Gavi NVS Application Form

Submitted by

The Government of

Côte d'Ivoire

Date of submission: **1 June 2017**

Deadline for submission:

i. **3 May 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 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 are 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]
Routine New Vaccines Support	Meningococcal, 10 dose(s) per vial, lyophilised	2018	2020	
One-time Mini Catch-up Campaigns	Meningococcal, 10 dose(s) per vial, lyophilised	2018	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

The government of Côte d'Ivoire has adopted the guidelines of the Global Vaccine Action Plan (GVAP) 2011-2020, which recommends the introduction of new vaccines into the national immunisation programmes. The Ministry of Health and Public Hygiene (MSHP), through the EPI Coordinating Office, has prepared a comprehensive Multi-Year Plan (cMYP) covering 2016-2020. Among other strategic objectives, this plan projects for the introduction of new vaccines, among them meningitis A (MenAfriVac®) immunisation starting in January 2018.

The introduction of this vaccine is found within the framework of eliminating meningitis A and reducing the resurgence of epidemics due to meningitis A. Three months after the introduction, a campaign will be targeted at the 25 districts identified as at risk.

The aim of introducing this vaccine into the routine EPI is to contribute towards the reduction of infant mortality linked to meningococcal A, in the context of sustainable development goals (SDGs), specifically goal 3.

MenAfriVac® will be introduced into the routine EPI in all districts beginning in in January 2018 with the technical and financial support of Gavi and other partners.

This vaccine will be included in the current immunisation schedule and administered via intramuscular injection at 9 months of age.

Programme performances for DTP-HepB-Hib3 and the measles vaccine in 2016 were 101% and 92%, respectively.

The goal is to immunise at least 95% of the target. The campaign target consists of **846,212 children aged 1 to 4 years**. The target for routine immunisation in 2018 consists of 885,585 surviving infants.

The introduction process for the MenAfriVac® vaccine will be carried out in collaboration with all national and international partners involved in child survival in Côte d'Ivoire.

Pre- and post-introduction activities will consist of strengthening the immunisation system through the training and supervision of service providers, expansion of storage capacities and the improvement of stock

management, and the strengthening of AEFI monitoring at all the levels of the health system.

Introduction of the MenAfriVac® vaccine takes place in the framework of the global policy of the fight against diseases in children under 5 in Côte d'Ivoire. This introduction will make it possible to complete activities already conducted in this field and thus accelerate reduction of the mortality and disease associated with these illnesses. Pre- and post-introduction activities will make it possible to strengthen the immunisation system through personnel training and supervision, expansion of storage capacities and the improvement of stock management, and the strengthening of AEFI monitoring at all levels.
An EVM was conducted in 2015 with the following principal outcomes:

- Insufficient dry storage capacity at all levels;
- Non-existence of a continuous recording system and freeze-indicating equipment at all levels;
- Insufficient record-keeping at the district and health centre levels,
- Proper cold storage capacity at national, regional and district levels.

Action has been taken as to the implementation of EVM recommendations, in particular:

- strengthening of storage capacity at all levels;
- personnel training and supervision at all levels;
- purchase of continuous temperature recorders and their distribution to the districts;
- rehabilitation of containers existing in the districts in storage facilities for immunisation consumables.

Report on the implementation of EVM recommendations is herewith attached.

The estimated operational costs for this introduction are **$789,178**. The Gavi/NVS contribution is expected to be **$619,910,** representing **78.6**% of operational costs, excluding vaccines and consumables. The government's contribution along with that of its partners (WHO, UNICEF, World Bank, AMP, Rotary, etc.) is estimated at **$169,268,** which is **21.4%** of operational costs.

The estimate for operational costs for the mini-campaign for the meningitis vaccine is **$715,800**. The Gavi/SNV contribution is expected to be **$550,037, which is 76.8%**. The government's contribution along with that of its partners (WHO, UNICEF, World Bank, AMP, Rotary, etc.) is estimated at **$165,763** of operational costs.

The vaccines will be purchased directly by Gavi and placed at the country's disposal through UNICEF.

This proposal was prepared with the participation of the national and international partners involved in child survival:

- National Institute of Public Health (INHP, Institut National d'Hygiène Publique)

- WHO,

- UNICEF,

- AMP

- Rotary International

- FENOSCI

This proposal was validated by the ICC at the **28 April 2017** meeting with all stakeholders present.

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 Côte d'Ivoire wishes to consolidate the existing partnership with Gavi to strengthen its national routine infant immunisation programme and is specifically requesting Gavi support for:

Meningococcal A, 10 dose(s) per vial, LYOPHILISED routine introduction

Meningococcal A, 10 dose(s) per vial, LYOPHILISED one-time mini catch-up campaign

The Government of Côte d'Ivoire commits itself to developing 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) **6.2.3, 6.2.4** in the New Vaccines Support section (routine immunisation) of this proposal show(s) the amount of support (in kind or in cash) that is required from Gavi. Table(s) **6.2.3, 6.2.4** of this proposal indicate(s) the Government's financial commitment to the supply of this new vaccine (only NVS support).

Table(s) **6.3.2** in the mini catch-up campaign section of this proposal show(s) the amount of support either in kind or in cash that is required from Gavi.

Following the regulations of the internal budgeting and financing cycles the Government will release its portion of the co-financing funds in the month of **October**.

The payment of the first year of co-financed support will be due around **July 2018** for Meningococcal A, 10 dose(s) per vial, LYOPHILISED.

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	RAYMONDE GOUDOU COFFI	**Name**	KONE Adama
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	Email
Dr SAFOU Kinimo Hervé	Head of Logistics Department, EPI	+225 21 24 25 29	yorandji1@yahoo.fr
Dr YAO Kossia	EPI Deputy Coordinating Director	+225 21 24 25 29/ 07 86 27 12	yaokossia@yahoo.fr
Dr YESSOH Bogui Théodule	Head of the Monitoring and Evaluation Department	+225 21 24 25 29/ 07 65 84 92	boguitheo@yahoo.fr
Pr EKRA Kouadio Daniel	EPI Coordinating Director	+225 21 24 25 29	kdanielekra@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 Coordinating Committee (ICC)
Organisational structure (e.g., sub-committee, stand-alone)	Stand-alone committee

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:

The ICC has as its main missions:

- To approve the annual action plan for the year in progress proposed by the EPI coordinating office and the INHP
- To monitor the implementation of scheduled immunisation activities
- To issue an opinion on the operation of the EPI coordinating office
- To issue an opinion on the EPI coordinating office budget plan financed by the General State Budget and the partners and to monitor its implementation
- To examine and approve the annual report of the EPI coordinating office drawn up by the Coordinating Director of the EPI

