

APPLICATION FORM FOR
GAVI NVS SUPPORT

Submitted by
The Government of Niger
for
Measles follow-up campaign



Reach Every Child
www.gavi.org

1 Gavi Grant terms and conditions

1.2 Gavi terms and conditions

1.2.1 Gavi terms and conditions

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

GAVI GRANT APPLICATION TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

NO LIABILITY

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

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

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

INSURANCE

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

ANTI-CORRUPTION

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

ANTI-TERRORISM AND MONEY LAUNDERING

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

COMPLIANCE WITH GAVI POLICIES

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

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

1.3 Gavi Guidelines and other helpful downloads

1.3.1 Guidelines and documents for download

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

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

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

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

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

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

2 Review and update country information

2.1 Country profile

2.1.1 Country profile

Eligibility for Gavi support

Eligible

Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

8 January 2014

Country tier in Gavi's Partnership Engagement Framework

2

Date of Programme Capacity Assessment

November 2016

2.1.2 Country health and immunisation data

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

	2020	2021
Total government expenditure	4,571,630,814	

Total government health expenditure	287,733,993	
Immunisation budget	3,303,959	5,467,273

2.1.3 National health planning and budgeting cycle, and national planning cycle for immunisation:

The government planning cycle starts on the

21 December

The current National Health Sector Plan (NHSP) is

From

2017

To

2021

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

2016-2020

Is the cMYP we have in our record still current?

Yes

No

If you selected “No”, please specify the new cMYP period, and upload the new cMYP in country documents section.

Note 1

From

2021

To

2025

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

Une évaluation du présent PPAC a été faite et un Comité de révision a été mis en place pour élaborer une extension d'une année du PPAC sur l'année 2021 afin de l'aligner au PDS 2017-2021. Le nouveau PPAC 2022-2026 sera élaboré au cours du troisième trimestre 2021 après la revue du PEV.

2.1.4 National customs regulations

Please describe local customs regulations, requirements for pre-delivery inspection, and special documentation requirements that are instrumental for the delivery of the vaccine.

Les réglementations douanières en vigueur au Niger autorisent l'enlèvement immédiat pour tous les produits périssables dont les vaccins. Les procédures de dédouanement suivent après, cependant les vaccins du PEV sont exonérés de toutes taxes. Pour l'enlèvement de l'aéroport et la livraison à la Direction des immunisations, le Ministère de la santé utilise le service d'un transitaire agréé. Les Produits sont exonérés et commandés via UNICEF

2.1.5 National Regulatory Agency

Please provide information on the National Regulatory Agency in the country, including status (e.g. whether it is WHO-certified). Please mention a point of contact with phone number and e-mail address. UNICEF will support the process and may need to communicate licensing requirements to the vaccine manufacturers where relevant.

Au Niger, l'Autorité Nationale de Règlementation (ANR), créée par arrêté N°253/MSP/DGSP/DPH/MT du 22/07/2014, est représentée par la Direction des Pharmacies et laboratoires et de la médecine traditionnelle (DPHL/MT) qui a en charge l'enregistrement des produits pharmaceutiques y compris les vaccins et de la délivrance des autorisations de mises sur le marché. Cette structure dispose de compétences avérées et expériences en matière d'enregistrement de nouvelles molécules pré qualifiées par l'OMS.
Dr Barira; Tel: +227 <bariradany@gmail.com>

2.2 National Immunisation Programmes

2.2.2 Financial Overview of Active Vaccine Programmes

IPV Routine

Note 2

	2021	2022
Country Co-financing (US\$)		
Gavi support (US\$)	971,704	1,016,686

MenA Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	202,352	212,106	222,192	232,605
Gavi support (US\$)	554,433	581,156	419,930	439,610

PCV Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	512,090	537,175	563,131	589,940
Gavi support (US\$)	7,238,087	7,592,657	7,959,529	8,338,459

Pentavalent Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	512,090	537,175	563,131	589,940
Gavi support (US\$)	1,413,450	1,482,690	1,554,333	1,628,330

Rota Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	703,305	736,533	351,446	368,027
Gavi support (US\$)	6,986,743	7,317,330	3,721,684	3,897,272

YF Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	186,164	195,137	204,417	213,997
Gavi support (US\$)	1,001,747	1,050,030	1,099,965	1,151,515

Summary of active Vaccine Programmes

	2021	2022	2023	2024
Total country co-financing (US\$)	2,116,001	2,218,126	1,904,317	1,994,509
Total Gavi support (US\$)	18,166,164	19,040,549	14,755,441	15,455,186
Total value (US\$) (Gavi + Country co-financing)	20,282,165	21,258,675	16,659,758	17,449,695

2.3 Coverage and Equity

2.3.1 Coverage and equity situation analysis

Note: If a recent analysis of the coverage and equity analysis is already available, for example as part of a Joint Appraisal report, you may simply reference the report and section where this information can be found.

