced in your country, please complete in detail the lessons learned from previous introduction(s), specifically for: storage capacity, protection against accidental freezing, personnel training, cold chain, logistics, coverage and decrease in rates, wastage rates, etc. and propose areas of action or indicate the measures taken to address them. Please refer to the previous post-introduction evaluation (PIE) report, if necessary. If they are included in the introduction plan, please cite the section only. If this information is already included in the NVIP/AP, please refer to the document and the section/page where this information can be found.

Lessons learned	Actions
Importance of training	Expand training to all personnel at all levels and before every introduction
Importance of planning	Organise microplans at the operational level
Management tools	Harmonise and update tools
Involve all stakeholders	Create committees for coordination and management

Preventive campaign support

If vaccine campaigns [0] have already been carried out in your country, please complete in detail the lessons learned, specifically for: storage capacity, protection against accidental freezing, personnel training, cold chain, logistics, coverage, wastage rates, etc. and propose areas of action or indicate the measures taken to address them. If they are included in the introduction or the action plan, please cite the section only. If this information is already included in the NVIP/AP, please refer to the document and the section/page where this information can be found.

Lessons learned	Actions
The need to avoid delays in sharing microplans between the different levels Lack of transportation means for supervision and coordination Lack of coordination at the intermediate levels (DRAS) and operational levels (Districts) Poor distribution of vaccines and other inputs within districts Delayed implementation of awareness-raising activities and of social mobilisation to inform the population of how the campaign is progressing, and direct them towards the closest and most suitable sites	Produce microplans at the operational level in a timely manner Finalise and share these plans with the different levels in a timely manner Plan and mobilise means of transportation necessary for implementation, supervision and coordination of campaign activities Create coordination committees at all levels (national, regional and district) Organise monitoring and coordination meetings grouped together before the campaign, at the end of each day during the campaign and an evaluation meeting after the campaign Assist and supervise training of immunisation teams and distribution operations for inputs at the district level Ensure timely implementation of campaign communication plan activities

5.1.2 Planning and budgeting of health services

Please provide some additional information on the planning and budgeting context in your country:

Planning is annual and from the district level to the central level All stakeholders, including CSOs, are included in this planning Consolidation of planning occurs at the central level in order to determine the budget, which is annual. Plan endorsement workshops are organised at the central level

Please indicate the name and date of the relevant planning document for health

NHDP 2012-2020, cMYP 2016-2020

Is the cMYP (or updated Multi-Year Plan) aligned with this document (timing, content, etc)?

Yes

Please indicate the national planning budgeting cycle for health

Already filled out

Please indicate the national planning cycle for immunisation

Already filled out

5.1.3 Gender and equity

Please describe any barriers to access, utilisation and delivery of immunisation services at district level (or equivalent) that are related to geographic location, socio-economic status and/or gender equity. Please describe actions taken to mitigate these barriers and highlight where these issues are addressed in the vaccine introduction plan(s).

Barriers: Geographically difficult to access (isolated), lack of awareness, lack of ground transportation, limited funding

Actions: microplan to determine difficult to access locations and suggesting strategies to reach them, outreach and mobile strategies, implementing a communication plan for routine immunisation, advocacy for mobilising funds and procuring vehicles (HSS2)

Please examine whether questions of equity (socio-economic, geographic and gender-specific) have been taken into consideration in the process of preparing social mobilisation strategies, among other things, to improve immunisation coverage. Specify whether these issues are addressed in the vaccine introduction plan(s).

Yes

Please describe what national surveys are routinely conducted in the country to assess gender and equity related barriers. Highlight whether this application includes any activities to assess gender and equity related barriers.

EPI review (September 2014) showed that immunisation coverage was not influenced by gender.

Please indicate if sex-disaggregated data is collected and used in routine immunisation reporting systems.

No

Is the country currently in a situation of fragility (eg insecurity, conflict, post-conflict, refugees/and or displaced persons and recent, current or potential environmental disaster, such as flooding, earthquake or drought or others)? If Yes, please describe how these issues may impact your immunisation programme, planning for introduction of routine immunisation or campaigns and funding of these activities.

No

5.1.4 Data quality

Please attach a data quality assessment (DQA) report that was completed during the preceding 48 months using the most recent national survey including immunity coverage indicators (DOCUMENT NUMBER: 11) and an immunisation data quality improvement plan (DOCUMENT NUMBER 33). Subject to availability, a report on progress of implementing the improvement plan must also be presented (DOCUMENT NUMBER: 32, DOCUMENT NUMBER: 33).

5.1.5 Measles vaccine coverage

Proof of MCV1 self-financing

Should the country not entirely fund the monovalent measles vaccine component for the first routine measles dose (MCV1) using national resources, please provide evidence that the country will be able to comply with this request starting in 2018, through a decision recorded in the ICC meeting minutes AND a letter signed by the Minister of Health and the Minister of Finance (please attach available documents AS DOCUMENT NUMBER 37 - in section 10. Attachments).

Please provide information on measles vaccine coverage.

Coverage	2014		2015		2016	
	Administrative *(1)*	WUENIC *(2)*	Administrative *(1)*	WUENIC *(2)*	Administrative *(1)*	WUENIC *(2)*
Measles 1st dose (%)	75	84	70	70	80	0
Measles 2nd dose (%)	0	0	0	0	0	

Coverage	2014	2015	2016

	Administrative *(1)*	Coverage Survey	Administrative *(1)*	Coverage Survey	Administrative *(1)*	Coverage Survey
Supplementary Immunisation Activities (SIA) (%)	105.1	93.32				

Note:

(1) National administrative coverage reported

(2) Estimated national immunisation coverage according to WHO/UNICEF

Do the most recent supplementary immunisation activities (SIAs) relate to administrative coverage or an acceptable survey method? Survey results

Please describe the survey methodology:

Independent assessment according to WHO protocol

5.2. Baseline data and annual objectives (NVS routine immunisation)

Please refer to cMYP pages to assist in filling in this section.