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 **28/04/2017** to review this proposal. At that meeting, we approved this proposal on the basis of 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	Executive Assistant/MoH	EKRA Eliane		
Secretary	DGA/MoH	KOUASSI Edith		
Members	Coordinator/National EPIVAC Network	ANOUAN Jean		
	INHP Director/MoH	BENIE BI Vroh Joseph		
	DIEM/MoH	BROU Yao Léopold		
	Financial Controller/Ministry of Economy and Finance	DADIE Désiré Kouamé		
	President Rotary International	DAIPO Guy		
	IPCI/Ministry of Higher Education	Prof. DOSSO Mireille		
	EPI Specialist/UNICEF	EPA Kouacou		
	Technical Advisor/Ministry of Economy and Finance	ESSOH Nome Marie LATTROH		
	DSC/MoH	GAOUROU Eric Stéphane		
	NGO Technical Advisor/MoH	KOUAME Désiré		
	External Focal Point Services/MoH	KOUASSY Edith Clarisse		
	DIIS/MoH	LATH Monique		
	Technical Expert/AMP	LEBO Yer Joël		
	DCRP/MoH	OUSSOU Yassoua André		
	Officer in Charge/WHO	TANO Bian Aka		
	UFR Medical Sciences	TIEMBRE Issaka		
	DGDDL/Ministry of MEMIS	TOLO Fatouma Diakité		
	DAF/MoH	TOURE Kaffouba		

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 NUMBER: 6).

4.2. National Immunisation Technical Advisory Group (NITAG)

Has a NITAG been established in your country? **Yes**

We the members of the NITAG met on the to review this proposal. During the meeting, we adopted this proposal of the basis of the supporting documents describing the decision-making process by which the recommendations were formulated, attached as Document 31.

4.2.1 The NITAG Group for Immunisation

Profile of the NITAG

Name of the NITAG	National Committee of Independent Experts in Immunisation and Vaccines for Côte d'Ivoire (Comité National des Experts Indépendants pour la Vaccination et les Vaccins en Côte d'Ivoire, CNEIV)
Year of constitution of the current NITAG	2009
Organisational structure (e.g., sub-committee, stand-alone)	Stand-alone committee
Frequency of meetings	Quarterly

Position	Title/Organisation	Name
Chair	Professor Researcher/UFR Medical Sciences	Pr BISSAGNENE Emmanuel
Secretary	Professor Researcher/UFR Medical Sciences	Pr BENIE BI Vroh Joseph
Members	Technical Inspector/MoH	Dr OUATTARA Siguifota Germaine
	Professor Researcher/UFR Medical Sciences	Pr DOSSO Mireille Bretin
	Professor Researcher/UFR Medical Sciences	Pr TIMITE KONAN Adjoua Margueritte
	Professor Researcher/UFR Pharmaceutical Sciences	Pr MENAN Hervé
	Nurse/DDS Port-Bouët /MoH	KOUASSI Jules
	Sociology Professor/University of Cocody	BOA Assemian
	Professor Researcher/UFR Medical Sciences	Pr ABOLET

Major functions and responsibilities of the NITAG

The CNEIV-CI (Côte d'Ivoire NITAG) is responsible for giving scientific and technical recommendations that can guide the Ministry of Health in defining, implementing, monitoring and evaluating immunisation policies and strategies.
The CNEIV-CI has as its missions:
- Advise the Minister of Health on selecting optimised strategies for controlling vaccine-preventable diseases
- Advise the Minister of Health on data and information to be gathered for decision making related of immunisation vaccines,
- Inform the Minister of Health on the latest scientific developments that affect the field of immunisation and vaccines,
- Establish partnerships with other national committees or independent international experts on immunisation and vaccines.

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 indicate the date and source of data, and attach the source document when possible. The following documents must be [sic]

- Comprehensive Multi-Year Plan for Immunisation (cMYP), or equivalent multi-year plan. Please attach as DOCUMENT NUMBER 9.
- Introduction plan(s) for new vaccines/Action plan Please attach as DOCUMENT NUMBER 12.
- Verification list, activities list and schedule for introduction of new vaccines Please attach as DOCUMENT NUMBER 12.
- Effective Vaccine Management Assessment (EVM) Please attach as DOCUMENT NUMBER 20.
- Two most recent WHO/UNICEF Joint Reporting Forms on Vaccine Preventable Diseases.

- Health Sector Strategy documents, budgetary documents, and other reports, surveys, etc., as appropriate.
- With regard to mass campaigns to prevent yellow fever and meningitis A, 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	24,515,826	2017	National Institute of Statistics(NIS)
Birth cohort	968,479	2017	NIS:
Infant Mortality Rate	108	2012	DHS-CI (III) 2012
Surviving infants *[1]*	863,144	2017	EPI Coordination Office
GNI per capita (US$)	1,410	2014	World Bank
Total Health Expenditure (THE)	1,582,645,179	2015	National Health Accounts
General government expenditure on health (GGHE) as % of general government expenditure	26	2015	National Health Accounts

[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
PCV 13 post-introduction evaluation has enabled us to learn the following lessons: 1. involvement of all stakeholders in the planning process facilitates improved implementation; 2. good mastery of the population data makes it possible to better estimate district vaccine and consumable needs; 3. a smooth-flowing supply system and knowledge of the target population make it possible to prevent interruptions to vaccines and consumables; 4. regular monitoring of activities at all the levels of the health pyramid is indispensable to detecting and correcting inadequacies in implementation; 5. training of agents at all levels of the health pyramid before new vaccine introduction is necessary to properly control all aspects of the introduction; 6. implementation of an AEFI notification and monitoring system enables any side-effects linked to the new vaccine to be documented and leads to increased acceptance of the new vaccine; 7. an appropriate communication strategy is indispensable to strengthening the acceptability of new vaccines; 8. updating tools and management support facilitate proper monitoring of the introduction process; 9. The existence of a surveillance system that takes the diseases targeted by the new vaccine into account is indispensable for measuring progress in the fight against these diseases.	Based on the recommendations of the PIE and lessons learned, the following measures were taken during the introduction of the rotavirus vaccine: 1. inventories were updated and the cold chain was strengthened at all levels 2. EPI management tools were revised to account for the introduction of new vaccines. 3. Agent training on for the introduction of the diarrhoea rotavirus vaccine, including district communication focal points 4. Revitalisation of the AEFI surveillance system, including training focal points on AEFI and epidemiologic surveillance and training paediatricians on intussusception 5. revision of the logistics plan to account for the introduction of the new vaccine 6. preparation and implementation of a communications plan for the introduction of the pneumococcal vaccine 7. Implementation of EVM recommendations 8. Implementation of pre-campaign supervision before the official introduction of the rotavirus vaccine.