Describe national and sub-national evidence on the coverage and equity of immunisation in the country and constraints to improvement. In particular, identify the areas and groups of low coverage or high inequity linked to geographic, socioeconomic, cultural or female literacy considerations, as well as systematically marginalized communities. Specify both the areas and/or populations with low coverage (%) and those with the largest absolute numbers of un-/under-vaccinated children. Among data sources, consider administrative data, coverage surveys, DHS/MCS, equity analyses, Knowledge-Attitude-Practice surveys, and patterns of diseases like measles.

Describe the challenges underlying the performance of the immunisation system, such as:

- o Health work force: availability and distribution;
- o Supply chain readiness;
- o Gender-related barriers: any specific issues related to access by women to the health system;
- o Data quality and availability;
- o Demand generation / demand for immunisation services, immunisation schedules, etc;
- o Leadership, management and coordination: such as key bottlenecks associated with the management of the immunisation programme, the performance of the national/ regional EPI teams, management and supervision of immunisation services, or broader sectoral governance issues;
- o Financing issues related to the immunisation programme that impact the ability to increase coverage, including bottlenecks related to planning, budgeting, disbursement and execution of resources;
- o Other critical aspects: any other aspect identified, for example based on the cMYP, EPI review, PIE, EVM or other country plans, or key findings from available independent evaluations reports.

Describe lessons learned and best practices on the effectiveness of implemented activities to improve coverage and equity; recommendations on changes or new interventions that might be required to accelerate progress (include data to support any findings or recommendations).

En Avril 2018, le Niger a élaboré un guide à l'usage des Equipes Cadres de District (ECD) en vue d'atteindre chaque enfant au Niger.

Le Niger a conduit en Novembre 2020 le dialogue multipartite avec ses partenaires au cours



2.4 Country documents


2.4.1 Upload country documents

Please provide **country documents** that are relevant for the national immunisation programme and for multiple vaccines, to be taken into account in the review of your application. If you have already provided one or more of these country documents, you do not need to upload it/them again unless the document version changed. If documents cannot be provided, please use the comment functionality to explain why, or by when they will be available.


Note that only general country documents are uploaded here; at the end of section 3 (sub-section "Upload new application documents") you will be required to provide those documents that are specific to the support requested (for example the new vaccine introduction plan and/or campaign plan of action, new budget, application endorsements etc.)

Country and planning documents


-  **Country strategic multi-year plan** [PPAC NIGER 20162021 VF 14-06-21 17.38.20.docx](#)
Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan
-  **Country strategic multi-year plan / cMYP costing tool** [cMYP Niger V 31 Déc-2015 13-01-18 14.07.53.xlsx](#)
-  **Effective Vaccine Management (EVM) assessment** [03Niger2020Rapport général GEV Version finale 04-05-21 17.36.47.pdf](#)
-  **Effective Vaccine Management (EVM): most recent improvement plan progress report** [Plan amélioration GEV 31 decembre 2020 04-05-21 17.37.55.docx](#)

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

[DQR - Niger 2014 Rapport 13-01-18_14.37.02.pdf](#)
- 

Data quality and survey documents: Immunisation data quality improvement plan

[Plan PAQD Niger 20202022 21 Octobre 2020_14-06-21_17.41.15.docx](#)
- 

Data quality and survey documents: Report from most recent desk review of immunisation data quality

[Rapport Revue Documentaire VAR2_30Oct17_15-01-18_11.02.53.pdf](#)

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

No file uploaded

Document non disponible

Human Resources pay scale

No file uploaded

If support to the payment of salaries, salary top ups, incentives and other allowances is requested

Document non disponible

Coordination and advisory groups documents

- 

National Coordination Forum Terms of Reference

ICC, HSCC or equivalent

[Arrêté N°0578 portant révision du CCIA 2017_15-01-18_12.10.07.pdf](#)
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National Coordination Forum meeting minutes of the past 12 months

[PROCES VERBAL CCIA DU 27 juin 2017_23-01-18_14.21.27.docx](#)

Other documents



Other documents (optional)

Please also provide other country documents to support the review of the applications, for example Health Facility Assessment Reports, Knowledge-Attitude-Practice surveys or other demand-related surveys, if available.

[Autorisation importation et Enlevement corrigé \(1\) 16-01-18 10.37.44.pdf](#)

3 Measles follow-up campaign

3.1 Vaccine and programmatic data

3.1.1 Choice of presentation and dates

For each type of support please specify start and end date, and preferred presentations.