Table 5.2: baseline numbers for NVS routine immunisation

Number	Base Year	Baseline and Targets			
	2013	2017	2018	2019	2020
Total number of births	2,013	143,994	147,350	150,805	154,357
Total number of infant deaths	2,013	8,331	8,555	8,786	9,024
Total surviving infants	0	135,663	138,795	142,019	145,333
Total number of pregnant women	2,013	172,774	176,801	180,947	185,209
Target population vaccinated with OPV3[1]	2,015	118,026	123,527	129,237	135,160
OPV3 **coverage[2]**	0 %	87 %	89 %	91 %	93 %
Target population vaccinated with DTP1[1]	2,015	119,442	124,763	130,271	135,971
Target population vaccinated with DTP3**[1]**	2,015	118,026	123,527	129,237	135,160
DTP3 **coverage[2]**	0 %	87 %	89 %	91 %	93 %
Wastage[3] rate in base-year and planned thereafter (%) for DTP	10	9	8	7	6
Wastage[3] factor in base-year and planned thereafter for DTP	1.11	1.10	1.09	1.08	1.06
First Presentation: MR, 10 dose(s) per vial, LYOPHILISED for the first dose					
Wastage rate *[3]* in base-year and planned thereafter (%)		20	20	20	20
Wastage factor *[3]* in base-year and planned thereafter (%)	1.00	1.25	1.25	1.25	1.25
Maximum wastage rate for MR, 10 dose(s) per vial, LYOPHILISED for the first dose	40 %	40 %	40 %	40 %	40 %
Target population vaccinated with 1st dose(s) of RCV vaccine	2,015	119,442	124,763	130,271	135,971
RCV coverage[2]	0 %	88 %	90 %	92 %	94 %
Annual DTP dropout rate [(DTP1 - DTP3) / DTP1] x 100	0 %	1 %	1 %	1 %	1 %

[1] Indicate total number of children vaccinated with either DTP alone or combined

[2] Number of infants vaccinated out of total surviving infants

[3] The formula to calculate a vaccine wastage rate (in percentage): [(A –B) / A] x 100, where A = stock balance at the end of the supply period; B = the number of immunisations with the same vaccine in the same period.

5.3. Target for the preventive campaign(s)

5.3.1 Targets (MR campaign)

Please specify cohort for rubella-containing vaccines (RCV):

MR begins: **9 months**

MR ends: **14 years**

Cohort population: population 9 months -14 years

Gavi only provides assistance to countries for the rubella vaccine catch-up campaign through providing MR vaccine doses for a target population of girls and boys 9 months to 14 years of age (the exact interval in the field of application from 9 months to 14 years will depend on MR in the country).

Table 5.3.1 Baseline NVS preventive campaign figures for MR

Number	Data: objectives			
	2017	2018	2019	2020
Total target population	1,616,855	0	0	668,944
Wastage rate (%) for MR (campaign)	10	0	0	10
Maximum wastage rate for MR (campaign)	15 %	15 %	15 %	15 %

5.4. Targets for the one-time mini catch-up campaign(s)

No one-time mini catch-up campaign this year

6. New and underused vaccines (routine NVS)

6.1. Calculation of the disease burden for corresponding diseases (if available)

If it is already included in detail in the Introduction Plan or Action Plan, please simply cite the section.

Disease	Title of the assessment	Date	Results
Measles/rubella	Evaluation	January 2017	Campaign evaluation report

6.2. Requested vaccine (MR, 10 dose(s) per vial, LYOPHILISED for the first dose)

As indicated in the cMYP, the country plans to introduce MR vaccine using MR, 10 dose(s) per vial, lyophilised for the first dose.

When does the country intend to introduce this vaccine? **January 2018**

It should be noted that because of various factors, the launch date may vary compared to the date stipulated in the application. Gavi will work in close collaboration with the country and its partners to correct this problem.

Please summarise the cold chain capacity (at central and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain equipment and other logistics requirements. If cold chain expansion is required, state how it will be financed, and when it will be in place. The independent review committee must have assurances that the cold chain is ready or will be ready for the new routine vaccine introduction; convincing data/plans must be provided. **All the proposals** that include Gavi funding for the cold chain intended for storing vaccines must provide equipment that is WHO-prequalified for its performance, quality and programme safety (PQS). The purchase of non-PQS equipment will only be considered in special cases, with documentation and prior approval from Gavi.

Cold chain storage capacity at the national level is more than sufficient to house both routine vaccines, including the new vaccine, and those for the campaign for the next five years (see storage capacity tables in the campaign plan, page 24)

At the regional level, the majority (9 out of 15) of Wilayas (regions) have storage capacities that are more than sufficient for the next five years. Regarding the six Wilayas that are lacking capacity, we need 6 refrigerators (eg: VLS 350 or VLA 400) in 2017, 1 in 2018, 3 in 2020 and 1 in 2021, or a total of 11 refrigerators with a capacity of 150 to 200 litres each.

To meet this need, the Ministry of Health using its own funds ordered 75 refrigerators, 41 of them solar (SDD) and 24 electric, which are now being awaited. And in addition to 2 cold rooms and 76 appliances (refrigerators and freezers) ordered for 2017. These appliances are to be distributed according to the source of funding as follows:

1. Government: 38 and 2 chF

2. Gavi/HSS: 23

3. UNICEF: 15

6.2.1. Vaccine Prices

Vaccine	Presentation	2017	2018	2019	2020
MR, 10 dose(s) per vial, LYOPHILISED for the first dose	10	0.61	0.61	0.61	0.61

6.2.2. Co-financing information

If you wish to co-finance a larger amount, please indicate it on your co-financing line.

Country group	Preparatory transition phase			
	2017	**2018**	**2019**	**2020**
Minimum co-financing	0.30	0.35	0.40	0.46
Your co-financing (please change if higher)	0.30	0.35	0.40	0.46

6.2.2.1 Specifications of vaccinations with new vaccine for routine cohort

	Source		2017	2018	2019	2020
Immunisation Coverage	Table 5.2	%	88%	90%	92%	94%
Number of girls in routine cohort to be vaccinated with the first dose	Table 5.2	#	119,442	124,763	130,271	135,971

Country co-financing per dose	Table 6.2.2	$	0.3	0.35	0.4	0.46

6.2.3 Portion of supply for routine cohort to be procured by the country (and cost estimate, US$)

		2017	2018	2019	2020
Number of vaccine doses	#				
Number of AD syringes	#				
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#				
Total value to be co-financed by the Country *[1]*	**$**	56,012	55,199	65,844	79,030

[1] The co-financing amount for intermediate countries and graduating countries shows the cost of vaccines, associated safety materials and transport costs. The total co-financing amount does not include supply agency costs and fees, such as handling costs. Information on these additional costs and fees will be provided by the supply agency involved, as part of the cost estimates required by the country.

6.2.4 New and Underused Vaccine Introduction Grant

Calculation of the vaccine introduction grant for MR, 10 dose(s) per vial, LYOPHILISED for the first dose

Year of New Vaccine Introduction	Births (from Table 5.2)	Share per Birth in US$	Total in US$
2017	143,994	0.70	100,796

This is a one-time cash grant in the amount of US$ 0.80/child within a single birth cohort or a lump sum of $100,000 (whichever is the higher of these two amounts). It should be noted that for introduction applications submitted starting in January 2017, and for all Gavi vaccine introductions with implementation planned as of 2018, this grant will be adjusted according to the country's transition phase. The amount of $0.70 per target person within a single birth cohort will be granted to countries in the preparatory transition phase (Phase 1) and the amount of $0.60 per target person within a single birth cohort will be granted to countries that have entered an accelerated transition phase (Phase 2). For low-income countries, the amount will remain at $0.80 per target person.