5.1.2- Planning and Budgeting of Health Services

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

1. DRAWING UP THE BUDGET

- **General State Budget (BGE)**: Budget forecasts for year (n+1) are done at the end of the first quarter of year (n). Because of this, budget conferences are organised successively at the district, regional and national levels after notification of the budget allowance to the pertinent ministries by the Ministry of Economy and Finances.
- **Budget on own resources**: The budget forecast of health facilities payments for medical acts for the year (n+1) occurs during the last quarter of the year (n). For this reason, budgets are presented in the presence of the members of the Comité de Gestion (COGES), the management committee for the health centres in each locality.

2. BUDGET NOTIFICATION

Notification of the General State Budget (BGE) is done at the beginning of the year (end of January-beginning of February).

3. MONITORING BUDGET IMPLEMENTATION

- **General State Budget (BGE):** Execution of the State Budget is monitored through quarterly reports sent by the health district to the regional level and from the regional level to the central level. Periodic monitoring is carried out by the Directorate of Financial Affairs (DAF) through expenditure commitments at all levels of the health pyramid through the Integrated Public Finance Management System (SIGFIP).
- **Budget on own resources**

Monthly monitoring reports are drawn up and sent to hierarchical superiors.

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

The relevant planning document for health is the National Health Development Plan (PNDS) 2016-2020.

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

Yes, the 2016-2020 cMYP takes into account the introduction of new vaccines including the introduction of Men A into routine immunisation.

Please indicate the national planning and budgeting cycle for health

The national planning budgeting cycle for health (PNDS) consists of 5 years for strategic planning.

With regard to yearly planning, preparation of government-financed budget plans for year (n+1) occurs at the latest in September of year (n). Planning for the year's (n+1) activities takes place in January of the same year.

Please indicate the national planning cycle for immunisation

The national planning budgeting cycle for health is 5 years for the strategic plan. Each year, an annual operating plan is prepared and implemented in alignment with the cMYP. The current NHDP covers 2016 to 2020 period.

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).

According to the results of the immunisation coverage survey conducted during the external review of the EPI in 2015:

1. Non-immunisation or incomplete immunisation among children is predominantly due to lack of

motivation among parents (46%) and obstacles related to the immunisation services (32%).
2. Non-immunisation among the mothers of children aged 12 to 23 months is predominantly due to lack of information (39%), followed by lack of motivation (35%).

The activities projected to surmount these obstacles are described in cMYP 2016-2020. These essentially concern the strengthening of the EPI communication strategy with specific activities based on targets and geographic area.

Please examine whether questions of equity (socio-economic, geographic and gender-specific factors) 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).

To address questions of equity and to allow each child to have access to immunisation, the CO-EPI has initiated community member sponsorship of target children (0 - 11 months). This initiative aims to strengthen the awareness of the target children's parents and guardians in favour of immunisation. It also includes active searching for children who have not been immunised, or not fully immunised, without discrimination. The results are satisfactory and this strategy will be extended to all health districts and will be used during the introduction of the Men A vaccine.

The strategies used by the country to reach the hard-to-reach populations are the following for Routine and catch-up campaigns:

- The strategy used by the country to reach populations that are difficult to access routinely will be the mobile strategy which will concern the localities located beyond 15 km of a vaccination station as well as the localities with difficult access. Vaccinations in mobile strategy will be organized according to a circuit planned by the health district. In addition to this, advanced vaccination posts will be set up in large cities insufficiently covered in vaccination center.

- The strategy used by the country to reach the hard-to-reach populations in the countryside will be the mobile strategy which will concern the localities located beyond 15 km of a health facility and difficult to access localities. The population is estimated to be about 10% of the total target population. The vaccination teams will consist of a health worker and 2 volunteers, recruited locally. The minimum responsibility per team will be 100 children to be vaccinated per day. Vaccination in mobile strategy will be organized according to a circuit developed by the District Management Team (EDC). To do this, the EDC will establish during the micro planning a list of the localities covered by health area and will establish circuits of progression of the vaccination teams. A mapping by health area identifying localities will be developed to facilitate interventions.

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.

A survey about equity in access to care: obstacles to universal access for universal immunisation coverage for children under 5 years of age was conducted in 2015. This study showed that there were disparities to accessing immunisation services in the different regions.

When this survey was published, a corrective plan was developed and implemented beginning in 2016 to remove the obstacles preventing equality between men and women and preventing equity.

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

The CO-EPI implemented EPI data-gathering and management tools (immunisation records, check lists, DVD-MT) beginning in 2015 that provide immunisation data disaggregated by sex. These data are analysed and used by agents to find out those cases who have dropped-out, particularly the disadvantaged genders. The strategy of one sponsor for a hundred children (1 PPCE) developed and implemented by the programme enables sponsors to conduct this search in the places of their area of intervention.

Is the country currently in a situation of fragility (e.g. 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.

The country is no longer in a situation of fragility.

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).

5.1.6. Immunisation Coverage for Meningococcal A:

Please provide information concerning immunisation coverage related to the meningococcal A vaccine (MenA)

Table 5.1.6: Men A immunisation coverage

Coverage	2012		2013		2014	
	Administrative*(1)*	WUENIC*(2)*	Administrative*(1)*	WUENIC*(2)*	Administrative*(1)*	WUENIC*(2)*
Meningococcal A 1st dose (%)	0	0	0	0	0	0

Coverage	2015		2016	
	Administrative*(1)*	WUENIC*(2)*	Administrative*(1)*	WUENIC*(2)*
Meningococcal A 1st dose (%)	0	0	0	0

Coverage	2012		2013		2014	
	Administrative*(1)*	Coverage Survey	Administrative*(1)*	Coverage Survey	Administrative*(1)*	Coverage Survey
Supplementary Immunisation Activities (SIA) (%)	0	0	0	0	107	

Coverage	2015		2016	
	Administrative*(1)*	Coverage Survey	Administrative*(1)*	Coverage Survey
Supplementary Immunisation Activities (SIA) (%)	0	0	0	0

Note:

(1) National administrative coverage

(2) National immunisation coverage estimated by WHO/UNICEF

Were the last meningococcal A supplementary immunisation activities (SIA) part of an administrative coverage or were they the result of a survey on acceptable methodology **Administrative Coverage**

