



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

Submitted by

**The Government of Niger**

**for**

Measles follow-up campaign

## **Gavi terms and conditions**

### **1.2.1 Gavi terms and conditions**

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

#### **GAVI GRANT APPLICATION TERMS AND CONDITIONS**

##### **FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

##### **AMENDMENT TO THE APPLICATION**

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

##### **RETURN OF FUNDS**

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

##### **SUSPENSION/ TERMINATION**

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

##### **NO LIABILITY**

The Country shall be solely responsible for any liability that may arise in connection with: (i) the implementation of any programme(s) in the Country; and (ii) the use or distribution of vaccines and related supplies after title to such supplies has passed to the Country.

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

## **INSURANCE**

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

## **ANTI-CORRUPTION**

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

## **ANTI-TERRORISM AND MONEY LAUNDERING**

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

## **AUDITS AND RECORDS**

The Country will conduct annual financial audits, and share these with Gavi, as requested. Gavi reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country. The Country will maintain accurate accounting records documenting how Gavi funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of Gavi funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against Gavi in connection with any audit.

## **CONFIRMATION OF LEGAL VALIDITY**

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

## **COMPLIANCE WITH GAVI POLICIES**

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

## **USE OF COMMERCIAL BANK ACCOUNTS**

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

## **ARBITRATION**

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

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

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

## **Gavi Guidelines and other helpful downloads**

### **1.3.1 Guidelines and documents for download**

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

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

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

A key component of the application is a solid operational plan (New Vaccine Introduction Plan for routine support, or Plan of Action for campaign support), explaining how the country will introduce the vaccine or conduct the envisaged campaign, with a corresponding budget. The New Vaccine Introduction Plan or Plan of Action must be submitted together with this application form and will be considered as the foundation of the support request.

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

## **Review and update country information**

### **Country profile**

#### **2.1.1 Country profile**

Eligibility for Gavi support

Eligible
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Co-financing group

Initial self-financing

Date of Partnership Framework Agreement with Gavi

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

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

No Response

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

74 713 898,18

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

2 698 816,31

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

4 877 829,54

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

4 554 323,28

### 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.

From

2016

To

2020

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

Toutes ces informations ci dessus sont correctes. cependant, une revue à mi parcours du PPAC est programmée pour le 1er trimestre 2018.

### 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.

Le Niger dispose d'un code de douane qui régit l'importation, l'enlèvement des produits / articles de l'Administration et des particuliers auquel se greffe le code des douanes de

l'UEMOA singulièrement à son article 165.11 quand il s'agit des dons et legs à l'Etat. Ainsi, pour la livraison des vaccins, consommables et des équipements de la chaîne du froid, les documents suivants sont requis :

- Une lettre d'importation signée par l'autorité nationale de régulation du Ministère de la Santé Publique ;
- Une lettre d'exonération du Ministère des Finances.

Aussi, s'agissant des modes de transport, il sied de signaler les détails qui suivent.

1 Par Air (Avion) :

- Avoir l'autorisation d'importation avant l'arrivage des produits / articles après réception de la lettre de pré alerte qui comporte la facture définitive et la liste de colisage ;
- Avoir l'exonération.

2 Terrestre :

- Avoir l'autorisation d'importation avant l'arrivage des produits / articles après réception du connaissement qui comporte la facture définitive et la liste de colisage;
- Avoir l'exonération.

## 2.1.5 National Regulatory Agency

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

L'ANR est sous la responsabilité de la Direction de la Pharmacie et de la Médecine Traditionnelle (DPH/MT) dont la directrice assure le lead; son contact : Dr Barira Dan NOUHOU 00227 90665045 /96981056 ; e-mail : bariradany@gmail.com

## Coverage and Equity

### 2.2.1 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).

Au Niger, les estimations OMS-UNICEF montrent une croissance continue de la couverture DTC3 de 22% en 1990 à 75% en 2011, puis une régression jusqu'à 65% en 2015. L'enquête EDSN de 2012 a montré une grande disparité entre les régions (52% à Diffa contre 87% à Niamey). Cette disparité est aussi constatée en termes de niveau de vie de la famille (écart de 31% de CV entre les groupes économiquement faibles et ceux économiquement plus aisés). Bien que la pauvreté soit le plus incriminée, d'autres facteurs comme les facteurs culturels, ethniques, le niveau d'éducation, le genre, le lieu de résidences sont autant de facteurs qui peuvent influencer sur l'accès et l'utilisation des services de vaccination.