Please explain how the introduction grant provided by Gavi will be used to facilitate the timely and effective implementation of the activities before and during the introduction of the new vaccine (refer to the cMYP and to the vaccine introduction plan).

The grant will be used in accordance with national procedures: receive funds, bank transfer to DAF, DAF transfers these funds in turn for the DRAS and to the EPI, usage sections written in the plans are complied with, management committees are created for this occasion.

Please complete the ‘Detailed budget for VIG / operational costs ’template provided by Gavi and attach as a mandatory document in the attachment section.

Detailed budget attached as Document No. 22,23.

If the Gavi support does not cover all of the requirements, please describe the other sources of funding and the amounts projected, if available, to cover your requirements

The government will be responsible for some costs, that is to say UM 20,000,000/US$ 57,143

UNICEF communication costs, that is to say UM 10,000,000/US$28,571

6.2.5. Technical assistance

Please describe any specific area for which the Ministry will need technical assistance in order to support the introduction of MR.

The Ministry will require assistance with regard to training the trainers on the new vaccine

7. NVS Preventive campaigns

7.1. Assessment of burden of relevant diseases related to the campaign (if available)

Disease	Title of the assessment	Date	Results
Measles/rubella	Measles/rubella campaign evaluation	10 January 2018	Evaluation report available

Please attach the Action Plan for each campaign as Document No. in Section 10.

7.1.1 Epidemiology and disease burden for measles-rubella

Please select at least one of the following information sources to document the results relative to the disease burden of RCV diseases:

Epidemiological information on the disease burden:

- ☑ 1 - Rubella data from the measles case-based surveillance system (including the age distribution of rubella cases)
- ☐ 2 - Rubella seroprevalence surveys
- ☐ 3- Information on congenital rubella syndrome morbidity, for example a retrospective study, modelled evaluations of CRS morbidity, prospective surveillance.
- ☐ 4 - Other

7.2 Requested for MR, 10 dose(s) per vial, lyophilised, campaign support

7.2.1. Summary for MR, campaign support

When is the country planning to conduct the MR catch-up campaign? **November 2017**

When is the country planning to introduce MR into routine immunisation? **December 2017**

It should be noted that because of various factors, the launch date may vary compared to the date stipulated in the application. Gavi will work in close collaboration with the country and its partners to correct this problem.

Please summarise the sections of the cMYP and/or of the introduction plan for MR 10 dose(s) per vial, lyophilised that relate to the introduction of MR, 10 dose(s) per vial, lyophilised. Please describe the principal items that guided the decision-making process (data taken into consideration, etc), and describe the social mobilisation and micro-planning plans, in particular strategies for unsafe or difficult to reach areas. If these items are included in the introduction plan or plan of action, please cite the sections only.

Mauritania plans to have the national catch-up campaign for measles and rubella with the “MR ”vaccine and the introduction into routine of this same vaccine in November and December 2017.

The following items guided the process:

The epidemiological situation for measles and rubella, the time that had passed since the 2014 measles campaign, there must be a campaign every three years to avoid new outbreaks from occurring and make progress in eliminating these serious diseases, the presence of sporadic cases of measles, the not very high routine immunisation coverage, and the presence of Malian and Syrian refugees in Mauritania.

A mobilisation plan will be prepared and micro-planning organised at least three months before the campaign.

Strategies for difficult to access areas are outreach and mobile strategies, with good coordination with the Ministries of Defence and the Interior.

Please summarise the cold chain capacity (at central and other levels) and readiness to accommodate new vaccines, taking into consideration training, cold chain equipment and other logistics requirements. If cold chain expansion is required, state how it will be funded, and when it will be in place. Please describe how peak capacity will be managed for the campaigns. Please indicate if the supplies for the campaign will have any impact on the shipment plans for your routine vaccines and how this will be handled. The Independent Review Committee (IRC) requires assurances that the cold chain is or will be ready for the campaign, and evidence/plans need to be provided (if they are included in detail in the action plan, please cite the section here). **All the proposals** that include Gavi funding for the cold chain intended for storing vaccines must provide equipment that is WHO-prequalified for its performance, quality and programme safety (PQS). The purchase of non-PQS equipment will only be considered in special cases, with documentation and prior approval from Gavi. Please note that all Gavi-funded cold chain equipment needs to be WHO pre-qualified. The purchase of non-PQS equipment will only be considered on exceptional basis, with justification and advance agreement from Gavi.

Cold chain storage capacity at the national level is more than sufficient to house both routine vaccines, including the new vaccine, and those for the campaign for the next five years (see storage capacity tables in the campaign plan, page 24)

At the regional level, the majority (9/15) of Wilayas (regions) have storage capacities that are more than sufficient for the next five years. Regarding the six Wilayas that are lacking capacity, we need 6 refrigerators (eg: VLS 350 or VLA 400) in 2017, 1 in 2018, 3 in 2020 and 1 in 2021, or a total of 11 refrigerators with a capacity of 150 to 200 litres each.

To meet this need, the Ministry of Health, using its own funds, ordered 75 refrigerators, 41 of them solar (SDD) and 24 electric, which are now being awaited. And in addition, 2 cold rooms and 76 appliances (refrigerators and freezers) ordered for 2017. These appliances are to be distributed according to the source of funding as follows:

1. Government: 38 and 2 chF

2. Gavi/HSS: 23

3. UNICEF: 15

Please describe how the campaign activities will contribute to strengthening routine immunisation services. Refer to activities that will be completed in the context of planning the campaign, in order to evaluate the implementation of activities intended to strengthen routine immunisation services; refer also to the quality and level of immunisation coverage achieved during the campaign.

In campaign planning activities, emphasis will be placed on activities in the field that can improve routine immunisation coverage, such as awareness-raising, mobile visits incorporated with other antigens, seeking out failed cold chains and using maintenance technicians to repair them.

Please describe any plans for expanding measles surveillance to include rubella and plans for the introduction of Congenital Rubella Syndrome (CRS) surveillance.

The measles surveillance expansion plan will include all aspects that are related to rubella; case-based surveillance

Training of personnel, availability of laboratory equipment, community education; monitoring pregnant women

An introduction plan for CRS will be prepared to guide the process.

Please produce the relevant documents to support the relative estimates of the size of the campaign's target population (DOCUMENT No.: 18).