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		
	2016	2018	2019	2020
Total number of births	927 020	975 852	1 001 224	1 027 255
Total number of infant deaths	85 749	90 267	92 614	95 021
Total surviving infants	841 271	885 585	908 610	932 234
Total number of pregnant women	988 011	1 040 056	1 067 097	1 094 842
Target population vaccinated with OPV3*[1]*	810 805	823 594	854 093	885 622
OPV3 coverage*[2]*	96 %	93 %	94 %	95 %
Target population vaccinated with DTP1*[1]*	885 843	885 585	908 610	932 234
Target population vaccinated with DTP3*[1]*	868 228	823 594	854 093	885 622
DTp3 coverage*[2]*	103 %	93 %	94 %	95 %
Wastage*[3]* rate in base-year and planned thereafter (%) for DTP	4	5	5	5
Wastage*[3]* factor in base-year and planned thereafter for DTP	1,04	1,05	1,05	1,05
Target population having received meningococcal vaccine *[1]*	0	708 468	854 093	885 622
Meningococcal A coverage *[2]*	0 %	80 %	94 %	95 %
First Presentation: Meningococcal, 10 dose(s) per vial, lyophilised				
Wastage rate*[3]* in base-year and planned thereafter (%)	0	15	15	15
Wastage rate*[3]* in base-year and planned thereafter (%)	1,00	1,18	1,18	1,18
Maximum wastage rate value for meningococcal A vaccine 10 dose(s) per vial, LYOPHILISED	50 %	50 %	50 %	50 %
Target population having received 1st dose(s) of RCV vaccine	0	823 594	854 093	885 622
RCV coverage*[2]*	0 %	93 %	94 %	95 %
Annual DTP dropout rate [(DTP1 - DTP3) / DTP1] x 100	2 %	7 %	6 %	5 %

[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 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)

No NVS Prevention Campaign Support this year.

5.4. Targets for the One-time Mini Catch-up Campaign(s)

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

Number	Base Year	Baseline and Targets	
	2014	2018	2019
Target population having received meningococcal vaccine *[1]*	4,587,056	846,212	0
Wastage rate*[3]* in base-year and planned thereafter (%)	5	10	0
Wastage rate*[3]* in base-year and planned thereafter (%)	1.05	1.11	1.00
Maximum wastage rate value for meningococcal A vaccine 10 dose(s) per vial, LYOPHILISED	10%	10%	10%

[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 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.

Number	Baseline and Targets
	2020
Target population having received meningococcal vaccine *[1]*	0
Wastage rate*[3]* in base-year and planned thereafter (%)	0
Wastage rate*[3]* in base-year and planned thereafter (%)	1.00
Maximum wastage rate value for meningococcal A vaccine 10 dose(s) per vial, LYOPHILISED	10%

[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 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.

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
Meningitis	Target disease burden in the country	2006 -2016	page 22, section 1.2.8 in the introduction plan
Meningitis	Evolution of cases, mortality and epidemic outbreaks of meningitis/	2004-2016	page 23, section 1.3 in the introduction plan

6.2. Requested Vaccine (Meningococcal A, 10 dose(s) per vial, lyophilised)

As indicated in the cMYP, the country plans to introduce the meningococcal A vaccine using meningococcal A, 10 dose(s) per vial, LYOPHILISED.

When is the country planning 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 requires assurance that the cold chain is ready or will be ready for the routine introduction of the new vaccine, and evidence/plans need to 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.

The net positive capacity required to introduce the MenAfriVac® vaccine in 2018 is 2,029 litres for a net available capacity of 99,889 litres. Per quarter, the total required capacity for all antigens, including the rotavirus vaccine, 88,638 litres. There are no gaps through 2020.

At the regional level, the net positive capacity required to introduce the MenAfriVac® vaccine in 2017 is 128,768 litres while the existing net positive capacity is 191,424 litres; therefore, there is surplus capacity in all regional storage facilities for 2017 to 2020. There is thus no need to strengthen storage capacities at this level (see Chapter 6.3 of the introduction plan: Expansion or improvement of the cold chain, logistics and

vaccine management.)

At the district level, storage capacities at the district level are satisfactory overall, with the equipment received in the framework of rotavirus vaccine introduction, for all districts and immunisation centres.

A detailed analysis is provided in the introduction plan using the EPILOG FORECASTING TOOL.

6.2.1 Vaccine Cost

Vaccine	Presentation	2017	2018	2019	2020
Meningococcal, 10 dose(s) per vial, lyophilised	10	0.565	0.565	0.565	0.565

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

	2018	2019	2020
Minimum co-financing	0.06	0.07	0.08
Your co-financing (please change if higher)	0.06	0.07	0.08

6.2.2.1. Specifics of immunisations with the new vaccine for a systematic cohort

	Source		2018	2019	2020
Number of girls in the systematic cohort to immunise with the first dose	Table 5.2	#	708,468	854,093	885,622
Immunisation coverage	Table 5.2	%	80%	94%	95%
Country co-financing per dose	Table 6.2.2	$	0.06	0.07	0.08

6.2.3 Portion of supply for the systematic cohort to be provided by Gavi (and estimated cost in USD)

		2018	2019	2020
Number of vaccine doses	#			
Number of AD syringes	#			
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#			
Total value to be co-financed by the Country *[1]*	**$**	62,702	73,572	84,363

[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 7.

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

Year of New Vaccine Introduction	Births (from Table 5.2)	Share per Birth in US$	Total in US$
2018	975,852	0.80	780,682

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 funds allocated for the MenAfriVac® vaccine introduction will be used to finance the following headings:

- Coordination: particularly, meetings to request the mobilisation of additional resources for the introduction.
- Planning: preparation of district micro-plans.
- Communication/mobilisation: communication activities before and during introduction.
- Training for agents at all levels.
- Preparation of management tools and immunisation accessories.
- Replenishment and distribution of the vaccine and inputs.
- Waste management.
- Cold chain strengthening.
- Immunisation (fixed, advanced and mobile strategies).
- AEFI surveillance and management.
- District, regional and national supervision.
- Post-introduction monitoring and evaluation.
- Support for epidemiological surveillance: supervision of sentinel surveillance site for congenital rubella syndrome.
- Support for financial management: organisation of financial audit to monitor the use of funds as per the procedures set forth in the aide-mémoire.

All these activities will contribute to strengthening immunisation in general.

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.

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

Other costs will be covered by the State Budget (BGE)

6.2.5 Technical assistance

Please describe any specific domain for which the Ministry will need technical assistance in order to support the introduction of meningococcal A.

Technical assistance is required for:

1. MenAfriVac® campaign
- assistance in preparatory activities, particularly in the use of the WHO evaluation tool for monitoring preparation.
- assistance in micro-planning, the training of agents, supervision and functional surveys.
- conducting and implementing the post-campaign coverage survey.

2. Introduction of the MenAfriVac® vaccine into the routine EPI

- Assistance in the conduct of the post-introduction evaluation.

6.3 Request for One-time MenA meningococcal A, 10 dose(s) per vial, lyophilised, mini catch-up campaign support

6.3.1 Summary of support request for one-time MenA mini catch-up campaign

When is the country planning to conduct this campaign? **April 2018**

Describe the target population and the geographical coverage for the MenA one-time mini catch-up campaign funded by Gavi. Please provide documentation for the extension of one-time mini catch-up campaigns to regions not covered by the mass preventive immunisation campaign. If relevant documents are available, please submit them in order to support the estimated target population size for the mini catch-up campaign (as DOCUMENT NUMBER: 18).