le JRF 2015 révèle que seulement 75% des districts soit 33 districts sur 44 ont atteint une couverture vaccinale DTC3 d'au moins 80%. Les données de couverture administrative 2016 montrent que le nombre des districts ayant moins de 80% passe de 11 en 2015 à 5 en 2016 mais avec trois districts qui demeurent non performants : Mainé Soroa, Gaya et Maradi Commune.

S'appuyant sur les stratégies existantes de planification et de mise en œuvre de la vaccination, y compris l'approche ACC, l'UNICEF, en collaboration avec ses partenaires, promeut l'analyse de l'équité en immunisation comme cadre de planification et de mise en œuvre révisé pour donner plus de chance à chaque enfant d'être vacciné.

L'analyse de l'équité en immunisation bâtit sur : une analyse des goulots d'étranglement de prestation de services, une analyse de la chaîne du froid, une analyse financière, un examen de la mise en œuvre des 5 composantes ACC/ACE et une cartographie des activités de vaccination en cours et prévues.

L'analyse de l'équité permet désormais de retrouver les cibles, de les vacciner et de les suivre pour les intégrer dans le système national de santé.

les problématiques qui sous-tendent les performances du système de vaccination au Niger, voir le rapport sur l'équité en page 13 Rubrique: (2.5.2. Analyse des goulots d'étranglements au niveau des services de vaccination).



### 2.3.1 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.)


### Coordination and advisory groups documents

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	<b>National Coordination Forum Terms of Reference</b> ICC, HSCC or equivalent	<a href="#">Arrêté_N°0578_portant révision du CCIA_2017_15-01-18_12.10.07.pdf</a>
	<b>National Coordination Forum meeting minutes of the past 12 months</b>	<a href="#">PROCES VERBAL CCIA DU 27 juin 2017_23-01-18_14.21.27.docx</a> <a href="#">PROCES VERVAL CCIA DU 28 Avril 2017_23-01-18_12.46.26.docx</a> <a href="#">PROCES VERBAL CCIA DU 16 Janvier 2017_23-01-18_12.37.44.docx</a>

### Other documents

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	<b>Other documents (optional)</b> 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.	<a href="#">Autorisation importation et Enlevement corrigé (1)_16-01-18_10.37.44.pdf</a> <a href="#">Rapport Final Synthèse Analyse Équité Niger - 15 Janv 2018_15-01-18_17.27.55.docx</a>
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## Country and planning documents

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	<b>Country strategic multi-year plan</b> Comprehensive Multi-Year Plan for Immunisation (cMYP) or equivalent country strategic plan	<a href="#">PPAC NIGER 2016-2020 VF_13-01-18_14.06.42.pdf</a>
	<b>Country strategic multi-year plan / cMYP costing tool</b>	<a href="#">cMYP_Niger V_31 Déc-2015_13-01-18_14.07.53.xlsx</a>
	<b>Effective Vaccine Management (EVM) assessment</b>	<a href="#">Rapport Final_GEV NIGER_26 Juin _16 Juillet_2014_1_13-01-18_14.25.46.pdf</a>
	<b>Effective Vaccine Management (EVM): most recent improvement plan progress report</b>	<a href="#">RAPPORT GEV 2014_15-01-18_11.01.17.docx</a>
	<b>Data quality and survey documents: Final report from most recent survey containing immunisation coverage indicators</b>	<a href="#">DQR - Niger 2014 Rapport_13-01-18_14.37.02.pdf</a>
	<b>Data quality and survey documents: Immunisation data quality improvement plan</b>	<b>No file uploaded</b>
	<b>Data quality and survey documents: Report from most</b>	<a href="#">Rapport Revue Documentaire VAR2_30Oct17_15-01-18_11.02.53.pdf</a>