7.2.2. Allocation of support for the operating costs of the MR campaign

Table 7.2.2: calculation of support for campaigns' operating costs

Year of MR support	Total target population (Table 5.5)	Gavi contribution per target person in US$	Total in US$
2017	1,616,855	0.55	889,270
2018	0	0.55	0
2019	0	0.55	0
2020	668,944	0.55	367,919

[1] The grant is currently based on a maximum of US$ 0,65 per target person. It should be noted that for campaign applications submitted starting in January 2017, and for all campaigns with implementation planned to begin in 2018, this grant will be adjusted according to the country's transition phase. Countries will be responsible for providing the balance of operational funds above US$ 0.65 per child. The amount of $0.55 per target person will be granted to countries in the preparatory transition phase (Phase 1) and the amount of $0.45 per target person will be granted to countries that have entered an accelerated transition phase (Phase 2). For low-income countries, the amount will remain at $0.65 per target person.

[2] Please add a line for each calendar year for SIAs being implemented over different years.

Please describe how the introduction grant will be used to facilitate the timely and effective implementation of immunisation campaigns for the target populations in advance of and during the introduction of the new vaccine (refer to the cMYP and the Vaccine Introduction Plan).

The grant will be used in accordance with national financial management procedures.

Funds will go to WHO and requests addressed to the partners, wire transfers of funds into the DAF account, transfers into the different DRAS and EPI accounts by the DAF. Monitoring committees will be created. Abide by the sections written down in both plans. The EPI Manager will monitor these funds with the DAF.

If the Gavi support does not cover all of the requirements, please describe the other sources of funding and the amounts projected, if available, to cover your requirements

If Gavi does not cover all requirements, the government will cover some of the costs.

Cost: UM 20,000,000 or US$ 57,143

UNICEF/communication component UM 10,000,000 or US$ 28,571

Please also complete the form entitled "Detailed budget for the vaccine introduction/operational costs grant" provided by Gavi. It must be attached in the annexes section.

Detailed budget attached as Document No. 22,23.

7.2.3 Evidence of introduction of MR in routine programme

Please provide evidence that the country can fund the introduction of Rubella-Containing-Vaccine (RCV) into the routine programme through one of the following:(Please attach available documents AS DOCUMENT NUMBER in Section 10. Attachments).

- ☐ 1- A commercial contract for purchase of MR/MMR vaccine with or without shipping documents, invoice, etc.
- ☑ 2- Integration of RCV into the cMYP with a corresponding increase in the budget line for vaccines in the health sector budget adequate to cover purchase of MCV (please highlight the budget line in the cMYP costing or other document showing the corresponding increase to cover the purchase of MCV)
- ☐ 3- A MOU between government and donor(s) (or other written document) committing the donor(s) to support for at least one year, the purchase of RCV for use in the routine programme OR a letter from the Ministry of Finance or Budget ensuring additional funding for MCV purchase. In this case, the country must show additional evidence that the country will include the MR vaccine in its routine immunisation programme immediately after the campaign.

7.2.4 RCV introduction schedule

Countries must describe their introduction plan for surveillance activities.

Does Mauritania's cMYP include a plan for the introduction of MCV into the national programme? **Yes**

Please attach the Introduction Plan for the introduction of the rubella vaccine into the national programme as **Document number 34** in Section 10 and also attach the Action Plan for the campaign as **Document number in Section 10. Please refer to Gavi's guidelines on support applications, for the items that must be included in the Introduction Plan and the Action Plan.**

The country has already introduced MCV1 into routine since the creation of the EPI. This most recent introduction will consist in replacing the monovalent measles vaccine (MCV1) with the combined measles and rubella vaccine (MR).

Surveillance will be as with MCV, focused on case-based surveillance, the laboratory and within the community.

8. NVS Follow-up Campaigns

No NVS Follow-up Campaign Support this year

9. Procurement and management

9.1 Procurement and management of routine immunisation with new or underused vaccines

Note: The PCV vaccine must be procured through UNICEF to be able to access the price awarded by the Advance Market Commitment (AMC).

a) Please show how the support will operate and be managed, including purchase of vaccines (Gavi expects that most countries will procure vaccine and injection supplies through UNICEF or PAHO's Revolving Fund):

Vaccines will be procured through UNICEF according to VII. Needs are determined by the EPI and sent to UNICEF. Funds will be used and managed as per existing financial procedures in the country.

b) If an alternative mechanism for procurement and delivery of vaccine (funded by the country or Gavi) is requested, please document

- A description of the mechanism and the vaccines or commodities to be procured by the country;
- Assurance that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. For the purchase of locally-produced vaccines directly from a supplier which may not have been pre-qualified by WHO, assurance should also 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 with standards is assured by a National Regulatory Authority (NRA) with jurisdiction, as assessed by WHO in the countries of production and purchase.

N/A

c) If receiving direct financial support from Gavi (such as operational support for campaigns or VIG activities), please indicate how the funds should be transferred by Gavi.

If funds are below or equal to 250,000 dollars, funds will be transferred into the EPI account. For higher amounts, these will be transferred into the WHO account.

e) Please indicate how the co-financing amounts will be paid (and who is responsible for this)

Co-financed amounts will be transferred into the UNICEF account in Copenhagen.

e) Please describe the financial management procedures that will be applied for managing NVS direct financial support, including procurement.

Procedures will be those adopted at the national level in the field of management and accounting.

f) Please describe how coverage of the introduced vaccine will be monitored, reported and evaluated (refer to cMYP and Introduction Plan).

MR replaces MCV and will be monitored through monthly activity reports and evaluation surveys.

g) For a support request related to the measles vaccine second dose, does the country wish to receive donations in kind or in cash? **N/A**

9.2 Procurement and management for NVS preventive campaigns

9.2.1 Procurement and management for the MR campaign, 10 dose(s) per vial, lyophilised

a) Please show how the support will operate and be managed including procurement of vaccines (Gavi expects that most countries will procure vaccine and injection supplies through UNICEF):

The Vaccine Independence Initiative is still in force in Mauritania between the Ministry of Health, of Finance and UNICEF. Vaccine requirements are planned in the forecasts made each year with UNICEF: the

government deposits money into UNICEF's account for the purchase of traditional routine vaccines as well as co-financing for new vaccines with Gavi every year.

The EPI is responsible for monitoring of the vaccines 'arrival. A secondary forwarding agent is available to handle unexpected events.

b) Please describe the financial management procedures applicable to the operating support for preventive immunisation campaigns, including the related procurement procedures.

Procedures are those applied at the national level--funds arrive at WHO, requests made by the EPI to WHO, transfer into the DAF account, transfer to the DRAS and EPI account for implementation.

Procurement arrangements go through the DAF or a partner if the Ministry requests it.

To this end, committees will be created for the occasion, not forgetting the ICC, which has a very important role in this process.

c) Please indicate whether the campaign will be carried out in multiple phases. If so, please specify how these different phases will be organised.