Note 3

Measles follow-up campaign

Preferred presentation	M, 10 doses/vial, Lyophilised
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	1 September 2022
Planned launch date	7 November 2022
Support requested until	2022

3.1.2 Vaccine presentation registration or licensing

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

Les formes de présentation du vaccin sont déjà homologuées au Niger

3.1.3 Vaccine procurement

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

Yes

No

If you have answered yes, please attach the following in the document upload section:* A description of the mechanism, and the vaccines or commodities to be procured by the country through this mechanism.* A confirmation that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. OR, for the procurement of locally-produced vaccines directly from a manufacturer which may not have been prequalified by WHO, a confirmation should be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance is assured by a fully functional National Regulatory Authority (NRA), as assessed by WHO in the countries where they are manufactured and where they are purchased.

3.2 Target Information

3.2.1 Targets for campaign vaccination

Please describe the target age cohort for the measles follow-up campaign:

Note 4

From

9

weeks

months

years

To

59

weeks

months

years

2022

Population in
target age cohort
(#)

4,842,314

Target population to be vaccinated (first dose) (#)	4,842,314
Estimated wastage rates for preferred presentation (%)	10

3.2.2 Targets for measles routine first dose (M1)

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

	2022
Population in the target age cohort (#)	
Target population to be vaccinated (first dose) (#)	
Number of doses procured	

3.3 Co-financing information

3.3.1 Vaccine and commodities prices

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

	2022
10 doses/vial,lyo	0.35

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

	2022
AD syringes	0.036
Reconstitution syringes	0.004
Safety boxes	0.005
Freight cost as a % of device value	3.43

3.3.2 Country choice of co-financing amount per vaccine dose

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

Please note that the values represented in this table do not account for any switches in co-financing group. The calculations for the entire five year period are based on the countries co-financing group in the first year.

Note 7

	2022
Country co-financing share per dose (%)	2
Minimum Country co-financing per dose (US\$)	0.007
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.007

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

Measles follow-up campaign

	2022
Vaccine doses financed by Gavi (#)	5,275,300
Vaccine doses co-financed by Country (#)	99,700
AD syringes financed by Gavi (#)	5,326,600
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	
Reconstitution syringes co-	

financed by Country (#)	
Safety boxes financed by Gavi (#)	58,600
Safety boxes co- financed by Country (#)	
Freight charges financed by Gavi (\$)	167,790
Freight charges co-financed by Country (\$)	3,169
	2022
Total value to be co-financed (US\$) Country	38,000
Total value to be financed (US\$) Gavi	2,234,000
Total value to be financed (US\$)	2,272,000

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

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

Note 8

	2022
Minimum number of doses financed from domestic resources	
Country domestic funding (minimum)	

3.3.5 Co-financing payment

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

Non Applicable

If your country is in the accelerated transition phase for Gavi support, please answer the following question:

Please provide evidence that the co-financing obligations for the new introduction have been budgeted for, and elaborate on how the country plans to pay for the fully self-financing amounts. Please discuss the extent to which medium-term immunisation/health plans and medium-term expenditure frameworks incorporate the additional costs associated with this introduction. Discuss any co-financing defaults that may have happened in the last five years.

Non Applicable

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:

October

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

Month

October

Year

2022

3.4 Financial support from Gavi

3.4.1 Campaign operational costs support grant(s)

Measles follow-up campaign

Population in the target age cohort (#)

Note 9

4,842,314

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

0.65

Total in (US\$)

3,147,504.1

Funding needed in
country by

30 May 2022

3.4.2 Operational budget

Please complete the Gavi budgeting and planning template to document how the Campaign Operational Costs support grant will be used to facilitate the timely and effective implementation of critical activities in advance of and during the campaign. Please ensure to upload the completed budgeting and planning template as part of this application.

If Gavi's support is not enough to cover the full needs please indicate how much and who will be complementing the funds needed in the Operational Budget template. In the following fields please provide an overview of your request.

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

557013

Total amount - Other donors (US\$)

1654355

Total amount - Gavi support (US\$)

3480647

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

0.10

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

0.15

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

0.71

3.4.3 Key Budget Activities

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

Coordination : notamment les rencontres de plaidoyer pour la mobilisation des ressources additionnelles pour l'introduction,

- Planification : élaboration des micro plans des districts,
- Communication/mobilisation : activités de communication avant et pendant l'introduction,
- Formations des acteurs à tous les niveaux,
- Elaboration des outils de gestions et accessoires de vaccination,
- Ravitaillement et distribution du vaccin et intrants,
- Gestion des déchets,
- Renforcement de la chaîne du froid,
- Vaccination (stratégie fixe, avancée et mobile),
- Surveillance et gestion des MAPI,
- Supervisions districts, régions et national,
- Suivi et évaluation post campagne,
- Appui à la surveillance épidémiologique : supervision du site sentinelle de surveillance du syndrome rubéoleux congénital,

3.4.4 Financial management procedures

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

La modalité de gestion financière qui sera utilisée est celle du Fonds Commun (FC) qui fait intervenir deux (2) types de comptes:

A. Le compte spécial

Un compte est ouvert en francs CFA dans une banque commerciale. Il est géré par la Direction des Ressources Financières et Matérielles du Ministère de la Santé Publique (Centre de gestion du niveau central)

Il est approvisionné chaque semestre par les ressources provenant des partenaires du Fonds Commun pour couvrir les dépenses du semestre imputables au Fonds Commun. Le montant des versements semestriels est évalué par les contributeurs à partir des éléments ci-après :

- l'examen des Rapport du Suivi Financier (RSF), des pièces justificatives des dépenses, des rapports d'audit externes et internes des comptes,
- les conclusions des rapports d'audit de passation des marchés,
- les données des rapports d'avancement de l'exécution et de suivi évaluation du PDS,
- les résultats des entités sous contrat de performance,
- les missions sur le terrain (Missions conjointes MSP et PTF),
- les demandes de retrait semestrielles des comptes de crédit/don élaborées par le MSP.

B. Les Comptes secondaires

Un compte est ouvert en francs CFA dans une banque commerciale pour chaque DRSP, DS ; Maternité de référence et CHR qui sont des centres de gestion.

Il est approvisionné trimestriellement par le Compte Spécial. Le montant de

l'approvisionnement est déterminé en fonction :

- du montant des activités trimestrielles du PAA imputable au FC – PDS,
- du montant du réapprovisionnement semestriel du Compte Spécial du FC - PDS,
- des performances de gestion technique et financière des structures sus indiquées (Les performances sont évaluées à partir des RSF et des justificatifs des dépenses effectuées).

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

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

Yes

No

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

la note d'orientation pour les perdiem et honoraires lors des missions des agents de l'Etat est jointe au dossier

3.4.6 Fiduciary management

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

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

Les fonds sont virés directement au Gouvernement via le Fonds Commun

3.4.7 Use of financial support to fund additional Technical Assistance needs

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

needs and the respective agencies providing the technical assistance (if already identified) below.

Note 11

- Planification de la campagne et évaluation de l'état de préparation: OMS/HQ, UNICEF/HQ et WCAR
- Un épidémiologiste (1 international) plus 6 au niveau de régions (nationaux) Suivi et supervision OMS, CDC,JSI
- Un épidémiologiste et un logisticien au niveau central (1 international) et au niveau de régions (nationaux) Suivi et supervision Unicef
- Un gestionnaire des données international au niveau central (élaboration et gestion des bases de données) et au niveau régional (DATA managers, compilation et gestion des données de la campagne) OMS
- Un spécialiste en C4D au niveau central (international) et des régions (Nationaux) /renforcer la communication et le plaidoyer Unicef

3.5 Strategic considerations

3.5.1 Rationale for this request

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

1. Cette campagne en vue s'inscrit en droite ligne dans la mise en œuvre du plan stratégique pour l'élimination de la rougeole 2012 – 2020 conformément à la Résolution du Comité Régional de l'OMS pour la Région africaine. Ce plan qui combine une série d'interventions /stratégies pour l'atteinte du dit objectif qui incluent :
 - La réalisation des campagnes de suivi périodiques pour offrir aux enfants une seconde opportunité de vaccination contre la rougeole,
 - L'amélioration de la couverture de la première dose VAR à partir de 9 mois à 95% dans au moins 80% des districts de santé,
 - Le renforcement de la surveillance au cas par cas de la rougeole, pour atteindre 80% des districts de santé avec des cas suspects de rougeole prélevés,
 - Le renforcement de haut niveau des capacités opérationnelles des agents de santé et l'amélioration de la qualité des données
 - La réalisation de plaidoyer soutenu, la mobilisation des partenaires locaux et internationaux et de la recherche opérationnelle.
2. La couverture de routine contre la rougeole est insuffisante à établir l'immunité de la population contre la rougeole car à titre d'illustration, la couverture nationale estimée selon OMS-UNICEF était 79% pour le VAR1 et de 58% pour le VAR2 en 2019 tandis qu'elle a été de 92,9% pendant les AVS contre la rougeole de 2019.
3. L'incidence de la rougeole reste élevée au Niger durant les 5 dernières années, le pays n'a pas atteint l'objectif d'arriver à une incidence de moins d'un cas pour 1 million d'habitants. Les flambées récurrentes indiquent toutes qu'une AVS est nécessaire pour réduire à nouveau la morbidité et réduire rapidement la transmission. A titre d'exemple, de 2017 à 2019, on a noté une augmentation progressive des cas de rougeole qui a atteint son pic en 2019 malgré la hausse de la couverture vaccinale en VAR 1 et VAR 2. Ce pic pourrait s'expliquer par le non tenu de la CAR prévue en 2018, cette tendance s'est inversée avec une nette diminution des cas au cours de l'année 2020 et pourrait s'expliquée par la mise en œuvre de la campagne de 2019.