The one-time mini Men A catch-up campaign will cover the northern part of the country and will target children aged 1 to 4 in 25 districts having organised the 2014 campaign. This mini-campaign will not be conducted in all districts.

Please provide a summary of the cMYP and/or sections relative to the introduction plan [MenAfriVac®) vaccine] that refer to the introduction of meningococcal A, 10 dose(s) per vial, LYOPHILISED.

In its 2016-2020 cMYP, Côte d'Ivoire plans to pursue the following as EPI priorities for the relevant period while taking into account the orientations of the GVAP:

- improve immunisation services available
- increase use of immunisation services
- ensure equitable access to immunisation for all
- **continue introducing new vaccines (for rotavirus, meningitis A, HPV, MR)**
- maintain polio-free country status
- control Yellow fever
- attain pre-elimination indicators for measles
- implement sentinel surveillance for congenital rubella syndrome
- improve surveillance of cases of EPI target diseases and response to epidemics
- organise supplementary immunisation activities for vulnerable populations
- strengthen AEFI surveillance for routine immunisation
- Increase vaccines and consumable availability at all levels.
- Strengthen cold chain equipment and means of transport at all levels
- Improve deficiency management of wastes stemming from immunisation activities
- Improve maintenance of EPI equipment and buildings
- Improve availability and quality of immunisation data and stock management of vaccines and consumables.
- Strengthen community approval of the Programme
- Elicit community demand for immunisation
- Contribute to the reduction of immunisation drop-out rate
- Strengthen communication and advocacy for sustainable funding for communication related to immunisation
- Make the CO-EPI autonomous with regard to EPI vaccine management
- Improve the mobilisation of financial resources
- Strengthen the institutional framework for immunisation in Côte d'Ivoire
- Strengthen immunisation data quality at all levels.

The introduction of Men A is addressed in **section 3.2. "2016-2020 priorities" of the cMYP** on pages 47-48.

6.3.2 Support grant for operational costs of the one-time MenA mini catch-up campaign

Table 6.2.2: calculation of support for campaigns' operating costs

Year of one-time MenA mini catch-up campaign	Total target population	Gavi contribution per target person in US$	Total in US$

Phase 1	846,212	0.55	465,417

[1] The Grant will be based on a maximum award of $0.65 per target person

Please explain how the grant will be used to facilitate the preparation and timely delivery of campaigns to the target population (see the cMYP, which must include a plan on the mini catch-up campaigns and the vaccine introduction)

The funds allocated for the MenAfriVac® vaccine introduction will be used to finance the following headings:

- Coordination: particularly, meetings to request the mobilisation of additional resources for the introduction.
- Planning: preparation of district micro-plans.
- Communication/mobilisation: communication activities before and during introduction.
- Training for agents at all levels.
- Preparation of management tools and immunisation accessories.
- Replenishment and distribution of the vaccine and inputs.
- Waste management.
- Cold chain strengthening.
- Immunisation (fixed, advanced and mobile strategies).
- AEFI surveillance and management.
- District, regional and national supervision.
- Post-introduction monitoring and evaluation.
- Support for epidemiological surveillance: supervision of sentinel surveillance site for meningitis.
- Support for financial management: organisation of financial audit to monitor the use of funds as per the procedures set forth in the aide-mémoire.

All these activities will contribute to strengthening immunisation in general.

Where Gavi support is not sufficient to cover all needs, please describe the other funding sources and the amounts that should be provided, if necessary, to cover your full needs.

The funding gap will be met by the General State Budget (BGE) 2018.

Please also complete the "detailed VIG budget/operational costs in particular regarding the one-time mini catch-up campaign template provided by Gavi and please attach it as a mandatory document in the attachments section. Detailed Budget attached as Document no. 22. (Countries are encouraged to identify synergies across the vaccine introduction grant (VIG) for routine immunisations and operational costs for mini catch up campaigns).

7. NVS Preventive campaigns

No NVS Prevention Campaign Support this year

8. Monitoring Campaigns for New and Underused Vaccines Support (NVS)

No support for the SNV monitoring campaign this year.

9. Procurement and Management

9.1 Procurement and Management of Routine Vaccination 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):

According to the Gavi fund management framework agreement, the funds will be transferred into an account opened at a commercial bank (ECOBANK). A manager appointed by the Ministry of Economy and Finance is in charge of managing these funds. Fund management observes the procedures of public fund management following entry into the General State Budget through the SIGFIP (Integrated Public Finance Management System).

A workshop on the forecast of vaccines and consumables for the following year is organised each year, with the technical and financial support of the partners. This activity is organised before the end of the year. These needs will be entered into the forecasting tools and taken into account in the annual action plan for the following year.

A memorandum of understanding was signed in 2009 between the government of Côte d'Ivoire and UNICEF for supplying vaccines and consumables via the central purchasing service in Copenhagen. The vaccines and consumables purchased by Gavi are delivered to the country through UNICEF.

b) If an alternative mechanism for procurement and delivery of vaccine (financed 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-qualifications. 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.

Vaccines and consumables will be provided through UNICEF.

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.

The funds will be allocated to the account opened at a commercial bank (ECOBANK) in keeping with the aide-mémoire signed between Gavi and the Côte d'Ivoire government. The bank account data are attached to this proposal in the banking form.

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

The co-financing amounts will be transferred to Central Purchasing in Copenhagen. These amounts will be paid by the public treasury through the public debt accounting office. The funds will be transferred to Central Purchasing in Copenhagen by the Ministry of the Economy and Finance in keeping with the memorandum of understanding.

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

According to procedures in force, the budget is prepared by the technical committee together with the programme management unit, and then validated by the ICC. The funds are managed financially in accordance with the national procedure set forth in the aide-mémoire signed between the Côte d'Ivoire government and Gavi regarding the financial management of Gavi funds through the EPI imprest account.

The yearly tranches of Gavi funds are entered into the Budget of the State and of the Ministry of Health and the Fight against AIDS as foreign support, and then reflected in the integrated public finance management system (SIGFIP).
Expenses are initiated by the EPI Coordinating Director, who administers the credit. The expense circuit calls upon the intervention of a financial comptroller. The expenses are paid by the imprest administrator
At the operational level, payments are made using departmental cash flows

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

The estimate of immunisation coverage using the administrative data will be done periodically in a regular manner. Immunisation performances will be monitored at all levels using tools already revised, account taken of measles-rubella immunisation.