The campaign will be organised in a single phase at the national level

d) Please explain how the campaign coverage will be monitored, publicised and evaluated (please refer to the cMYP and/or the introduction plan for the MR campaign, 10 dose(s) per vial, LYOPHILISED).

To this end, a steering committee will be created, as well as technical committees (logistics, waste management, communication)

Supervisors will be hired for each wilaya, a supervisor, EPI consultants and partners will be recruited for the occasion.

Data will be forwarded from the operational level to the central level. Independent assessment will occur one month after the campaign.

9.3. Product licensure

For each of the vaccine(s) requested, please state whether manufacturer registration and/or national vaccine licensure will be needed in addition to WHO pre-qualification and, if so, describe the procedure and its duration. In addition, state whether the country accepts the expedited procedure for national registration of WHO-pre-qualified vaccines.

Note that the necessary time for licensure should be factored into the introduction timeline and reflected in the Vaccine Introduction Plan or Action Plan.

The new vaccine will be registered with the Directorate of Pharmacy and Laboratories (DPL) according to emergency procedures

For each of the vaccine(s) requested, please provide the current licensure status of the preferred presentation and of any alternative presentations, if required.

We have only one 10 dose presentation, the current approval status is an emergency approval, which will be handled by the Directorate of Pharmacy and Laboratories (DPL) taking on the role of the NRA.

Please describe current local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that may potentially cause delays in receiving the vaccine. If such delays are anticipated, explain what steps are planned to handle these.

Vaccines are not cleared through customs in Mauritania; the products are checked at the airport and the agent informed

The documents are sent to UNICEF and to the EPI in advance to allow both entities to closely monitor the

vaccines ’arrival to mitigate the delay.

Please provide information on NRA in the country, including status (e.g. whether it is WHO-certified). Please include points of contact with phone numbers and e-mail addresses. UNICEF will support the process by communicating licensing requirements to the vaccine manufacturers where relevant.

The NRA in Mauritania is the Directorate of Pharmacy and Laboratories (DPL), certified by WHO

Contact Information: Dr Hamoud Fadel: DPL Director, Tel (+222) 44 07 44 44 / 45 25 23 12, E-mail :hamoudfadel@gmail.com

9.4 Waste management

Countries must have a detailed waste management and monitoring plan as appropriate for their immunisation activities. This should include details on sufficient availability of waste management supplies (including safety boxes), of equipment enabling the safe handling of immunisation materials, storage capacity, transportation and disposal of immunisation waste. Please describe the country’s waste management plan for immunisation activities (including campaigns).

A management plan for waste management and monitoring is available and has been implemented in collaboration with the directorate of public hygiene (DPH); a committee will be created for the occasion and focal points at the wilaya level will be identified.

Systematic use of safety boxes at all immunisation sites, including outreach and mobile

Collection of boxes at the moughataas and elimination at the moughataa level; incineration in zones that have incinerators, and use of other approaches (burial, burning and burial) for zones without incinerators. This applies both for routine and for the campaign.

10. List of documents attached to this proposal

10.1. List of documents attached to this proposal

Table 1: Checklist for mandatory attachments

Document Number	Attachment	Section	File
Approvals			
1	MoH Signature (or delegated authority) of Proposal	4.1.1	Signature.pdf **File desc:** **Date/time** 19/01/2017 10:48:03 **Size:** 449 KB
2	MoF Signature (or delegated authority) of Proposal	4.1.1	Signature.pdf **File desc:** **Date/time** 19/01/2017 10:50:05 **Size:** 449 KB
4	ICC Terms of Reference	4.1.2	Arreté 193 du 1.2.2012 P1.JPG **File desc:** **Date/time** 19/01/2017 11:13:09 **Size:** 876 KB
5	Minutes of ICC/HSCC meeting endorsing Proposal	4.1.3	Fichier.pdf **File desc:** **Date/time** 19/01/2017 11:03:11 **Size:** 883 KB
6	Signatures of ICC or HSCC or equivalent in Proposal	4.1.3	Fichier...pdf **File desc:** **Date/time** 19/01/2017 11:04:51 **Size:** 645 KB
7	Minutes of the three most recent ICC/HSCC meetings	4.1.3	PV Réunion CCIA du 25.08.2016.pdf **File desc:** **Date/time** 20/01/2017 09:54:11 **Size:** 748 KB
8	Role and functioning of the advisory group, description of plans to establish a NITAG	4.2.1	Note Conceptuelle GTCV finale Fff Mb.docx **File desc:** **Date/time** 20/01/2017 12:11:08 **Size:** 62 KB
25	Risk assessment and consensus meeting report for Yellow Fever, including information required in the NVS guidelines on YF Risk Assessment process	5.1	Document NA.docx **File desc:** **Date/time** 20/01/2017 11:31:18 **Size:** 15 KB
26	List of areas/districts/regions and targets to be supported for meningitis A mini catch up campaigns		Document NA.docx **File desc:** **Date/time** 20/01/2017 11:31:57 **Size:** 15 KB
28	A description of partner participation in preparing the applications	4.1.3	Implication des différents partenaires dans la préparation de la soumission.docx **File desc:** **Date/time** 20/01/2017 12:14:55 **Size:** 11 KB

29	Annual EPI plan for measles and rubella support		Document NA.docx **File desc:** **Date/time** 20/01/2017 11:34:50 **Size:** 15 KB
30	For measles and rubella support, evidence that the country is currently financing the measles mono-valent vaccine component of MCV1, or that it can meet the requirement to be self-financing this from government funds from 2018 onwards		Document NA.docx **File desc:** **Date/time** 20/01/2017 11:35:28 **Size:** 15 KB
Vaccine management, planning and funding			
9	comprehensive Multi Year Plan - cMYP	5.1	PPAC_2016 - 2020 Mauritanie Version Finale.docx **File desc:** **Date/time** 20/01/2017 12:21:32 **Size:** 1 MB
10	cMYP Costing tool for financial analysis	5.1	Costing Tool 14.06.15.xlsx **File desc:** **Date/time** 20/01/2017 12:24:42 **Size:** 1 MB
11	M&E and monitoring plan in the countries with an existing monitoring plan	5.1.4	Document NA.docx **File desc:** **Date/time** 20/01/2017 09:16:39 **Size:** 15 KB
13	Introduction Plan for the introduction of rubella / JE / Men A / YF combined vaccine into the national programme.	8.x.3	Plan Introduction RR_2017 Final.docx **File desc:** **Date/time** 20/01/2017 12:28:08 **Size:** 479 KB
14	Annual EPI plan with a four-year vision for combating measles and rubella.		Plan complémentaire au PPAC pour RR 2017-2022 final.docx **File desc:** **Date/time** 20/01/2017 12:30:59 **Size:** 175 KB
17	Evidence of commitment to fund purchase of MCV for use in the routine system in place of the first dose of MCV	5.1.6, 6.1.7	Fichier..pdf **File desc:** **Date/time** 20/01/2017 12:35:19 **Size:** 838 KB
18	Campaign target population documentation	8.x.1, 6.x.1	Populations Campagne RR.xlsx **File desc:** **Date/time** 20/01/2017 12:42:44 **Size:** 12 KB
22	Detailed model budget for the vaccine introduction / operating costs grant	6.x,7.x.2, 6.x.2	Budget Introduction RR_2017 Final.docx **File desc:** **Date/time** 20/01/2017 01:04:40 **Size:** 42 KB
23	Risk assessment and MenA consensus meeting report If DPT was used instead, please specify	6.x,7.x.2, 6.x.2,8.x.3	Document NA.docx **File desc:** **Date/time** 20/01/2017 09:17:31 **Size:** 15 KB