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**recent desk review of immunisation data quality**

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

No file uploaded

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**Human Resources pay scale**

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

No file uploaded

## Measles follow-up campaign

### 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. Measles follow-up campaign

Preferred presentation	M, 10 doses/vial, lyo
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd preferred presentation	
Is the presentation licensed or registered?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Required date for vaccine and supplies to arrive	15 August 2018
Planned launch date	19 November 2018
Support requested until	2018

#### 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.

No Response

### 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.

### Target Information

#### 3.2.1 Targets for campaign vaccination

Gavi will always provide 100% of the doses needed to vaccinate the population in the target age cohort.

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

From 9 weeks  months  years

To 59 weeks  months  years

	2018
Population in target age cohort (#)	4,058,853

Target population to be vaccinated (first dose) (#)	4,058,853
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.

	2018
Population in the target age cohort (#)	930,965
Target population (first dose) (#)	791,320
Number of doses procured	

## Co-financing information

### 3.3.1 Vaccine and commodities prices

Price per dose (US\$) - Measles follow-up campaign  
2018

10 doses/vial,lyo	0.27
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Commodities Price (US\$) - Measles follow-up campaign (applies only to preferred presentation)  
2018

AD syringes	0.04
Reconstitution syringes	0.04
Safety boxes	0.47
Freight cost as a % of device value	0.03

### 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

2018	
Country co-financing share per dose (%)	2
Minimum Country co-financing per dose (US\$)	0.01
Country co-financing per dose (enter an amount equal or above minimum)(US\$)	0.08

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

Measles follow-up campaign  
2018

Vaccine doses financed by Gavi (#)	3,286,500
Vaccine doses co-financed by Country (#)	1,218,900
AD syringes financed by Gavi (#)	4,464,800
AD syringes co-financed by Country (#)	
Reconstitution syringes financed by Gavi (#)	495,600
Reconstitution syringes co-financed by Country (#)	
Safety boxes financed by Gavi (#)	54,575

Safety boxes co-financed by Country (#)	
Freight charges financed by Gavi (\$)	99,609
Freight charges co-financed by Country (\$)	36,943

	2018
Total value to be co-financed (US\$) Country	360,500
Total value to be financed (US\$) Gavi	1,200,000
Total value to be co-financed (US\$)	1,560,500

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

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

	2018
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.

Existence d'une ligne budgétaire pour l'achat des vaccins et consommables PEV créditée en 2018 de 2 Milliards de francs CFA
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Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of:

June

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

Month

June

Year

2018

### Financial support from Gavi

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

Measles follow-up campaign

Population in the target age cohort (#)

4,058,853

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

0.65

Total in (US\$)

2,638,254.45

Funding needed in country by

30 June 2018

#### 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.

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.

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

330519

Total amount - Other donors (US\$)

85 091

Total amount - Gavi support (US\$)

4679458

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

0,08

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

0,02

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

1,15

### 3.4.3 Financial management procedures

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

Les procédures de gestion sont celles comptables, administratives et financières du fonds commun

### 3.4.4 Fiduciary management

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

Based on the current challenges in implementing the FMA recommendations, the country is suggesting the VIG to be channelled through UNICEF. However, if the FMA recommendations are resolved before the VIG disbursement, then the country would prefer the funds to be sent through the government financial system.

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

Les fonds destinés aux coûts opérationnels doivent être transférés au gouvernement

### 3.4.5 Use of financial support to fund additional Technical Assistance needs

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

Le Pays n'a pas besoin d'assistance technique dans ce domaine

## 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.

Le Niger, à l'instar des autres pays de la région africaine, a adhéré à la stratégie d'élimination de la rougeole à l'horizon 2020. Dans ce sens le pays met en œuvre les stratégies préconisées : la vaccination de routine avec au moins 95% de couverture VAR1, la surveillance active de la rougeole et les campagnes de masse avec des couvertures vaccinales d'au moins 95%.