4. Les faiblesses observées dans la qualité du système de surveillance où le pays n'a pas atteint les deux indicateurs majeurs durant les 3 dernières années (taux des éruptions fébriles nous rougeoleuses et zone de santé avec au moins un prélèvement) ;
5. L'analyse des risques réalisée en 2020 montre que 35 districts sanitaires sur 72 ont connu au moins trois épisodes épidémiques sur les six ans à raison de 1 épisode /an. Parmi eux, 6 districts sont en épidémie chaque année. Il s'agit de Konni, Maradi commune, Niamey II, Say, Tahoua et Téra.

La charge de morbidité qui conforte cette campagne est consignée aux pages: du plan d'action de la campagne:

Pages 7 à 14 Situation épidémiologique

Page 15 à 16 Analyse du risque dont l'outil sera joint en annexe

Page 18 à 21 Couvertures vaccinales de routine

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

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

La République du Niger s'est dotée d'un plan pluriannuel complet qui prend en compte la stratégie d'élimination de la rougeole avec comme objectif principal d'attendre la cible des indicateurs de performance visant l'élimination de la rougeole. Depuis 2004, le pays mène une surveillance basée sur le cas. Tout cas détecté par les structures à l'aide d'une définition de cas est notifié, investigué et les échantillons prélevés sont transmis au laboratoire pour confirmation diagnostique.

Cette campagne en vue s'inscrit en droite ligne dans la mise en œuvre du plan stratégique pour l'élimination de la rougeole 2012 – 2020 conformément à la Résolution du Comité Régional de l'OMS pour la Région africaine. Ce plan qui combine une série d'interventions /stratégies pour l'atteinte du dit objectif. Ces deux plans sont en cours de réactualisation au pays. Le nouveau PPAc qui sera élaboré pour la période de 2022-2026, prendra en compte le cycle des nouvelles campagnes contre la rougeole pour la période.

- La vaccination de routine, les AVS, les ripostes antérieures n'ont pas pu augmenter l'immunité de façon durable pour empêcher la circulation du virus. Ceci devant une surveillance de la rougeole qui reste encore faible depuis plusieurs années.
- Cette faiblesse est liée à plusieurs facteurs dont entre autres :
- L'accumulation des susceptibles qui constitue une menace pour le système de santé au Niger. Selon le graphique 2 faisant la situation de l'Évolution des cas de rougeole et des couvertures vaccinales administratives VAR1 et VAR2 de 1990 à 2020, on constate que depuis la première campagne de vaccination de 2004, une très forte réduction des cas de rougeole dès 2005 a été observé. Cependant le répit a été de courte durée avec la régression de la couverture vaccinale dès 2007 et l'augmentation importante de nombres de cas en 2008 ;
- Depuis lors, la nécessité d'organiser des campagnes de suivi presque tous les trois ans (2008, 2010, 2012, 2015, et 2019) s'est imposée. Malgré ces interventions, on assiste chaque année à des épidémies localisées. Dans ce contexte, à partir de 2014,

le VAR 2 a été introduit dans le PEV de routine avec un objectif d'au moins 80%. La couverture en VAR2 n'ayant guère atteint 70% n'a pas permis d'empêcher la recrudescence de ces épidémies ;

- En effet de 2012 à 2020, le nombre cumulé d'enfants non vaccinés avant leur premier anniversaire est de 1.196.257 dont à ce jour 967,138 seraient âgés de 3 à 9 ans et 229,118 de moins de 2 ans entraînant ainsi une augmentation du nombre d'enfants susceptibles de contracter la rougeole. Dans les 08 régions du pays, 84% des cas de rougeole notifiés sont âgés de 0 à 14 ans ;
- En utilisant les résultats du profil d'immunité du CDC nous aurons au 31 décembre 2022 un total de 1 233 939, soit 1,13 fois le nombre d'enfants nés l'année la plus récente. Le nombre important d'enfants susceptibles à la rougeole, dépassant la taille de la cohorte de naissance estimée en 2022, expose le Niger à un risque de épidémies importantes de rougeole ;
- Depuis le dernier RGPH de 2012, le Niger est confronté à un problème d'indicateurs de la population lié au manque de données récentes. Les estimations sont faites sur la base des projections de ce recensement et entraîne pour le PEV un problème sérieux de dénominateur et par là, la non fiabilité des couvertures. A ceci s'ajoutent les mouvements migratoires des populations du fait de leur cycle de vie (nomades, populations des zones désertiques, populations des zones périurbaines), et la situation sécuritaire caractérisée par des déplacements de personnes et l'afflux de réfugiés fuyant les troubles aux frontières du Mali et du Nigéria ;
- Les enquêtes de couverture ne fournissent pas d'estimations au niveau du district. Les niveaux de couverture régionale sont bien inférieurs aux estimations basées sur les données administratives des districts de la région. La dernière campagne de suivi de 2019 n'ayant pas atteint la qualité requise en termes de performance souhaitée (CV=92,9% inférieure à 95% souhaitée) n'a pas pu atteindre certaines communautés susceptibles notamment dans les zones rurales, défavorisées et difficiles d'accès, cette situation a concerné régions de : Diffa, Dosso, Tillabéri, Zinder, et Niamey ;
- Toutefois, les taux de rétention des cartes (40%) sont faibles et les approches reposant sur les cartes pour vacciner sélectivement les enfants ne seraient pas efficaces.

Au regard de tout ce qui précède, le Niger a opté pour une campagne nationale qui concernera les 72 districts des 08 régions du pays avec une population cible à vacciner de 4.842.314 enfants âgés de 9 à 59 mois.

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

Provide a description of the roles of the national Coordination Forum (ICC, HSCC or equivalent body) and national immunization technical advisory group (NITAG) in developing this request.

If any of Gavi's requirements to ensure basic functionality of the relevant national Coordination Forum (ICC, HSCC or equivalent) were not met, please describe the reasons and the approach to address this. Requirements can be found in the general application guidelines.

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

Les missions du CCIA sont de:

1. Contribuer à la détermination des orientations stratégiques dans le domaine de la vaccination;
2. Contribuer à l'examen et approbation des politiques et plans de vaccination notamment o le Plans Pluri-Annuel complets (PPAc) et les Plans d'Action Annuels (PAA), dans le cadre du Plan d'Action Mondial pour les Vaccins (GVAP) et le Plan stratégique régional 2014-2020, o les plans de lutte et de contrôle accélérés contre les maladies évitables par la vaccination;
3. Contribuer à l'examen et approbation des budgets des activités retenues;
4. Appuyer la mobilisation des ressources internes et externes aux fins de la réalisation des activités du programme;
5. Contribuer à une meilleure coordination et une gestion efficace des ressources mobilisées;
6. Donner son avis sur toutes les questions techniques et politique relatives au bon fonctionnement du PEV;
- 7 Orienter le PEV pour résoudre les problèmes techniques au but de renforcer les services de vaccination, de l'introduction de nouveaux antigènes, de l'organisation d'activités supplémentaires de vaccinations.

Le GTCV a pour rôle de fournir aux autorités nationales, des recommandations sur des données factuelles pour les programmes et politiques nationaux de vaccination. Il est composé des experts nationaux de plusieurs discipline qui examine les preuves existantes au niveau local, régional ou international afin de fournir au MSP, des recommandations techniques et scientifiques spécifiques dans les domaines de la vaccination.

3.5.4 Financial sustainability

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

Un plan de viabilité financière a été élaboré dans le PPAC 2016-2020 et qui décrit les financements alternatifs du PEV de routine et des campagnes de vaccination. Ces trois dernières années, le Pays a toujours honoré ses engagements de cofinancement vis à vis de Gavi.

3.5.5 Programmatic challenges

Summarise programmatic challenges that need to be addressed to successfully implement the requested vaccine support, and describe plans for addressing those. These may include plans to address the barriers identified in the coverage and equity

situation analysis section, and include vaccine supply chain, demand generation/ community mobilisation, data quality/ availability/ use and leadership, management and coordination, etc.

Les défis programmatiques auxquels le pays sera confronté, ui doivent être relevés pour mettre en œuvre avec succès le soutien aux vaccins demandé, et décrivez les plans pour les relever. Il peut s'agir de plans visant à lever les obstacles identifiés dans la section sur l'analyse de la situation en matière de couverture et d'équité, et inclure la chaîne d'approvisionnement en vaccins, la création de la demande/la mobilisation communautaire, la qualité/la disponibilité/l'utilisation des données et le leadership, la gestion et la coordination, etc.

Les différents défis et mesures de mitigation selon les domaines sont annexés au présent document (sous forme Tableau)

3.5.6 Improving coverage and equity of routine immunisation

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

Le soutien proposé par le SVN sera utilisé pour améliorer la couverture et l'équité de la vaccination de routine à travers :

- La micro planification ascendante permettra d'identifier les enfants insuffisamment vaccinés et zéros doses et la programmation des activités de rattrapage avant pendant ou après la campagne;
- Les réunions de coordination et de suivi des activités préparatoires seront également mises à profit pour discuter de la vaccination de routine ;
- L'intégration de la vaccination de routine dans les districts à faible performance au cours de la campagne ;
- La mise en œuvre du plan de contrôle accéléré des flambées de rougeole dans les districts à haut risque en cas d'éclosion d'épidémie ;
- Le plan de communication élaboré va adresser la question de la vaccination du PEV de routine et les activités critiques du renforcement de la routine ;
- Le renforcement de capacités des acteurs dans divers domaines de la vaccination (Logistique, MAPI, surveillance, prestations, communication..)

3.5.7 Synergies

Describe potential synergies across planned and existing Gavi support, including planned introductions, campaigns and HSS support. If relevant, comment on capacity and appropriate systems to introduce multiple vaccines. Also describe how the country will mitigate any programmatic and financial risks associated with multiple introductions. Furthermore, how is the requested support complementary and creating synergies with the support of other Global Health Initiatives, such as the Global Fund and GFF?

Note 12

Les réunions de CCIA constituent un cadre de concertation entre le Ministère et ses partenaires techniques et financiers pour discuter des performances du programme et des appuis nécessaires à son bon fonctionnement

Par ailleurs, il existe également une coordination des partenaires techniques et financiers (OMS, UNICEF, Banque Mondiale, Fonds Commun, AFD, Gavi, UE, Fond Mondial et certaines ambassades) qui se réunissent régulièrement afin d'évaluer l'appui apporté au pays en terme de financement et de performance. Au cours de ces réunions, un point est fait sur les différents financements afin de s'assurer qu'il n'y ait pas de duplication dans le financement des activités. L'objectif de cette coordination est de créer une complémentarité et des synergies dans le soutien au pays.

Les risques programmatiques et financiers sont donc très atténués dans le soutien au Niger Le pays n'a pas prévu une nouvelle introduction couplée à une campagne de masse

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

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

Le Niger s'est engagé à éliminer d'ici 2030 la rougeole autochtone en tant que problème majeur de santé publique en application de sa politique de développement sanitaire et en conformité avec la résolution du 130^{ème} Comité exécutif de l'OMS et les orientations de la 61^{ème} réunion du Comité Régional de l'OMS/AFRO (Yamoussoukro, Cote d'Ivoire, septembre 2011).

Pour ce faire, les objectifs et les activités prioritaires retenues à travers le plan stratégique sont :

- Rehausser et maintenir à 95 % de la couverture vaccinale de rougeole en PEV de routine

i. Augmenter la disponibilité des services de vaccination à 100% de la population cible avec la fourniture de la logistique nécessaire au fonctionnement en assurant la maintenance

ii. Conduire des activités de vaccination en stratégie avancée et mobile dans chaque district sanitaire

iii. Atteindre au moins 90% de couverture vaccinale de la 2^{ème} dose contre la rougeole d'ici fin 2020 dans tous les districts

- Parvenir à une incidence de moins d'un cas de rougeole confirmé par million d'habitants par an.

i. Mettre en place un système de surveillance des maladies à base communautaire (SEBAC)

ii. Doter les laboratoires en matériels de prélèvement et de transport

iii. Mettre en place des sites sentinelles de surveillance du syndrome Rubéole congénitale

- Conduire des activités de vaccination supplémentaires

3.6 Report on Grant Performance Framework

3.6.1 Grant Performance Framework – Application Instructions

The Grant Performance Framework (GPF) contains all indicators that will be used to monitor programmatic performance for your requested type of support. Targets that were entered for number to be vaccinated in section 3 on the Target Information tab, have been carried over into their respective indicators in the GPF. Based on these numbers, coverage and dropout rate targets were calculated (where applicable). These appear as “calculated targets”. If you wish to

revise these target values, please revise in the application form – they are not editable in the performance framework. In addition, as a part of your application, there are several items to be filled directly into the GPF. These are broken into required and optional items, below:

Required

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

Optional

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

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

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

3.7 Upload new application documents

3.7.1 Upload new application documents

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

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

Application documents



New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including

[RevisedPlan d Action NIGERSoumissionCAR 202214062021 VF_14-06-21_18.11.06.docx](#)

checklist & activity list and timeline

If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.



Gavi budgeting and planning template

[NIGERBudget CAR 202214062021VF_14-06-21_18.12.03.xlsm](#)



Most recent assessment of burden of relevant disease

[MeaslesRiskAssessmentToolv1 042021_05-05-21_16.01.58.xlsm](#)

If not already included in detail in the Introduction Plan or Plan of Action.



Sources and justification of campaign target population estimates (if applicable)

[Copy of Données démographiquesDistrictsRégions2020 V avril 2020 1_05-05-21_16.04.42.xlsx](#)

Endorsement by coordination and advisory groups



National coordination forum meeting minutes, with endorsement of application, and including signatures

[RAPPORT DE LA PREMIERE REUNION ORDINAIRE DU CCIA 2021_05-05-21_16.07.51.pdf](#)

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



NITAG meeting minutes

[CR GTCV VACCINATION COVID19astra et sino_05-05-21_17.54.01.pdf](#)

with specific recommendations on the NVS introduction or campaign

Vaccine specific



cMYP addendum

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

No file uploaded

Document non disponible



Annual EPI plan

Annual EPI plan detailing planning of all measles and rubella-related activities for the current year, including realistic timelines, designated responsible individual(s) and a budget

[PAADI Validé 2021_14-06-21_18.29.39.xlsx](#)



MCV1 self-financing commitment letter

If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.

[MCV1 self_05-05-21_16.17.21.pdf](#)



Measles (and rubella) strategic plan for elimination

If available

[Plan stratégique Rougeole rubeole 20122020 VF_05-05-21_18.21.10.pdf](#)



Other documents (optional)

[Rapport de situation Niger 14 mai 2021_14-06-21_18.33.26.pdf](#)

[NIGERCHRONOGRAMME CAR 2022_14-06-21_18.32.54.xlsx](#)

[Niger 2021 Measles immunity profile April.FR_14-06-21_18.32.25.docx](#)

[NIGERReponses feedbackCAR 2022.14062021.VFdocx_14-06-21_18.31.49.docx](#)

[Rapport final Evaluation
RougeoleNiger2019complet avec les annexes
1_05-05-21_17.07.09.pdf](#)

[memo20190821 Perdiems_05-05-
21_17.06.42.pdf](#)

[DEFIS PROGRAMMATIQUES ET
MITIGATION_05-05-21_16.20.08.pdf](#)

4 Review and submit application

4.1 Submission Details

Country vaccine funding summary

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

Active Vaccine Programmes

Note 13

IPV Routine

	2021	2022
Country Co-financing (US\$)		
Gavi support (US\$)	971,704	1,016,686

MenA Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	202,352	212,106	222,192	232,605
Gavi support (US\$)	554,433	581,156	419,930	439,610

PCV Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	512,090	537,175	563,131	589,940

Gavi support (US\$)	7,238,087	7,592,657	7,959,529	8,338,459
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Pentavalent Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	512,090	537,175	563,131	589,940
Gavi support (US\$)	1,413,450	1,482,690	1,554,333	1,628,330

Rota Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	703,305	736,533	351,446	368,027
Gavi support (US\$)	6,986,743	7,317,330	3,721,684	3,897,272

YF Routine

	2021	2022	2023	2024
Country Co-financing (US\$)	186,164	195,137	204,417	213,997
Gavi support (US\$)	1,001,747	1,050,030	1,099,965	1,151,515

Total Active Vaccine Programmes

	2021	2022	2023	2024
Total country co-financing (US\$)	2,116,001	2,218,126	1,904,317	1,994,509
Total Gavi support (US\$)	18,166,164	19,040,549	14,755,441	15,455,186
Total value (US\$) (Gavi + Country co-financing)	20,282,165	21,258,675	16,659,758	17,449,695

New Vaccine Programme Support Requested

Measles follow-up campaign

2022

Country Co-financing (US\$)	38,000
Gavi support (US\$)	2,234,000

Total country co-financing (US\$)	
Total Gavi support (US\$)	
Total value (US\$) (Gavi + Country co-financing)	

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

	2021	2022	2023	2024
Total country co-financing (US\$)	2,116,001	2,256,126	1,904,317	1,994,509
Total Gavi support (US\$)	18,166,164	21,274,549	14,755,441	15,455,186
Total value (US\$) (Gavi + Country co-financing)	20,282,165	23,530,675	16,659,758	17,449,695

Contacts

Person(s) who should be contacted in case Gavi needs to ask for more information in regard to the application.

Name	Position	Phone Number	Email	Organisation
Dr ASSAN	ABDOUL NASSER	+227 91 49 49 12	aanasser@gmail.com	Direction des Immunisations / MSP/AS
Hinsa Idé	Data Manager	+227 97 50 70 12	hinsaide2@gmail.com	Direction des Immunisations / MSP/AS
Dr ALIO Tayabou	Chef Division Suivi- Evaluation et recherche	+227 96 88 22 89	aliotayabou@yahoo.fr	Direction des Immunisations /MSP/AS

Comments

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

No Response

Government signature form

The Government of Niger would like to expand the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support for:

Measles follow-up campaign

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

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

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

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

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

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

Minister of Health (or delegated authority)

Minister of Finance (or delegated authority)

Name

Name

Date

Date

Signature

Signature

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

Minister of Education (or delegated authority)

Name

Date

Signature

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

Appendix

NOTE 1

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

NOTE 2

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

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

NOTE 3

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

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

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

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

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

NOTE 4

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

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

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

* The wastage rate applies to first and last dose.

NOTE 5

If introduction month is other than January, please provide Year 1 targets that are pro-rated according to the introduction month. [Click here](#) to update figures; click on the balloon symbol to provide a note and/ or to indicate that this data is not available.

NOTE 6

*

NOTE 7

Co-financing requirements are specified in the guidelines.

NOTE 8

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

NOTE 9

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

NOTE 10

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

NOTE 11

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

NOTE 12

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

NOTE 13

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

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