24	Risk assessment and consensus meeting report for Yellow Fever, including information required Section 5.3.2 in the General Guidelines on YF Risk Assessment process	8.1,5.1	Document NA.docx **File desc:** **Date/time** 20/01/2017 09:17:50 **Size:** 15 KB
32	Data quality assessment (DQA) report	5.1.4	Final report Mauritania.pdf **File desc:** **Date/time** 20/01/2017 09:19:47 **Size:** 280 KB
33	DQA improvement plan	5.1.4	plan d'amélioration qualités des données Finale F MBarek 2 vad version définitive mbarekFF-dd finaFFF.docx **File desc:** **Date/time** 20/01/2017 12:44:57 **Size:** 490 KB
34	Campaign action plan	8.1, 8.x.4	Plan campagne_RR 2017 Final.docx **File desc:** **Date/time** 20/01/2017 12:47:50 **Size:** 477 KB

Table 2: List of optional attachments

Document Number	Attachment	Section	File
3	MoH Signature (or delegated authority) of Proposal for HPV support	4.1.1	Signature.pdf **File desc:** **Date/time** 20/01/2017 11:23:25 **Size:** 449 KB
12	Vaccine introduction plan	5.1	Document NA.docx **File desc:** **Date/time** 20/01/2017 11:24:32 **Size:** 15 KB
15	HPV vaccine roadmap or strategy	6.1.1	Document NA.docx **File desc:** **Date/time** 20/01/2017 11:24:58 **Size:** 15 KB
16	Summary of the HPV vaccine assessment methodology	6.1.1,6.1.2	Document NA.docx **File desc:** **Date/time** 20/01/2017 11:25:22 **Size:** 15 KB
19	EVM report	9.3	Rapport final_GEV Mauritanie_2014_.pdf **File desc:** **Date/time** 20/01/2017 11:26:39 **Size:** 1 MB
20	Improvement plan based on EVM	9.3	Copie de Plan_d'amélioration de la GEV_Mauritanie_2014.xlsx **File desc:** **Date/time** 20/01/2017 11:30:09 **Size:** 93 KB

21	EVM improvement plan progress report	9.3	Rapport de revue PA GEV Nov. 2016.doc **File desc:** **Date/time** 20/01/2017 01:11:29 **Size:** 3 MB
27	National eradication plan for measles (and rubella), if available		Document PRR.docx **File desc:** **Date/time** 20/01/2017 11:47:00 **Size:** 15 KB
31	Minutes of the NITAG meeting with specific recommendations on NVS introduction or the campaign	4.2	Document NA.docx **File desc:** **Date/time** 20/01/2017 11:35:54 **Size:** 15 KB
35	Other documents		Réunion CCIA Janvier 2017.PDF **File desc:** **Date/time** 20/01/2017 09:55:54 **Size:** 3 MB
			Réunion CCIA MAI 2016.PDF **File desc:** **Date/time** 20/01/2017 09:57:00 **Size:** 2 MB
			Identité bancaire.PDF **File desc:** **Date/time** 20/01/2017 12:04:36 **Size:** 796 KB
			Réactivation compte bancaire.PDF **File desc:** **Date/time** 20/01/2017 12:05:24 **Size:** 720 KB
			représentant_banque.PDF **File desc:** **Date/time** 20/01/2017 12:05:54 **Size:** 113 KB
			Spécimene signataires.PDF **File desc:** **Date/time** 20/01/2017 12:06:26 **Size:** 191 KB
36	Strategy for establishing or strengthening a national comprehensive approach to cervical cancer prevention and control		Document NA.docx **File desc:** **Date/time** 20/01/2017 11:36:42 **Size:** 15 KB
37	Proof of MCV1 self-financing	5.1.5	Plan annexe PPAC.docx **File desc:** **Date/time** 25/01/2017 05:11:17 **Size:** 175 KB

11. Annexes

Annex 1 - NVS Routine Support

Annex 1.1- NVS routine Support (MR, 10 dose(s) per vial, LYOPHILISED for the first dose)

Table Annex 1.1 A: Rounded up portion of supply that is procured by the country and estimate of related costs in US$

		2017	2018	2019	2020
Number of vaccine doses	#				
Number of AD syringes	#				
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#				
Total value to be co-financed by the Country *[1]*	$	56,012	55,199	65,844	79,030

Table Annex 1.1 B: Rounded up portion of supply procured by Gavi and estimate of related costs in US$

Portion of supply for routine cohort to be procured by Gavi (and cost estimate, US$)

		2017	2018	2019	2020
Number of vaccine doses	#	0	0	0	0
Number of AD syringes	#	0	0	0	0
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by Gavi	$	67,581	48,867	42,776	34,341

Table Annex 1.1 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED for the first dose, associated injection safety material and related co-financing budget (page 1)

		Formula	2017		
			Total	Government	Gavi
A	Country co-financing	*V*	45.32 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	119,442	54,129	65,313
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	119,442	54,129	65,313
E	Estimated vaccine wastage factor	*Table 5.2*	1.25		
F	Number of doses needed including wastage	*D X E*	149,303	67,662	81,641
G	Vaccines buffer stock	Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]	37,326	16,916	20,410
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	186,700	84,609	102,091
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	172,445	78,149	94,296
L	Number of reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	20,537	9,307	11,230
M	Total number of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	2,123	963	1,160
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	113,887	51,612	62,275
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	7,028	3,185	3,843
P	Cost of reconstitution syringes needed	*L x reconstitution syringe price per unit (cr)*	630	286	344
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	979	444	535
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	205	93	112
S	Freight cost for devices needed	*(O+P+Q) x freight cost as% of devices value (fd)*	864	392	472
T	Total funding needed	*(N+O+P+Q+R+S)*	123,593	56,012	67,581
U	Total country co-financing	*I * country co-financing per dose (cc)*	56,010		
V	Country co-financing % of Gavi supported proportion	*U / T*	45.32 %		