- At the central level, the immunisation administered is recorded on checklists and immunisation records. Monthly compilation is done in the monthly reports, which are sent to the health district 5 months after the activity, at the latest. An immunisation monitoring curve is prepared at this level to measure performances in relation to the targets set as well as the number of unvaccinated children.
- At the district level, the monthly reports of the health centres are compiled in the monthly district report and on the DVDMT tool. The monthly district report is sent to the regional level and the EPI Coordinating Office 10 months after the activity, at the latest. Analysis of the performances for the districts in general and for each health centre is done by the DVDMT. Feedback reports on this analysis are made to the health centres in the course of district coordination meetings.
- At the regional level, monthly district reports are compiled to produce the regional reports. The analysis made at this level is shared with the districts at regional coordination meetings.
- At national level, the monthly district reports are compiled to produce the national report, which is sent to the MSHP staff and disseminated to all the partners. Feedback reports on the analysis of performances are made to the medical heads of districts and regions during quarterly monitoring meetings. The quarterly, six-monthly and yearly activity reports are prepared and disseminated to all the partners and submitted to the ICC.

The ICC monitors these performances through the quarterly meetings.

An external review of the EPI organised in 2015 made it possible to measure general programme performance and prepare the new cMYP 2016-2020 based on results achieved. A mid-term review of the cMYP will be organised in 2018 to adapt strategies and activities to any possible new challenges.

g) For 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

No NVS Prevention Campaign Support this year

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.

National licensure is not necessary. In fact, according to WAEMU procedures, any vaccine or drug prequalified by the WHO is automatically licensed by WAEMU member states, among them Côte d'Ivoire. However, a market authorisation (AMM) is required.

The procedure for obtaining AMM consists of:

1. Filing of AMM request at the Department of Pharmacy, Drugs and Laboratories (DPML) by the manufacturing laboratory.
2. Examination of the request by the drug registration commission of the DPML.

3. Granting of AMM upon the positive opinion of the commission.

The granting of AMM is 120 days maximum, counting from the date the request was introduced.

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

The MenAfrivac© vaccine has still not been registered by the Department of Pharmacy, Drugs and Laboratories (DPML), which is the national regulatory authority. Transactions will be undertaken with the manufacturer before this vaccine is introduced into the EPI.

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.

As regards customs procedures, these are described below:

- Presentation of the documents accompanying the vaccines (aerial waybill, commercial invoice, packing list) by the supplier of the EPI Coordinating Office (beneficiary).
- Request for customs duty and tax exemption from the Ministry of Economy and Finance by the EPI Coordinating Office.
- Request for import authorisation from the DPML.
- Issuance of customs declaration.
- Request for release authorisation from the DPML.
- Package inspection by customs officers.
- Transport by the carrier to the beneficiary.

Should issuance of the letter of exemption by the Ministry of Economy and Finance be delayed, the delivery of the packages will be delayed. However, to remedy this, a provisional voucher is drawn up by customs to enable continuation of the shipment process.

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.

At the national level, the Department of Pharmacy, Drugs and Laboratories (DPML) serves as the national regulatory authority. This department has been implementing pharmacovigilance since 2006. In the context of how this applies to immunisation, it is responsible for:

- Preparing the texts of legislative and regulatory bills with regard to vaccine registration.
- Applying international conventions and treaties regarding vaccines.
- Organising pharmacovigilance.

In the framework of the last mission, it is subject to regular WHO evaluations.

DPDL Contacts: + 225 21 35 73 13/ 21 35 13 23

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 national hospital hygiene plan has been prepared. This plan gives the following guidelines on the management of waste generated by immunisation centres:

- Separation at the immunisation post using the appropriate containers (safety boxes for pointed objects and sharps, garbage bags for other waste).
- Destruction of sharps and infectious material by incineration; if necessary by burning and burial.

As meningitis immunisation produces sharps and infectious waste, these will be destroyed by incineration or by burning and burial.

A large-capacity incinerator is being built and a system for collecting and transporting waste for incineration will be implemented for routine immunisation waste.

Each facility is expected to destroy waste in compliance with the guidelines in force.

9.5 Procurement and Management for the Monitoring Campaigns

No support for the SNV monitoring campaign this year.

10. List of documents attached to this proposal

10.1. List of documents attached to this proposal

Table 1: Checklist of mandatory attachments

Document Number	Document	Section	File
Endorsements			
1	MoH Signature (or delegated authority) of Proposal	4.1.1	Page signature Ministres.pdf **File desc:** **Date/time :** 03/05/2017 02:44:13 **Size:** 549 KB
2	MoF Signature (or delegated authority) of Proposal	4.1.1	Page signature Ministres.pdf **File desc:** **Date/time :** 03/05/2017 02:44:42 **Size:** 549 KB
4	Terms of Reference for the Coordination Forum (ICC/HSCC or equivalent) including all sections outlined in Section 5.2 of the General Application Guidelines (Note: countries applying before May 2017 can submit their existing Terms of Reference)	4.1.2	Arrêté CCIA.zip **File desc:** **Date/time :** 02/05/2017 11:03:55 **Size:** 1 MB
5	Minutes of Coordination Forum meeting endorsing Proposal	4.1.3	PV 1er CCIA Extra 28 avril 2017 Def signé.pdf **File desc:** **Date/time :** 03/05/2017 03:07:50 **Size:** 732 KB
6	Signatures of Coordination Forum members in Proposal	4.1.3	Signatures CCIA.zip **File desc:** **Date/time :** 02/05/2017 02:33:30 **Size:** 4 MB
7	Minutes of the Coordination Forum meetings from the past 12 months before the proposal	4.1.3	PV CCIA.zip **File desc:** **Date/time :** 03/05/2017 05:04:08 **Size:** 8 MB
8	Role and functioning of the advisory group, description of plans to establish a NITAG	4.2.1	Arrêté portant organisation, fonctionnem%0d%0a ent.pdf **File desc:** **Date/time :** 02/05/2017 11:01:11 **Size:** 919 KB
26	List of areas/districts/regions and targets to be supported for meningitis A mini catch up campaigns		LISTE DES DISTRICTS BENEFICIANT DE LA CAMPAGNE MENA.pdf **File desc:** **Date/time :** 02/05/2017 11:30:19 **Size:** 58 KB
31	Minutes of NITAG meeting with specific recommendations on the NVS introduction or campaign	4.2	Recommandations CNEV-CI.pdf **File desc:** **Date/time :** 03/05/2017 03:54:11 **Size:** 3 MB