Sur les 5 dernières années, les couvertures vaccinales administratives au VAR1 ont été de 91% en 2012, 92% en 2013, 88% en 2014, 89% en 2015 et 90% en 2016. Sur toute cette période, elle est restée en dessous de l'objectif d'élimination de la rougeole de 95% ; objectif retenu par le Niger dans son PPAC 2016-2020.

Quant à la deuxième dose de VAR qui a été introduite en juillet 2013 pour la cible des enfants âgés de 16 à 23 mois, les couvertures VAR2 ont été de 16% en 2015, 37% en 2016 et 51% en novembre 2017 ; et là aussi inférieur à l'objectif de 95%.

Sur la même période, les estimations OMS ont varié entre 72% et 76% ; en cohérence avec les résultats de l'enquête de couverture vaccinale réalisée en 2013 qui donnait une

couverture vaccinale en VAR1 à 74,7%.

Une revue de l'introduction de la 2ème dose de VAR a été réalisée du 23 au 27 octobre 2017 avec l'appui technique de l'OMS à la suite de laquelle des activités prioritaires ont été dégagées dont l'élaboration d'un plan pour une campagne de suivi de vaccination contre la rougeole.

Entre 2012 et 2015, avec les faibles couvertures vaccinales VAR enregistrées, une campagne de suivi ciblant les 0-5 ans a été organisée en 2015 et a permis de résorber 96% de susceptibles. Cependant, avec la couverture vaccinale de 96% obtenue, il restait 49160 enfants susceptibles de contracter la rougeole. A ceux-là se sont ajoutés 509 072 enfants des années 2016 à fin novembre 2017 portant le nombre total de susceptibles de moins de 5 ans à 558 232 enfants. Ce nombre ajouté à ceux qui ne seront pas vaccinés au VAR 1 en 2018 va constituer une masse critique de susceptibles pour qui, si une épidémie survient seraient d'une grande ampleur.

De 2012 à 2017, la surveillance hebdomadaire de la rougeole a notifié 18 826 cas suspects de rougeole dans les MDO, dont 5 154 investigués et 2 929 cas confirmés par le laboratoire. Toutes les tranches d'âge ont été touchées par la rougeole avec une prédominance chez les moins de cinq ans qui représentaient 51 L'analyse des cas de rougeole pour la période de 2012 à 2017, fait ressortir toutes les régions ont enregistré des foyers d'épidémies. En 2017, seules les régions de Diffa et Agadez n'ont pas connu un foyer épidémique. Ceci dénote que la circulation du virus de la rougeole est persistante et généralisée sur l'ensemble du territoire Nigérien. Lors de la grande épidémie de 2015, seul 14% des cas notifiés ont été investigués à cause de notification dans la surveillance intégrée et non dans la surveillance au cas par cas.

Aux vues :

des couvertures vaccinales administratives qui n'atteignent pas les cibles d'éliminations de la rougeole ;

la survenue récurrente des foyers épidémiques de rougeole avec une proportion importante de cas dans la tranche d'âge des moins de 5 ans ;

de l'accumulation de susceptibles et que la dernière campagne de vaccination de masse remonte à 3 ans ;

L'organisation d'une campagne de suivi contre la rougeole en 2018 est nécessaire pour réduire le risque d'avoir une épidémie de grosse ampleur.

La présente soumission se propose d'organiser une campagne chez les enfants de moins de 5 ans

### **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 rougeole constitue un problème de santé publique au plan mondial. En 1998, l'Assemblée Mondiale de la Santé a fixé des objectifs qui ont été ratifiés par tous les pays membres pour le contrôle de cette maladie. Ces objectifs visaient la réduction de la morbidité et de la mortalité liées à la rougeole de 90 et 95%, respectivement.

Aux vues de ces progrès, le Niger a adhéré à la résolution du 130ème Comité Exécutif de l'OMS et aux orientations de la 61ème réunion du Comité Régional de l'OMS/AFRO (Yamoussoukro, Cote d'Ivoire, septembre 2011) pour l'élimination de la rougeole (RC

61/8) dans tous les États Membres de la Région Africaine d'ici 2020.

En matière de vaccination au Niger, le document de base est le Plan Pluriannuel du PEV (PPAc) 2016-2020 et parmi les objectifs du PPAc figurent l'élimination de la rougeole (conformément aux orientations du plan national d'élimination de la rougeole) et la lutte contre les maladies transmissibles. Le but du PPAc est de réduire la mortalité/morbidité liées aux Maladies Évitable par la Vaccination (MEV) chez les enfants de 0-59 mois et les FAP avec introduction des nouveaux vaccins et entre autres stratégies, notamment le VAR2 entre 16 et 23 mois inclus dans le calendrier vaccinal du PEV.

C'est dans ce cadre que le Niger envisage d'organiser une campagne nationale de suivi contre la rougeole en 2018 en conformité avec le plan stratégique national d'élimination de la rougeole 2013–2020 et le Plan Pluriannuel Complet (PPAc) du Programme Elargi de vaccination 2016-2020, alignés sur le PDS 2017-2021 et les ODD de 2035.

### **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.

Le CCIA/PEV a été renouvelé par arrêté Ministériel en date du 14 juillet 2017 et a pour mission d'assister le Ministère de la Santé Publique dans la formulation, la mise en œuvre et le suivi-évaluation des politiques et Plans nationaux de vaccination.

A ce titre, le CCIA/PEV :

- Contribue à la détermination des orientations stratégiques dans le domaine de la vaccination
- Contribue à l'examen et approbation des politiques et plans de vaccination notamment
  - le Plan Pluriannuel complet (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,
  - les plans de lutte et de contrôle accélérés contre les maladies évitables par la vaccination,
- Contribue à l'examen et approbation des budgets des activités retenues
- Appuie la mobilisation des ressources internes et externes aux fins de la réalisation des activités du programme
- Contribue à une meilleure coordination et une gestion efficiente des ressources mobilisées
- Donne son avis sur toutes les questions techniques et politique relatives au bon fonctionnement du PEV
- Oriente 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

La présidence est assurée par le Ministre de la Santé Publique. Le CCIA est fonctionnel et se réunit trimestriellement.

Le Groupe Technique Consultatif pour la Vaccination (GTCV) : a été créé en octobre 2013 par un arrêté du Ministère de la Santé Publique. Les missions du GTCV sont d'apporter un

appui conseil au Ministère de la Santé en matière de nouvelles orientations, politiques et stratégies vaccinales et émettre des recommandations pour une prise de décision éclairée dans le domaine des immunisations. Le GTCV est en train d'être redynamisé

### 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?

Il s'agit ici d'une campagne ponctuelle de vaccination de suivi contre la rougeole nécessitant un appui de la part du Gouvernement. EN plus de la ligne budgétaire pour l'achat des vaccins, le gouvernement dispose d'une autre ligne pour l'appui aux flambées épidémiques. Cette ligne sera mise à profit pour la participation du Gouvernement au coût opérationnel de la campagne de suivi rougeole de 2018.

### 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.

L'UNICEF s'étant désengagé dans l'organisation de cette campagne, il va falloir trouver un partenaire financier pour le volet Mobilisation sociale d'un montant total de 517 309 USD

### 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 the proposed activities and budget will contribute to overcoming key barriers.

La mise en oeuvre du plan de la campagne a prévu des stratégies pour atteindre toutes les cibles dans les zones spéciales (Nomades, Zone d'insécurité, zone d'accès difficile, les réfugiés / déplacés...)

### 3.5.7 Synergies

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

Le Niger n'a pas retenu l'option d'introduction de plusieurs antigènes la même année compte tenu des implications financières. Néanmoins, des campagnes de vaccination sont prévues juste après l'introduction d'un nouveau vaccin (Exp: le MenA). Pour atténuer les risques financiers pour l'introduction combinée à la campagne, certaines activités comme les formations ont été réalisées une seule fois.

### 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.).

1. Accroître l'utilisation des services de vaccination en organisant des sorties foraines, avancées et mobiles
2. Élaborer un plan de préparation et réponse aux épidémies
3. Rendre disponibles les médicaments de prise en charge et schéma thérapeutique à tous niveaux
4. organiser des Journées Nationales de Vaccination échelonnées, sur un cycle de 2 à 4 années
5. Organiser des rencontres de plaidoyer avec les autorités administratives, politiques, coutumières et locales
6. Renforcer les capacités du personnel de santé
7. Renforcer la sensibilisation de la population à travers, la communication interpersonnelle et les mass –media à tous les niveaux
8. Rendre fonctionnels tous les organes de coordination des activités de vaccination aux différents niveaux
9. Améliorer la qualité des données de vaccination à travers les enquêtes , le DQA, DQS, le monitoring et les revues
10. Organiser des rencontres de mobilisation sociale avec les ONG et associations et la société civile à tous les niveaux en faveur des AVS rougeole
11. Mettre en place un système de surveillance des maladies à base communautaire (SEBAC)
12. Doter les laboratoires nationaux et régionaux de ressources nécessaires (humaines, matérielles, consommables, réactifs, finances, logistiques) pour l'analyse et le diagnostic
13. Assurer les activités de supervision et de monitoring à tous les niveaux

## 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.

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

## 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.

### Vaccine specific



#### **cMYP addendum**

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

[Plan stratégique Rougeole rubeole 2013\\_2020 DRAFT 2 Validation\\_DU 15 JUIN 2013\\_23-01-18\\_14.32.04.doc](#)

✓	<b>Annual EPI plan</b>	PAA 2018 DI du 18 janvier 2018 -CNTS_19-01-18_11.32.25.xls
	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	
	<b>MCV1 self-financing commitment letter</b>	No file uploaded
	If the country is not yet financing the measles monovalent component of MCV1, a letter signed by the Minister of Health and Minister of Finance committing for the country to self-finance MCV1 from 2018 onwards.	
✓	<b>Measles (and rubella) strategic plan for elimination</b>	Plan stratégique Rougeole rubeole 2013_2020 DRAFT 2 Validation_DU 15 JUIN 2013_16-01-18_09.59.26.doc
	If available	
	<b>Other documents (optional)</b>	No file uploaded

### Endorsement by coordination and advisory groups

✓	<b>National coordination forum meeting minutes, with endorsement of application, and including signatures</b>	Rapport CCIA 12 janvier 2018_18-01-18_11.18.02.pdf
	The minutes of the national coordination forum meeting should mention the domestic funding of MCV1	
✓	<b>NITAG meeting minutes</b>	Rapport CCIA du 12 Janvier 2018-VF corrigé_16-01-18_10.13.03.docx
	with specific recommendations on the NVS introduction or campaign	

### Application documents



✓	<b>New vaccine introduction plan (NVIP) and/or campaign plan of action (PoA), including checklist &amp; activity list and timeline</b>	<a href="#">Plan campagne rougeole 2018 draft1 13012018 DI_18-01-18_13.15.55.docx</a>
<p>If support for a campaign and routine introduction is requested at the same time, the new vaccine introduction plan and campaign plan of action can be combined into one document to minimise duplication.</p>		
✓	<b>Gavi budgeting and planning template</b>	<a href="#">Budget_CAR_2018 Final_18-01-18_13.19.51.xlsx</a>
<b>Most recent assessment of burden of relevant disease</b>		<b>No file uploaded</b>
<p>If not already included in detail in the Introduction Plan or Plan of Action.</p>		
✓	<b>Campaign target population (if applicable)</b>	<a href="#">Cibles de la campagne Rougeole 2018_18-01-18_12.40.21.docx</a>

## Review and submit application

### Submission Details

#### Country vaccine funding summary

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

#### New vaccine support requested

Measles follow-up campaign

2018

Country Co-financing (US\$)	360,500
Gavi support (US\$)	1,200,000

	2018
Total country co-financing (US\$)	360,500
Total Gavi support (US\$)	1,200,000
Total value (US\$) (Gavi + Country co-financing)	1,560,500

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

Aucun commentaire

## Government signature form

The Government of (country) 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:

(enter type of application)

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

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

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

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

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

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

**Minister of Health (or delegated authority)**

Name

Date

Signature

**Minister of Finance (or delegated authority)**

Name

Date

Signature

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

**Minister of Education (or delegated authority)**

Name

Date

Signature

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