Table Annex 1.1 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED for the first dose, associated injection safety material and related co-financing budget (page 2)

		Formula	2018		
			Total	Government	Gavi
A	Country co-financing	*V*	53.04 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	124,763	66,173	58,590
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	124,763	66,173	58,590
E	Estimated vaccine wastage factor	*Table 5.2*	1.25		
F	Number of doses needed including wastage	*D X E*	155,954	82,716	73,238
G	Vaccines buffer stock	Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]	1,663	883	780
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	157,700	83,642	74,058
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	139,069	73,761	65,308
L	Number of reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	17,347	9,201	8,146
M	Total number of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	1,721	913	808
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	96,197	51,022	45,175
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	5,668	3,007	2,661
P	Cost of reconstitution syringes needed	*L x reconstitution syringe price per unit (cr)*	533	283	250
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	794	422	372
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	174	93	81
S	Freight cost for devices needed	*(O+P+Q) x freight cost as% of devices value (fd)*	700	372	328
T	Total funding needed	*(N+O+P+Q+R+S)*	104,066	55,199	48,867
U	Total country co-financing	*I * country co-financing per dose (cc)*	55,195		
V	Country co-financing % of Gavi supported proportion	*U / T*	53.04 %		

Table Annex 1.1 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED for the first dose, associated injection safety material and related co-financing budget (page 3)

		Formula	2019		
			Total	Government	Gavi
A	Country co-financing	*V*	60.61 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	130,271	78,964	51,307
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	130,271	78,964	51,307
E	Estimated vaccine wastage factor	*Table 5.2*	1.25		
F	Number of doses needed including wastage	*D X E*	162,839	98,705	64,134
G	Vaccines buffer stock	Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]	1,722	1,044	678
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	164,600	99,773	64,827
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	145,193	88,009	57,184
L	Number of reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	18,106	10,975	7,131
M	Total number of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	1,797	1,090	707
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	100,406	60,862	39,544
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	5,917	3,587	2,330
P	Cost of reconstitution syringes needed	*L x reconstitution syringe price per unit (cr)*	556	338	218
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	829	503	326
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	181	110	71
S	Freight cost for devices needed	*(O+P+Q) x freight cost as% of devices value (fd)*	731	444	287
T	Total funding needed	*(N+O+P+Q+R+S)*	108,620	65,844	42,776
U	Total country co-financing	*I * country co-financing per dose (cc)*	65,840		
V	Country co-financing % of Gavi supported proportion	*U / T*	60.61 %		

Table Annex 1.1 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED for the first dose, associated injection safety material and related co-financing budget (page 4)

		Formula	2020		
			Total	Government	Gavi
A	Country co-financing	*V*	69.71 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	135,971	94,782	41,189
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	135,971	94,782	41,189
E	Estimated vaccine wastage factor	*Table 5.2*	1.25		
F	Number of doses needed including wastage	*D X E*	169,964	118,478	51,486
G	Vaccines buffer stock	Buffer on doses needed = (D - D of previous year) x 25% Buffer on wastages = ((F - D) - (F of previous year - D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]	1,782	1,243	539
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	171,800	119,758	52,042
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	151,529	105,627	45,902
L	Number of reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	18,898	13,174	5,724
M	Total number of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	1,875	1,308	567
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	104,798	73,052	31,746
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	6,176	4,306	1,870
P	Cost of reconstitution syringes needed	*L x reconstitution syringe price per unit (cr)*	580	405	175
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	865	603	262
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	189	132	57
S	Freight cost for devices needed	*(O+P+Q) x freight cost as% of devices value (fd)*	763	532	231
T	Total funding needed	*(N+O+P+Q+R+S)*	113,371	79,030	34,341
U	Total country co-financing	*I * country co-financing per dose (cc)*	79,028		
V	Country co-financing % of Gavi supported proportion	*U / T*	69.71 %		

Annex 2 –NVS Routine Support –Preferred second presentation

No NVS –routine immunisation –second preferred presentation requested this year

Annex 3 –NVS Preventive campaign(s)

Annex 3.1 - NVS preventive campaign(s) (MR, 10 dose(s) per vial, lyophilised)

Table Annex 3.1 C: Summary table for CAMPAIGN, MR, 10 dose(s) per vial, lyophilised

AI		Source		2017	2018	2019	2020
cc	**Total target population**	Table 5.2	#	1,616,855	0	0	668,944
cc	**Number of doses per person**	Parameter	#	1	1	1	1
cc	**Vaccine wastage rates**	Table 6.2.2	#	10	0	0	10
cc	**Estimated vaccine wastage factor**	Table 5.2	#	1.11	1	1	1.11
cc	**Number of doses per vial**	Parameter	#	10	10	10	10
cc	**AD syringes required**	Parameter	#	Yes	Yes	Yes	Yes
cc	**Reconstitution syringes required**	Parameter	#	Yes	Yes	Yes	Yes
cc	**Safety boxes required**	Parameter	#	Yes	Yes	Yes	Yes
g	**Vaccine price per dose**	Table Annexes 4A	$	0.61	0.61	0.61	0.61

ca	**AD syringe price per unit**	Table Annexes 4A	$	0.041	0.041	0.041	0.041
cr	**Reconstitution syringe price per unit**	Table Annexes 4A	$	0.031	0.031	0.031	0.031
cs	**Safety box price per unit**	Table Annexes 4A	$	0.461	0.461	0.461	0.461
fv	**Freight cost as% of vaccines value**	Table Annexes 4B	%	0.18%	0.18%	0.18%	0.18%
fd	**Freight cost as% of devices value**	Parameter	%	10.00%	10.00%	10.00%	10.00%

Table Annex 3.1 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED, associated injection safety material and related co-financing budget (page 1)

		Formula	2017		
			Total	Government	Gavi
B	Gavi support	*Table 5.3.1*	1,616,855	0	1,616,855
C	Number of doses per person	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	1,616,855	0	1,616,855
E	Estimated vaccine wastage factor	*100 / (100 - Vaccine wastage rate)*	1.11		
F	Number of doses needed including wastage	*D X E*	1,794,710	0	1,794,710
G	Vaccines buffer stock	*0*	0	0	0
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	1,794,800	0	1,794,800
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	1,778,541	0	1,778,541
L	Number of reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	197,429	0	197,429
M	Total number of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	21,736	0	21,736
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	1,094,828	0	1,094,828
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	72,479	0	72,479
P	Cost of reconstitution syringes needed	*L x reconstitution syringe price per unit (cr)*	6,055	0	6,055
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	10,018	0	10,018
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	1,971	0	1,971
S	Freight cost for devices needed	*(O+P+Q) x freight cost as% of devices value (fd)*	8,856	0	8,856
T	Total funding needed	*(N+O+P+Q+R+S)*	1,194,207	0	1,194,207