Planning, financing and vaccine management			
9	Comprehensive Multi Year Plan - cMYP	5.1	PPAc_2016-2020_final 19072016.pdf **File desc:** **Date/time :** 21/04/2017 05:45:34 **Size:** 3 MB
10	cMYP Costing tool for financial analysis	5.1	cMYP_Costing_Tool_V3.9.2. RCI 2016_2020xlsx.xlsx **File desc:** **Date/time :** 21/04/2017 05:45:59 **Size:** 6 MB
11	M&E and surveillance plan within the country's existing monitoring plan	5.1.4	PLAN SUIVI ET EVALUATION PPAc.docx **File desc:** **Date/time :** 02/05/2017 11:05:52 **Size:** 99 KB
12	New vaccine introduction plan (NVIP), New Vaccine Introduction Checklist and Activity List & Timeline for routine vaccines or Plan of Action (PoA) for campaign vaccines	5.1,7.2.3	Plan d'introduction MenA_ 2017_02 mai Final.doc **File desc:** **Date/time :** 03/05/2017 05:14:01 **Size:** 1 MB
19	EVM report	9.3	CIV-EGEV 2015- RAPPORT-final V5-150729.pdf **File desc:** **Date/time :** 21/04/2017 05:46:45 **Size:** 3 MB
20	Improvement plan based on EVM	9.3	PLAN D'AMELIORATION DE LA GEV 2015 V6.xlsx **File desc:** **Date/time :** 21/04/2017 05:47:12 **Size:** 288 KB
21	EVM improvement plan progress report	9.3	PLAN D'AMELIORATION_CIV-EGEV-2015-cIP_v7-150815-final 02-05-2017.xls **File desc:** **Date/time :** 03/05/2017 10:30:22 **Size:** 545 KB
22	Detailed budget template for VIG / Operational Costs	6.x,7.x.2,6.x.2,8.2.3	Modèle de prévision budgétaire_MenA_RCI - Gavi 30052017-.xls **File desc:** Budget de la mini-campagne de rattrapage Men A **Date/time :** 30/05/2017 03:44:51 **Size:** 198 KB
32	Data quality assessment (DQA) report	5.1.4	Rapport Plan Amélioration Qualité des Données_CIV.xls **File desc:** **Date/time :** 02/05/2017 11:15:20 **Size:** 95 KB

Table 2: Checklist of optional attachments

Document Number	Document	Section	File

3	MoE signature (or delegated authority) of HPV Proposal	4.1.1	PLAN INTRODUCTION_SIGNATURE HPV.doc **File desc:** **Date/time :** 02/05/2017 12:34:26 **Size:** 29 KB
14	Annual EPI Plan with 4 year forward view for measles and rubella		PSER_19aout12_ok.pdf **File desc:** **Date/time :** 02/05/2017 11:43:05 **Size:** 2 MB
15	HPV Region/ Province profile	6.1.1	FEUILLE DE HPV.doc **File desc:** **Date/time :** 02/05/2017 11:55:15 **Size:** 29 KB
16	HPV Key Stakeholder Roles and Responsibilities	6.1.1,6.1.2	RESUME METHODOLOGIE HPV.doc **File desc:** **Date/time :** 02/05/2017 11:55:15 **Size:** 29 KB
17	Evidence of commitment to fund purchase of RCV (in place of the first dose of MCV) / for use in the routine system	5.1.6, 6.1.7	Preuve_engagement_RR.zip **File desc:** **Date/time :** 03/05/2017 03:19:31 **Size:** 4 MB
18	Campaign target population documentation	8.x.1, 6.x.1	DETERMINATION DE LA CIBLE.doc **File desc:** **Date/time :** 03/05/2017 04:57:49 **Size:** 33 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	5.1	RAPPORT_DPT GENEVRE_analyse-risque_MenA.docx **File desc:** Il s'agit de l'évaluation du risque méningite **Date/time :** 02/05/2017 11:59:34 **Size:** 2 MB
25	Risk assessment and consensus meeting report for Yellow Fever, including information required in the NVS guidelines on YF Risk Assessment process	5.1	RAPPORT_DPT GENEVRE_analyse-risque_MenA.docx **File desc:** **Date/time :** 03/05/2017 03:14:33 **Size:** 2 MB
27	National Measles (& Rubella) elimination plan if available		PSER_19aout12_ok.pdf **File desc:** **Date/time :** 02/05/2017 11:46:14 **Size:** 2 MB PSER_19aout12_ok.doc **File desc:** **Date/time :** 03/05/2017 03:24:17 **Size:** 1 MB
28	A description of partner participation in preparing the application	4.1.3	Processus décisionnel-1.doc **File desc:** **Date/time :** 02/05/2017 12:26:02 **Size:** 32 KB

30	For countries applying for measles/rubella support that are not yet financing the measles monovalent component of MCV1, ICC minutes committing to finance from 2018 onwards.		PLAN INTRODUCTION_HPV.doc **File desc:** **Date/time :** 02/05/2017 12:35:21 **Size:** 29 KB
33	DQA improvement plan	5.1.4	Plan amelioration_qualité_donnés_RCI_VF.xls **File desc:** **Date/time :** 02/05/2017 11:50:53 **Size:** 92 KB
34	Plan of Action for campaigns	8.1, 8.x.4	PAO final campagne MenA_03 05 17 Final.doc **File desc:** **Date/time :** 03/05/2017 05:25:14 **Size:** 796 KB
35	Other		Formulaire Banquaire.doc **File desc:** **Date/time :** 02/05/2017 05:01:41 **Size:** 1 MB
			Modèle de prévision budgétaire_MenA_RCI - Gavi 30052017-.xls **File desc:** Budget de la mini-campagne Men A **Date/time :** 02/05/2017 03:46:54 **Size:** 632 KB
			Rapport_LQAS&DQS_VF_02022017.pdf **File desc:** **Date/time:** 30/05/2017 03:20:32 **Size:** 2 MB
			Réponses_Eclaircissements soutien MenA_Côte d'Ivoire_30 mai 2017.doc **File desc:** Réponses aux clarifications deandées **Date/time:** 30/05/2017 03:24:21 **Size:** 105 KB
36	Strategy for establishing or strengthening a national comprehensive approach to cervical cancer prevention and control		STRATEGIE PREVENTION CANCER COL DE L'UTERUS.doc **File desc:** Ce n'est pas une soumission **Date/time :** 02/05/2017 12:19:23 **Size:** 29 KB
37	Evidence of self-financing MCV1	5.1.5	No file loaded
38	For countries applying for measles/rubella support that are not yet financing the measles monovalent component of MCV1, a signed letter from the Minister of Health and the Minister of Finance committing to finance from 2018 onwards.		LETTRE COSIGNEE MINISTRES.doc **File desc:** Ce n'est pas une soumission RR. Le pays a soumis depuis septembre 2016 pour le RR. **Date/time :** 03/05/2017 03:29:07 **Size:** 29 KB
39	Epidemiological analysis/evidence	8.3.1	RAPPORT_DPT GENEVRE_analyse-risque_MenA.docx **File desc:** **Date/time :** 02/05/2017 12:03:41 **Size:** 2 MB

40	Post Campaign Coverage Survey report for MR catch-up applications	5.1.x	Rapport final MenAfriVac_30_mai_2015.doc **File desc:** Il s'agit du rapport technique de la campagne MenAfrivac **Date/time :** 03/05/2017 03:32:43 **Size:** 1 MB
41	cMYP addendum on measles and rubella		No file loaded