Note: There is no co-financing for NVS preventive campaigns

Table Annex 3.1 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED, associated injection safety material and related co-financing budget (page 2)

		Formula	2018		
			Total	Government	Gavi
B	Gavi support	*Table 5.3.1*	0	0	0
C	Number of doses per person	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	0	0	0
E	Estimated vaccine wastage factor	*100 / (100 - Vaccine wastage rate)*	1		
F	Number of doses needed including wastage	*D X E*	0	0	0
G	Vaccines buffer stock	*0*	0	0	0
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	0	0	0
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	0	0	0
L	Number of reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total number of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	0	0	0
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution syringe price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	0	0	0
S	Freight cost for devices needed	*(O+P+Q) x freight cost as% of devices value (fd)*	0	0	0
T	Total funding needed	*(N+O+P+Q+R+S)*	0	0	0

Note: There is no co-financing for NVS preventive campaigns

Table Annex 3.1 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED, associated injection safety material and related co-financing budget (page 3)

		Formula	2019		
			Total	Government	Gavi
B	Gavi support	*Table 5.3.1*	0	0	0
C	Number of doses per person	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	0	0	0
E	Estimated vaccine wastage factor	*100 / (100 - Vaccine wastage rate)*	1		
F	Number of doses needed including wastage	*D X E*	0	0	0
G	Vaccines buffer stock	*0*	0	0	0
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	0	0	0
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	0	0	0
L	Number of reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total number of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	0	0	0
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution syringe price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	0	0	0
S	Freight cost for devices needed	*(O+P+Q) x freight cost as% of devices value (fd)*	0	0	0
T	Total funding needed	*(N+O+P+Q+R+S)*	0	0	0

Note: There is no co-financing for NVS preventive campaigns

Table Annex 3.1 D: Estimated numbers for MR, 10 dose(s) per vial, LYOPHILISED, associated injection safety material and related co-financing budget (page 4)

		Formula	2020		
			Total	Government	Gavi
B	Gavi support	*Table 5.3.1*	668,944	0	668,944
C	Number of doses per person	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	668,944	0	668,944
E	Estimated vaccine wastage factor	*100 / (100 - Vaccine wastage rate)*	1.11		
F	Number of doses needed including wastage	*D X E*	742,528	0	742,528
G	Vaccines buffer stock	*0*	0	0	0
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	742,600	0	742,600
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	735,839	0	735,839
L	Number of reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	81,686	0	81,686
M	Total number of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	8,993	0	8,993
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	452,986	0	452,986
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	29,987	0	29,987
P	Cost of reconstitution syringes needed	*L x reconstitution syringe price per unit (cr)*	2,506	0	2,506
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	4,145	0	4,145
R	Freight cost for vaccines needed	*N x freight cost as % of vaccines value (fv)*	816	0	816
S	Freight cost for devices needed	*(O+P+Q) x freight cost as% of devices value (fd)*	3,664	0	3,664
T	Total funding needed	*(N+O+P+Q+R+S)*	494,104	0	494,104

Note: There is no co-financing for NVS preventive campaigns

Annex 4

Table Annex 4A: Commodities Cost

Vaccine	Presentation	2017	2018	2019	2020
MR, 10 dose(s) per vial, LYOPHILISED	10	0.610	0.610	0.610	0.610
MR, 10 dose(s) per vial, LYOPHILISED for the first dose	10	0.610	0.610	0.610	0.610

Procurement	Form	2017	2018	2019	2020
Yellow fever reconstitution syringe	Syringes	0.031	0.031	0.031	0.031

Note: AWP: Average Weighted Price (to be used for all formulations: for DTP-HepB-Hib, this applies to single-dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Estimated prices of supplies are not disclosed

Table Annex 4B: Freight cost as percentage of value

Vaccine Antigen	Type of Vaccine	2017	2018	2019	2020
MR, 10 dose(s) per vial, LYOPHILISED	MM	2.73 %	2.73 %	2.73 %	2.73 %
MR, 10 dose(s) per vial, LYOPHILISED for the first dose	MR1	2.73 %	2.73 %	2.73 %	2.73 %

Table Annex 4C: Preparatory transition phase - Minimum country's co-payment per dose of co-financed vaccine

Vaccine	2017	2018	2019	2020
MR, 10 dose(s) per vial, LYOPHILISED for the first dose	0.3	0.35	0.4	0.46

12. Banking form

In accordance with the decision on financial support made by Gavi, the Government of Mauritania hereby requests that a payment be made via electronic bank transfer as detailed below:

Name of Institution (Account Holder):	EXPANDED PROGRAMME ON IMMUNISATION		
Address:	EL MINA		
City, Country:	NOUAKCHOTT MAURITANIA		
Telephone no.:	00 222 22 24 37 95	**Fax no.:**	
	Currency of the bank account:	OUGUIYA	
For credit to:			
Bank account's title:	EPI ACCOUNT		
Bank account no.:	MR 13 0000 8000 0100 1587 1055 756		
Bank name:	BANQUE POUR LE COMMERCE INTERNATIONAL (BCI)		

Is the bank account exclusively to be used by this programme? True

By whom is the account audited? External auditor

Signature of Government's authorising official

		Seal
Name:	Dr Mbarek Ould Houmeid	
Title:	Coordinator	
Signature:		
Date:	20/01/2017	

FINANCIAL INSTITUTION		**CORRESPONDENT BANK (in the United States)**	
Bank name:	BANQUE POUR LE COMMERCE INTERNATIONAL		
Branch Name:	Nouakchott		
Address:	57,Avenue Gamal Abdel Nasser BP 5050		
City, Country:	Nouakchott, Mauritania		
Swift Code:	COLIMRMR		
Sort Code:	00001		
ABA No.:	N/A		
Telephone No.:	00 222 45 24 13 64/00222 45 29 28 76		
FAX No.:	00 222 45 29 28 77/00222 22 03 92 66		

I certify that the account No. MR 130000 8000 0100 1587 1055 756 is held by the EPI at this banking

institution

The account is to be signed jointly by at least 2 (number of signatories) of the following authorised signatories:

1		
	Name:	M'barek Ould Houmeid
	Title:	EPI Coordinator
2		
	Name:	Abdelbarka Ould Abderabou
	Title:	EPI Manager
3		
	Name:	N/A
	Title:	N/A

Name of bank's authorising official	
Horma Ould	
Signature:	
Date:	20/01/2017 00:00:00
Seal:	