11. Annexes

Annex 1 - NVS Routine Support

Annex 1.1 Meningococcal A, 10 dose(s) per vial, LYOPHILISED

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

		2018	2019	2020
Number of vaccine doses	#			
Number of AD syringes	#			
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#			
Total value to be co-financed by the Country *[1]*	$	62,702	73,572	84,363

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

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

		2018	2019	2020
Number of vaccine doses	#	0	0	0
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by Gavi	$	572,689	564,349	555,460

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

		Formula	2018		
			Total	Government	Gavi
A	**Country co-finance**	*V*	9,87 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2*	708 468	69 912	638 556
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		

D	**Number of doses needed**	*B x C*	708 468	69 912	638 556
E	**Estimated vaccine wastage factor**	*Table 5.2*	1,18		
F	**Number of doses needed including wastage**	*D x E*	835 993	82 496	753 497
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]*	208 999	20 624	188 375
I	**Total vaccine doses needed**	*Round up((F + G) / Vaccine package size) * Vaccine package size*	1 045 000	103 120	941 880
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G) x 1.10*	1 009 214	99 589	909 625
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	114 951	11 344	103 607
M	**Total 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)*	590 425	58 263	532 162
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	36 332	3 586	32 746
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	3 526	348	3 178
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 % of vaccines value (fv)*	1 122	111	1 011
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	3 986	394	3 592
T	**Total fund needed**	*(N+O+P+Q+R+S)*	635 391	62 702	572 689
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	62 700		
V	**Country co-financing % of Gavi supported proportion**	*U / T*	9,87 %		

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

		Formula	2019		
			Total	Government	Gavi
A	Country co-finance	*V*	11,53 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	854 093	98 501	755 592
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	854 093	98 501	755 592
E	Estimated vaccine wastage factor	*Table 5.2*	1,18		
F	Number of doses needed including wastage	*D x E*	1 007 830	116 231	891 599
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]*	42 960	4 955	38 005
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	1 051 000	121 210	929 790
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	986 759	113 801	872 958
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	115 611	13 334	102 277
M	Total 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)*	593 815	68 484	525 331
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	35 524	4 097	31 427
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	3 546	409	3 137
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 % of vaccines value (fv)*	1 129	131	998
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	3 907	451	3 456
T	Total fund needed	*(N+O+P+Q+R+S)*	637 921	73 572	564 349
U	Total country co-financing	*I x country co-financing per dose (cc)*	73 570		
V	Country co-financing % of Gavi supported proportion	*U / T*	11,53 %		

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

		Formula	2020		
			Total	Government	Gavi
A	Country co-finance	*V*	13,18 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2*	885 622	116 769	768 853
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	885 622	116 769	768 853
E	Estimated vaccine wastage factor	*Table 5.2*	1,18		
F	Number of doses needed including wastage	*D x E*	1 045 034	137 787	907 247
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]*	9 301	1 227	8 074
I	Total vaccine doses needed	*Round up((F + G) / Vaccine package size) * Vaccine package size*	1 054 500	139 035	915 465
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G) x 1.10*	984 416	129 795	854 621
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	115 996	15 294	100 702
M	Total 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)*	595 793	78 555	517 238
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	35 439	4 673	30 766
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	3 558	470	3 088
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 % of vaccines value (fv)*	1 133	150	983
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	3 900	515	3 385
T	Total fund needed	*(N+O+P+Q+R+S)*	639 823	84 363	555 460
U	Total country co-financing	*I x country co-financing per dose (cc)*	84 360		
V	Country co-financing % of Gavi supported proportion	*U / T*	13,18 %		

Annex 2 - NVS Routine – Preferred Second Presentation

No NVS Routine – Preferred Second Presentation requested this year

Annex 3 - NVS Preventive campaign(s)

No NVS Prevention Campaign Support this year

Annex 4

Table Annex 4A: Commodities Cost

Vaccine	Presentation	2017	2018	2019	2020
Meningococcal A, 10 dose(s) per vial, LYOPHILISED	10	0.565	0.565	0.565	0.565

Supply	Form	2017	2018	2019	2020
RECONSTIT-SYRINGE-YF	SYRINGE	0.031	0.031	0.031	0.031

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 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 supply are not disclosed

Table Annex 4B: Freight cost as percentage of value

Vaccine Antigen	Vaccine Type	2018	2019	2020
Meningococcal A, 10 dose(s) per vial, LYOPHILISED	MENINACONJUGATE	0.19 %	0.19 %	0.19 %

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

Vaccine	2018	2019	2020
Meningococcal A, 10 dose(s) per vial, LYOPHILISED	0.06	0.07	0.08

12. Banking Form

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

Name of Institution (Account Holder):	Ministère de la Santé et de l'Hygiène Publique
Address:	Cité Administrative Tour C 16ème Etage BP 16 Abidjan
City Country:	Abidjan, Côte d'Ivoire
Telephone no.:	+225 20 21 08 71
Fax no.:	
Currency of the bank account:	Franc CFA (XOF) BCEAO
For credit to:	
Bank account's title:	Régie d'Avance Gavi
Bank account no.:	CI 059 01001 131224652501 41
Bank's name:	ECOBANK CÖTE D'IVOIRE

Is the bank account exclusively to be used by this program? Yes

By who is the account audited? DELOITTE Cöte d'Ivoire

Signature of Government's authorizing official

		Seal
Name:	RAYMONDE GOUDOU COFFIE	
Title:	Ministre de la Santé et de l'Hygiène Publique	
Signature:		
Date:		

FINANCIAL INSTITUTION		**CORRESPONDENT BANK (In the United States)**	
Bank Name:	ECOBANK CÖTE D'IVOIRE		
Branch Name:			
Address:	Immeuble Alliance Av. Terrasson de Fougères 01 BP 4107 Abidjan 01 Côte d'Ivoire		
City Country:	Abidjan-Côte d'Ivoire		
Swift Code:	ECOCCIAB		
Sort Code:	01001		
ABA No.:	CI 059 01001 131224652501 41		
Telephone No.:	+(225) 20 31 92 00		
FAX No.:	+(225) 20 21 88 16		

I certify that the account No 131224652501 is held by REGIE D'AVANCES SSV-GAVI at this banking institution

The account is to be signed jointly by at least 1 (number of signatories) of the following authorized signatories:

1		
	Name:	BANGASSARO AWA COULIBALY Epouse ATTE
	Title:	Regisseur d'avances auprès du Ministère de la Santé et de l'Hygiène Publique pour la gestion du Programme SSV-GAVI
2		
	Name:	
	Title:	
3		
	Name:	
	Title:	

Name of bank's authorizing official
Charles DABOIKO
Signature:

Date:
Seal: