Gavi

Application Form for Country Proposals

For Support to:

Routine New Vaccines Support

Submitted by

The Government of

Mali

Date of submission: 21 **October 2015**

Deadline for submission: 8 September 2015

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

Start Year	2012	End year	2016

Form updated in 2015

(To be used with Guidelines dated October 2014)

Please submit the Proposal using the online platform
https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: proposals@gavi.org or representatives of a Gavi partner agency. Unless otherwise specified, the documents can be shared with Gavi partners, collaborators and the general public. The Proposal and attachments must be submitted in English, French, Spanish, or Russian.

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

Gavi is unable to return submitted documents and attachments to the country.

Gavi
SUPPORT GENERAL TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by Gavi, the Vaccine Alliance 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, the Vaccine Alliance. All funding decisions for the application are made at the discretion of Gavi, the Vaccine Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

Gavi, the Vaccine Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purposes other than for the programmes described in this application, or any Gavi, the Vaccine Alliance-approved amendment to this application. Gavi, the Vaccine Alliance reserves the right to terminate its support to the Country for the programs described in this proposal if Gavi, the Vaccine Alliance receives confirmation of misuse of the funds granted by Gavi, the Vaccine Alliance.

ANTICORRUPTION

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

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with Gavi, the Vaccine Alliance, as requested. Gavi, the Vaccine Alliance 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, the Vaccine Alliance 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 Alliance 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, the Vaccine Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH Gavi, the Vaccine Alliance TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

Any dispute between the Country and Gavi, the Vaccine Alliance 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, the Vaccine Alliance 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, the Vaccine Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: Gavi, the Vaccine Alliance 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, the Vaccine Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

1. 1 Application specifications

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

Type of Support	Vaccine	Start Year	End year	Preferred second presentation[1]
Routine New Vaccines Support	Meningococcal, 10 dose(s) per vial, lyophilised	2016	2016	
	If the selected vaccine is not your 1st preference, please state your preferred vaccine and presentation			If the selected vaccine is not your 1st preference, please state your preferred vaccine and presentation
	It is meningococcal, five doses per vial, lyophilized			Meningococcal, five doses per vial

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

2. Table of Contents

3. Executive Summary

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

- Pour chaque demande spécifique, soutien systématique aux nouveaux vaccins ou campagne SNV :
  - Duration of support
  - The total amount of funds requested
  - Characteristics of vaccine(s), if necessary, and the reason for the choice of the format
  - Month and year of planned introduction of the vaccine
- Relevant baseline data, including:
  - DTP3 and Measles coverage data (as reported on the WHO/UNICEF Joint Reporting Form)
  - Birth cohort, targets and immunisation coverage by vaccines
- Country preparedness
  - Summary of the EPI assessment report and progress report on the implementation of the planned improvements
- The nature of stakeholders' participation in developing this proposal
  - Inter-Agency Coordinating Committee
  - Partners, including CSO involvement

Immunisation preventable diseases remain a major public health problem in many developing countries including Mali. Because of its geographic location, the country regularly experiences epidemics due to infectious diseases such as yellow fever and meningitis.

The climate in Mali is typical of the meningitis belt with the dry season from November to April during which the Harmattan blows bringing dust and sand storms. The last wave of meningococcal meningitis outbreaks started in 1997 and since then epidemics have occurred nearly every year leading to deaths and various complications related to the disease.

Meningococcal epidemics overturn the economy and social order of the affected countries. Most meningitis epidemics in Mali were due to meningococcus from serogroup A.

In fact since the organisation of a mass preventive campaign against meningococcus with MenAfriVac between 2010 in 2011, Mali has not reported a single meningococcus A case.

This campaign was followed by the establishment of a country wide case-by-case monitoring system for bacterial meningitis; in this way, and overall reduction of the number of meningitis cases was observed with a near disappearance of meningococcus from serogroup A since 2011.

In order to maintain these accomplishments, Mali also decided to add MenAfriVac® vaccine to its routine immunisation for 707,451 children aged 09 to 11 months with the support of its technical and financial partners, in particular, WHO, UNICEF, USAID and Gavi. This introduction must be preceded by a catch-up campaign for children from 1 to 5 years old for an expected target population of 3,349,781. This proposal has two components: 1. the introduction of MenA in routine immunization and 2. Organizing a mini catch-up campaign for the cohort of children born after the mass camapign between 2010 and 2011.

The purpose of added this vaccine is to contribute to the elimination of meningococcal A meningitis as a public health problem in Mali.

4. Signatures

4.1. Signatures of the Government and National Coordinating Bodies

4.1.1. The Government and the Inter-Agency Coordinating Committee (ICC) for immunisation

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

Meningococcal A, 10 doses per file, lyophilized, routine introduction

The Government of Mali agrees to develop national immunisation services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan presented with this document. The Government requests that Gavi and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

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

Per the internal budgetary and financing regulations, the government will distribute its share of the financing in **April**.

The settlement of the first year of cofinanced support will be around **April 2016** for meningococcal A, 10 doses per vial, Lyophilized

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

Minister of Health (or authorized representative)		Minister of Finance (or authorized representative)	
Name	Dr TOGO Marie Madeleine TOGO	**Name**	Mr. Mamadou Igor DIARRA
Date		**Date**	
Signature		**Signature**	

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

Full name	Title	Telephone	E-mail
Bani DIABY	substitute point focal Gavi/SIA responsible	66 85 57 55	diabyseptembre@yahoo.fr
Dr Baba TOUNKARA	Focal Point for EPI/WHO	75 24 68 01	tounkaba@who.int
Dr DIALLO Alimata NACO	Gavi focal point	60 41 39 81	nalimata1960@yahoo.fr
Dr DIALLO Fanta SIBY	Chief of Immunisation Section	76 45 82 41	sibyf2005@gmail.com
Dr Ibrahima DIARRA	Immunisation Unit Chief	76 03 42 33	idiarra50@yahoo.fr
Dr Mady KAMISSOKO	Monitoring Point Focal/Immunisation Section	66 76 70 42	kamissoko_mady11@yahoo.fr
Dr Mariam SIDIBE	UNICEF/Mali	75 99 36 31	mfsidibe@unicef.org
Dramane TRAORE	Central Warehouse Manager	76 38 34 37	dramane_t@yahoo.fr
Ms DIARRA Hamsatou DICKO	SIA	76 17 91 43	gogo_dicko92@yahoo.fr

Moussa BATHILY	Monitoring Data Manager	76 32 66 49	bathily.moussa@yahoo.fr
Séydou KOUYATE	EPI data manager	76 48 14 40	sykouyate2007@yahoo.fr

4.1.2. National Coordinating Body/Inter-Agency Coordinating Committee for Immunisation

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

Profile of the ICC, HSCC, or equivalent committee

Name of the committee	ICC
Year of constitution of the current committee	2002
Organisational structure (e.g., sub-committee, stand-alone)	ICC, Technical committee
Frequency of meetings	One statutory meeting per quarter

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

Major functions and responsibilities of the ICC/HSCC:

The Mali ICC has been operational since 2002 and actively playing its multiple roles of supporting and monitoring EPI activities in the country. It approves all the cMYPs, as well as all immunisation activity plans submitted by the Technical Committee, such as the new vaccine introduction plan, plans to eliminate and control measles, yellow fever and maternal and neonatal tetanus, and the polio eradication plan. It also approves plans for implementing Supplementary Immunisation Activities (polio, measles, yellow fever, tetanus, meningitis, etc.).

The ICC also plays a tracking and evaluation role in the implementation of scheduled immunisation activities and in the mobilisation of required resources.

Please describe the type of support offered by the different partners in the preparation of this request:

The technical and financial partners (WHO, UNICET, USAID) and others support the programme (EPI) through the meetings by their experience in the preparation of the document.

Also, they participate in the monitoring of immunisation avoidable diseases, routine EPI, supplemental immunisations, computer media, technical and financial support to training, supervision, reactive laboratory coordination, logistical equipment and technical materials and cold, purchase of vaccines and consumables, infrastructure

4.1.3. Signature Table for the Coordinating Committee for Immunisation

We, the undersigned members of the ICC, HSCC or equivalent committee [1] met on **22/10/2015** to examine this proposal. At that meeting, we approved this proposal on the basis of the supporting documentation attached. The endorsed minutes of this meeting are attached as document number 5. The signatures confirm the request presented in Document 6 (please use the list of signatures in the following section).

Please refer to Annex C of the 'Gavi HSS and NVS General Guidelines' for more information on ICCs.

Title	Title / Organisation	Name	Please sign below to indicate your attendance at the meeting during which the proposal was discussed.	Please sign below to indicate your approval of the minutes of the meeting during which the proposal was discussed.

Chair	Minister of Health/Ministry of Health and Public Hygiene	Dr TOGO Marie Madeleine TOGO		
Secretary	National Health Director/Ministry of Health and Public Hygiene	Dr Binta KEITA		
Members	General Secretary/Ministry of Health	Prof Ousmane DOUMBIA		
	Technical advisor/Ministry of Health	Dr Lamine DIARRA		
	Director of Finance and Equipment/Ministry of Health	Souleymane TRAORE		
	Interim representative/WHO	Dr Lucien Alexis MANGA		
	President National Polio Plus Commission	Dr Aliou MAIGA		
	Representative/UNICEF Mali	Mr Fran EQUIZA		
	Director/Population Health Pivot Group	Mr Souleymane DOLO		
	USAID Director/Mali	Mr Gary JUSTE		

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

The minutes from the three most recent ICC meetings are attached as DOCUMENT NUMBER: 7) .

4.2. National Immunisation Technical Advisory Group

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

We the members of the NITAG met on **25 March 2014** to review this proposal. During the meeting, we adopted this proposal of the basis of the supporting documents describing the decision making process by which the recommendations were formulated, attached as Document 9.

4.2.1. The NITAG Group for Immunisation

Profile of the NITAG

Name of the NITAG	Technical Advisory Group for Immunisation
Year of constitution of the current NITAG	2014
Organisational structure (e.g., sub-committee, stand-alone)	unnamed members
Frequency of meetings	not applicable (unnamed members)

Title	Title/Organisation	Name
Chair	(unnamed members)	(unnamed members)
Secretary	(unnamed members)	(unnamed members)
Members	(unnamed members)	(unnamed members)

Major functions and responsibilities of the NITAG

The group is not operational because for now the members have not been designated by their structure.

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

5. Data on the immunisation programme

5.1 Reference material

Please complete the tables below, using data from available sources. Please identify the source of the data, and the date. Where possible use the most recent data and attach the source document.

- Please refer to the Comprehensive Multi-Year Plan for Immunisation (or equivalent plan), and attach a complete copy with an executive summary (DOCUMENT NUMBER 11). Please attach the cMYP costing tool (DOCUMENT NUMBER 12).
- Please attach relevant Vaccine Introduction Plan(s) as DOCUMENT NUMBER : 14
- Please refer to the two most recent joint WHO/UNICEF reports on immunisation activities.
- Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.
- Please refer to the attached risk assessments in the case of yellow fever and meningitis A mass preventive campaigns.

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

	Figure	Year	Source
Total population	17,325,306	2014	2009 GPHC
Birth cohort	767,511	2014	2009 GPHC
Infant Mortality Rate	96	2014	DHS V
Surviving infants[1]	766,774	2014	2009 GPHC
GNI per capita (US$)	929 %	2014	Ministry of Finance
Total Health Expenditure (THE) as a percentage of GDP	225,016,623 %	2014	Finance Law
General government expenditure on health (GGHE) as % of General government expenditure	7 %	2014	Finance Law

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

5.1.1 Lessons learned

Support for new routine vaccines

If new or underused vaccines have already been introduced in your country, please complete in detail the lessons learned from previous introductions, specifically for: storage capacity, protection against accidental freezing, personnel training, cold chain, logistics, coverage and dropout rates, wastage rates, etc. and propose areas of action or indicate the measures taken to address them. Please refer as needed to previous post-introduction evaluations. If it is already included in the Introduction Plan, please only indicate the section.

Lessons learned	Actions
Insufficient storage capacity at all levels Insufficient wheeled logistics (truck for moving vaccines and consumables where they're needed, vehicles for supervision) increase of the demand for sites for destruction of waste coming from immunisation	Improving storage capacity through: - installation of cold rooms that the central and regional level granted by the government, JIGA, Rotary, UNICEF installation of solar refrigerators and freezers in districts and CHC receiving four all-wheel-drive vehicles at the central level for supervision receipt of two refrigerated vehicles order two refrigerated trucks with UNICEF in connection with Canadian project order 15 all-wheel-drive vehicles from HSS 1 fund with WHO for supporting districts order 15 vehicles for supervision with UNICEF from Canadian fund installation of incinerators and 24 health districts with HSS 2 funds

5.1.2 Planning and budgeting of health services

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

The reference used is made up of health sector policy documents, the Ten-Year Health and Social Development Plan, Strategic Framework for Growth and Poverty Reduction (SFGPR), the Medium-Term Expenditure Framework (MTEF)/of the Ministry of Health (2012-2017), the Medium-Term Budgetary Framework (MTBF) (2012-2014), the Global Action Plan for Vaccines (2011-2020), the 2006 EPI review, 2009-2010 Immunisation Coverage Evaluation, The Strategic Polio Plan (2010-2012), the Strategic Measles Plan (2013-2020) and various departmental activity reports.

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

2014-2018 Health and Social Development Programme (PRODESS III).

Is the cMYP (or the updated multiyear plan) consistent with the proposed document (e.g. schedule, content, etc.)?

Mali has a 2012-2016 Complete Multiyear Plan (cMYP) for EPI adapted to the Global Vaccine Action Plan (GVAP). Each year an annual action plan inspired by the cMYP is prepared in keeping with the planning frameworks and directives from the Ministry of Health.

Please indicate the national planning budgeting cycle for health

The immunisation services strengthening activities are scheduled in the annual action plan of the Ministry of Health and Public Hygiene through the operational plan of the National Health Division. Goods and services are required according to the management procedures in the PRODESS (Health and Social Development Programme). The evaluation of the implementation of these activities is done in the National Health Division annual evaluation canvas.

The country's immunisation services strengthening needs are evaluated by the National Health Division through the Immunisation Section. The budget related to these activities is submitted to the ICC for approval before execution.

The requests for funds for the scheduled activities are financed according to the procedure governing the ACCT account. The funds are mobilized upon request from the NHD to the DFM. The DFM petitions the ACCT.

The Ministry of Health planning cycle is in step with the Ministry of Finance budget process.

It is a top-down process adhering to the national reference documents (Midterm Expenditure Framework, Strategic Framework for Growth and Poverty Reduction, PRODESS priorities):

- Management Council Circle

- CROCEP at the Regional level and National Evaluation Days for the central structures (March-April)

- Arbitration of the Government budget (June)

- PRODESS Technical Committee (April/May) and Oversight Committee (September) for national level validation of Operational Plan

Please indicate the national planning cycle for immunisation

The planning cycle for active immunization is no different from that of the national planning and is integrated there. For this purpose the immunisation services strengthening activities are scheduled in the annual action plan of the Ministry of Health and Public Hygiene through the operational plan of the National Health Division. Goods and services are acquired according to the management procedures in the PRODESS (Health and

Social Development Programme). The evaluation of the implementation of these activities is done in the National Health Division annual evaluation framework. However, the immunisation section for the specific need of strengthening capacity of the cold chain and human resource has a multi-year plan (CMYP) which is also a component of PRODESS.

The country's immunisation services strengthening needs are evaluated by the National Health Division through the Immunisation Section. The budget related to these activities is submitted to the ICC for approval before execution.

The requests for funds for the scheduled activities are financed according to the procedure governing the ACCT account. The funds are mobilized upon request from the NHD to the DFM. The DFM petitions the ACCT.

The Ministry of Health planning cycle is in step with the Ministry of Finance budget process.

It is a top-down process adhering to the national reference documents (Midterm Expenditure Framework, Strategic Framework for Growth and Poverty Reduction, PRODESS priorities):

- Management Council Circle

- CROCEP at the Regional level and National Evaluation Days for the central structures (March-April)

- Arbitration of the Government budget (June)

- PRODESS Technical Committee (April/May) and Oversight Committee (September) for national level validation of Operational Plan

5.1.3 Preparatory activities

Please provide a summary of all the preparatory activities for the introduction of the vaccine(s) or the campaigns. If they are included in the introduction plan or plan of action, please cite the sections only.

Chapter VII implementation

5.1.4 Gender and equity

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

In Mali gender inequalities are addressed through aspects related to the rights of women and men including access to services, to basic social infrastructure, production of goods, employment and income.
In the area of health inequalities are mostly observed through access of the population to health care in rural and urban areas linked to an unequal distribution of health personnel. Despite this uneven distribution between areas, the results of the DHS V (2012-2013) show us that there is no significant difference in vaccination coverage by sex of the child. For example the cover of PENTA 3 is 63.3% for boys against 62.8% for girls.
However it should also be noted that primary media of EPI data (immunization registry, the monthly EPI report, the DVD-MT) will not automatically be taken into account the vaccination of children by sex, as well as supports the SIS (DESAM and FSA). This means that gender is difficult to access, hence it is necessary to revise ENP and SLIS media to be able to carry-out gender analysis of inequality report.

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

The plan for introducing MenAfriVac vaccine in Mali was prepared and will be attached to the proposal as an Annex. The tools (e.g. immunisation card, register) and communication plan will be updated as a consequence.

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

Not available

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

Since January 2012, Mali has been affected by a security, political, food and humanitarian crisis of size and complexity unprecedented in the history the country, which is affecting a large number of people. The situation has led to a massive movement of people towards the south and other countries in the subregion.

If possible, please provide additional information and documents on the data relative to sub- national coverage, for example comparisons between urban and rural districts, or between districts with the highest and lowest coverage etc.

According to the environment of residence, the proportion of children having received all the vaccines varies from 48% in urban environment to 37% in rural environment. On the other hand, there are significant variations in immunisation coverage by region of residence: it is highest in the Bamako district (46%) and it is lowest in the Mopti region (22%).(per DHS V)

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

From the DHMS V results it can be seen that there is no Penta 3 coverage gap by the child's gender (63.3% for boys compared to 62.8% for girls).

5.1.5 Data quality

Please attach a data quality assessment (DQA), report if one has been completed within the previous 48 months (DOCUMENT NUMBER: 13). If available, an improvement plan and progress report on the implementation of the improvement plan should also be submitted (DOCUMENT NUMBER: 16 DOCUMENT NUMBER: 17).

If DQA not available, please briefly describe plans to establish mechanisms for data quality assessment.

The report will be attached.

Please indicate what routine mechanisms to independently assess the quality of administrative data are in place, and if so what these mechanisms are and how they enable the country to track changes in data quality over time.

In Mali, there are no systematic data quality evaluation mechanisms.

Please detail what household surveys have been conducted in recent years to independently assess immunisation coverage and equity, and describe any survey plans for the coming five year period.

In 2012-2013 there was a Demographic and Health Survey (DHMS V). In August 2015, the country proposes to evaluate the immunisation coverage from the routine EPI and the March 2015 measles immunisation campaign. Another evaluation of the same kind is planned for 2018.

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

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

Number	Base Year	Baseline and Targets
	2014	2016
Total number of births	767,511	823,767
Total number of infant deaths	737	791
Total surviving infants	766,774	822,976
Total number of pregnant women	38,376	41,188
Target population vaccinated with OPV3*[1]*		
OPV3 coverage[2]	75%	95%
Target population vaccinated with DTP1[1]	680,491	806,494
Target population vaccinated with DTP3*[1]*	596,922	781,827
DTP3 coverage*[2]*	78%	95%
Wastage[3] rate in base-year and planned thereafter (%) for DTP	5	5
	1.05	1.05
Target population having received meningococcal vaccine *[1]*	0.0	822,976.0
Meningococcal A coverage *[2]*	0%	100%
First Presentation: Meningococcal, 10 dose(s) per vial, lyophilised		
Wastage*[3]* rate in base-year and planned thereafter (%)	0	50
Wastage rate *[3]* in base-year and planned thereafter (%)	1.00	2.00
Maximum wastage rate value for meningococcal A vaccine, 10 dose(s) per vial, LYOPHILISED	50%	50%
Target population vaccinated with 1st dose of Measles vaccine	562,002	716,677
Measles coverage[2]	73%	87%
Annual DTP Dropout rate [(DTP1 – DTP3) / DTP1] x 100	12%	3%

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

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

[3] *The formula to calculate a vaccine wastage rate (in percentage):* [(A – B) / A] x 100. where A = the number of doses distributed for use according to procurement records with correction for stock balance at

the end of the supply period; B = the number of immunisations with the same vaccine in the same period.

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

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

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

5.3. Target for the preventive campaign(s)

No support for prevention campaigns this year

6. New and underused vaccines (routine NVS)

6.1. Calculation of the morbidity load for corresponding diseases (if available)

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

Disease	Title of the assessment	Date	Results

6.2. Requested vaccine (Meningococcal A, 10 dose(s) per vial, lyophilized)

As indicated in the cMYP, the country plans to introduce meningococcal A vaccine using meningococcal A, 10 doses per vial, lyophilized.

When does the country intend to introduce this vaccine? **September 2016**

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

6.2.1. Co-financing information

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

Country group	Low income

	Year 1
	2016
Minimum co-financing	0.20
Your co-financing (please change if higher)	0.20

6.2.2. Specifications of immunisations with new vaccine

	Data from		Year 1
			2016
Number of children to be vaccinated with the first dose	Table 5.2	#	822,976
Immunisation coverage with the first dose	Table 5.2	#	100%
Country co-financing per dose	Table 6.2.1	$	0.2

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

		2016
Number of vaccine doses	#	612,500
Number of AD syringes	#	0
Number of reconstitution syringes	#	0
Number of safety boxes	#	0
Total value to be co-financed by the Country [1]	$	411,500

[1] The co-financing amount for low-income countries indicates costs for the vaccines and any freight charges. The total cofinancing amount does not include supply agency costs and fees, such as handling costs. Information on these additional costs and fees will be provided by the provisioning agency involved, as part of the cost estimates required by the country.

6.2.4. Portion of supply to be procured by Gavi (and cost estimate, US$)

		2016
Number of vaccine doses	#	1,445,100
Number of AD syringes	#	1,370,300
Number of reconstitution syringes	#	228,400
Number of safety boxes	#	0
Total value to be co-financed by Gavi	$	1,593,000

6.2.5. New and Under-Used Vaccine Introduction Grant

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

Year of New Vaccine Introduction	Births (from Table 5.2)	Share per Birth in US$	Total in USD
2016	823,767	0.80	659,014

[1] The Grant will be based on a maximum award of $0.80 per infant in the birth cohort with a minimum starting grant award of $100,000

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

The following are the activities planned for the Gavi introduction grant: training in cascade, follow-up and monitoring and social mobilisation

- training in cascade: at all levels of the health system workers will be brought up to level for the MenAfriVac vaccine introduction which will serve to minimize introduction related problems

- follow-up/monitoring: this way errors by service providers at all levels can be corrected

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

Detailed budget attached as Document No. 28.

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

The other sources of funding are covered by the government, WHO and UNICEF. This funding is going to relate to the following activities:

Government: positioning vaccines and consumables at all levels, reproduction of collection and communication media

WHO: evaluation after MenAfriVac vaccine introduction

UNICEF: part of the social mobilisation

6.2.6. Technical assistance

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

Mali has already introduced several vaccines, because of this experience we do not need technical assistance.

7. NVS Preventive Campaigns

No support for prevention campaigns this year

7.1.1 Epidemiology and disease burden for Meningococcal A vaccine

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

Epidemiological information on the burden of the disease:

- ☐ 1 – Risk assessments
- ☐ 2 – Other

8. Procurement and management

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

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

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

The government of Mali signed a vaccine and consumables purchase assessment agreement with UNICEF in 1996. All traditional and new or underused vaccines are acquired through this channel.

The settlement of the co-financing will be done through the office of the UNICEF Representation in Mali through UNICEF supply, Copenhagen (Denmark).

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

- A description of the mechanism and the vaccines or commodities to be procured by the country
- Assurance that vaccines will be procured from the WHO list of pre-qualified vaccines, indicating the specific vaccine from the list of pre-qualification. For the purchase of locally-produced vaccines directly from a supplier which may not have been prequalified by WHO, assurance should also be provided that the vaccines purchased comply with WHO's definition of quality vaccines, for which there are no unresolved quality problems reported to WHO, and for which compliance with standards is assured by a National Regulatory Authority (NRA) with jurisdiction, as assessed by WHO in the countries of production and purchase.

Mali will not make use of any other vaccine acquisition mechanism.

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

A memo of understanding will be signed between WHO and Gavi These funds will be transferred to the country through WHO.

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

The settlement of the co-financing by the government will be done through the office of the UNICEF Representation in Mali. The co-financing amounts will be wired by the Mali Public Treasury into an account benefiting UNICEF. The Director of Finance and Material of the Ministry of Health is responsible for performing the transfer.

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

The financial management procedures which will be applied to new or underused vaccines will be done per WHO procedures.

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

The monthly reports provided by the various structures will be recorded in the "Immunisation Register" file to allow for coverage calculation. The reports are sent monthly to the WHO Country office.

At the end of each year, a joint Government-WHO-UNICEF report and a Gavi status report will be provided.

A post-introduction evaluation of the MenAfriVac vaccine will be done in 2017.

Studies will be done by CVD/CNAM-Mali in order to determine the impact of MenAfriVac vaccine introduction in selected communities (in terms of morbidity, mortality and immunity status).

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

8.2 Procurement and management for NVS preventive campaigns

No support for prevention campaigns this year

8.3. Product licensure

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

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

Mali accepts the vaccines on the basis of the WHO prequalification.

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

MenAfriVac vaccine 10 µg in 10 dose vials was registered under AMM 2011-676. The validity of the Marketing Authorisation extends from September 2, 2011 to September 2, 2016.

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

In Mali, the vaccines are exempt.

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

In Mali, the national regulatory authority (NRA) is represented by the Pharmacy and Medication Division (PMD) which performs the health product licensure function through the Regulatory Unit (RU) and monitors the practice of the pharmaceutical profession. The PMD was evaluated by the WHO in 2006 and the WAEMU in 2013 based on the performance of regulatory functions of an NRA, which served to assess the Licensure function in Mali.

Licensure is necessary for all products (whether prequalified or not). The procedure comprises the following steps:

- receiving the file;
- administrative and technical evaluation of the files by the PMD team responsible for evaluation of medicines, vaccines and other immunological products;
- Preparation of the technical notice for the national Marketing Authorisation board;
- opinion of the health products Registration Board (CNAMM);
- < > of the Minister of Health. The total length of the process in Mali is 120 days.

8.4 Vaccine Management (EVSM/EVM/VMA)

It is mandatory for a country to conduct an assessment of effective vaccine management (EVM) before requesting support for the introduction of a new vaccine. The EVM a must have been conducted within the preceding 36 months. Please note that this assessment is recommended but not mandatory for requests for operational support to supplemental immunisation campaigns/activities (AVS).

When was the EVM conducted? **August 2014**

Please attach the most recent EVM assessment report (DOCUMENT NUMBER: 25, 26, 27) the corresponding EVM improvement plan (DOCUMENT NUMBER: 26) and the progress report on the EVM improvement plan (DOCUMENT NUMBER: 27). The improvement plan should include a timeline, budget of committed resources for these activities and funding gaps, if any, as well as M&E indicators to monitor progress of implementation.

If any of the above mandatory documents (EVM Assessment Report, EVM Improvement Plan, Progress on the EVM Improvement Plan) are not available, please provide justification and reference to additional documents such as PIE and External EPI Reviews.

When is the next Effective Vaccine Management (EVM) Assessment planned? **August 2017**

The EVM report will be attached to the proposal.

8.5 Waste management

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

Relating to the strengthening of immunisation waste management, Mali adopted the injection safety policy in 2002. Since then, particular attention has been given to injection safety and hygienic destruction of biomedical waste, in particular sharps resulting from immunisation. In the context of organizing multiple immunisation campaigns (e.g. measles, yellow fever, meningitis and MNT), a biomedical waste management plan is available at all levels. Thus, all the health districts have been equipped with effective incinerators (De Montfort, Dragon and AJA). However some number are no longer functional or need repairs. Good experience acquired during various campaigns will be put to use and will serve to better manage waste generated during the MenAfriVac vaccine introduction.

Equipping 25 districts with incinerators is planned in connection with the implementation of HSS 2.

9. Comments and recommendations from the national coordinating body (ICC/HSCC)

Comments and Recommendations from the National Coordinating Body (ICC/HSCC)

10. List of documents attached to this proposal

10.1. List of documents attached to this proposal

Document Number	Attachment	Section	Mandatory	File
1	MoH Signature (or delegated authority) of Proposal	4.1.1	☑	Signatures_Ministres.docx **File desc:** **Date/time:** 09/09/2015 05:02:44 **Size:** 9 KB
2	MoF Signature (or delegated authority) of Proposal	4.1.1	☑	Signatures_Ministres.docx **File desc:** **Date/time:** 09/09/2015 05:03:25 **Size:** 9 KB
3	MoH Signature (or delegated authority) of Proposal for assistance to the VPH	4.1.1	☒	Signatures_Ministres.docx **File desc:** **Date/time:** 09/09/2015 05:03:56 **Size:** 9 KB
4	ICC Terms of Reference	4.1.2	☑	Termes de référence_validation CCIA doc.doc **File desc:** **Date/time:** 08/09/2015 04:47:24 **Size:** 32 KB
5	Minutes of ICC/HSCC meeting endorsing Proposal	4.1.3	☑	Compte rendu avalisant la proposition.doc **File desc:** **Date/time:** 09/09/2015 05:06:21 **Size:** 26 KB COMPTE RENDU CCIA 30 janvier 2015.doc **File desc:** **Date/time:** 09/09/2015 05:09:07 **Size:** 81 KB
6	Signatures of ICC or HSCC or equivalent in Proposal	4.1.3	☑	Signatures_Membres_CCIA.docx **File desc:** **Date/time:** 09/09/2015 05:07:22 **Size:** 9 KB
7	Minutes of the three most recent IACC/HSCC meetings	4.1.3	☑	Compte rendu du CCIA 10 juillet 2015 VFCorrigée 200815.doc **File desc:** **Date/time:** 08/09/2015 04:53:11 **Size:** 100 KB Compte rendu du CCIA 13 Février 2015.doc **File desc:**

				Date/time: 09/09/2015 05:08:20 **Size:** 87 KB
8	A description of partner participation in preparing the application	4.1.3	☒	Description des différentes taches des Partenaires.doc **File desc:** **Date/time:** 09/09/2015 05:15:10 **Size:** 26 KB
9	Minutes of the meeting of the NITAG with specific recommendations on the introduction of the SVN??? or the campaign	4.2	☒	groupe GTCV Non Applicable.docx **File desc:** **Date/time:** 09/09/2015 05:19:27 **Size:** 9 KB
10	Role and functioning of the advisory group, description of plans to establish a NITAG	4.2.1	☑	Le Groupe Technique Consultatif sur la Immunisation.docx **File desc:** **Date/time:** 09/09/2015 05:27:41 **Size:** 13 KB
11	comprehensive Multi Year Plan – cMYP	5.1	☑	PPAC _INPUTS Dr ST 19 October 2015 mise en page.doc **File desc:** **Date/time:** 21/10/2015 10:53:10 **Size:** 4 MB
12	cMYP financial analysis tool	5.1	☑	cMYP_Costing_Tool_Vs.2.5_FR 15_12_ 2013 Version CNI MAJ VF amende 19 Oct 2015.xls **File desc:** **Date/time:** 21/10/2015 10:55:10 **Size:** 3 MB
13	Monitoring and evaluation and surveillance (M&E) plan for the support requested, within the context of the country's existing monitoring plan for the EPI programme	5.1.5	☑	Mali PLAN ACTION SCCMn 30-01-15 SD.docx **File desc:** **Date/time:** 08/09/2015 04:34:23 **Size:** 45 KB
14	Vaccine introduction plan	5.1	☑	PLAN_INTRODUCTION Men A ROUTINE 19 OCT 2015.doc **File desc:** **Date/time:** 21/10/2015 10:56:29 **Size:** 665 KB
15	Introduction Plan for the introduction of RCV / JE / Men A into the national programme	7.x.4	☒	PLAN_INTRODUCTION RUBEOLE ROUGEOLE.docx **File desc:** **Date/time:** 09/09/2015 05:42:24 **Size:** 9 KB

16	Data quality assessment (DQA) report	5.1.5	☒	RAPPORT DQS 2015 Mali version 20 June 2015 correction.doc **File desc:** **Date/time:** 21/10/2015 11:07:37 **Size:** 2 MB
17	DQA improvement plan	5.1.5	☒	PLAN D ' AMELIORATION.docx **File desc:** **Date/time:** 09/09/2015 06:08:12 **Size:** 9 KB
19	HPV vaccine roadmap or strategy	6.1.1	☒	Feuille de route HPV.xls **File desc:** **Date/time:** 09/09/2015 06:09:39 **Size:** 29 KB
20	Plan for the introduction of RCV into the national programme.	7.x.4	☒	Plan rubeole_Non applicable.docx **File desc:** **Date/time:** 09/09/2015 06:13:15 **Size:** 9 KB
21	Summary of the methodology of the assessment of the HPV vaccine	5.1.6	☒	Evaluation HPV.docx **File desc:** **Date/time:** 09/09/2015 06:15:45 **Size:** 13 KB
22	Evidence of commitment to fund purchase of RCV for use in the routine system in place of the first dose of MCV	7.x.3	☒	Engagement financier_rubeole Non applicable.docx **File desc:** **Date/time:** 09/09/2015 06:19:06 **Size:** 9 KB
23	Campaign target population documentation	7.x.1	☑	Population 2015 -2017_avec zone sanitaire.pdf **File desc:** **Date/time:** 08/09/2015 04:36:17 **Size:** 164 KB
24	Roadmap or strategy for strengthening a comprehensive approach to pneumonia and/or diarrhoea prevention and treatment	6.x.6	☒	FEUILLE DE ROUTE DIARRHEE.docx **File desc:** **Date/time:** 09/09/2015 06:21:17 **Size:** 9 KB
25	EVM report	8.3	☑	Rapport_final_GEV_MALI_25_Août_15_Septembre_2014 Copy.pdf **File desc:** **Date/time:** 08/09/2015 04:37:32 **Size:** 1 MB

26	Improvement plan based on the EVM	8.3	☑	Plan_d'amelioration_EVM_Mali_2014.xls **File desc:** **Date/time:** 08/09/2015 04:38:24 **Size:** 222 KB
27	EVM improvement plan progress report	8.3	☑	Niveau d'exécution du plan d'amélioration GEV.doc **File desc:** **Date/time:** 08/09/2015 04:39:49 **Size:** 261 KB
28	Detailed model budget for the grant for the introduction of a vaccine / operating costs	6.x,7.x.2	☑	Budget_Introduction_MenAfriVac PEV_Mali 19 Oct 2015.xls **File desc:** **Date/time:** 08/09/2015 04:40:40 **Size:** 220 KB
29	Risk assessment and consensus meeting report for Meningitis / Yellow Fever: (for yellow fever please include information required in the NVS guidelines on YF Risk Assessment process)	7.1	☑	Plan Introduction MenA ROUTINE 19 Oct_2015.doc **File desc:** **Date/time:** 21/10/2015 11:53:31 **Size:** 665 KB
30	Plan of Action for campaigns	7.1, 7.x.4	☑	BUDGET CAMPAIGN_19 OCTOBER.xlsx **File desc:** **Date/time:** 21/10/2015 11:15:11 **Size:** 53 KB PLAN CAMPAIGN_MenAfriVac 19 OCT 2015.doc **File desc:** **Date/time:** 21/10/2015 11:01:47 **Size:** 598 KB
	Other documents		☒	Mali PLAN ACTION SCCMn 30-01-15 SD.docx **File desc:** **Date/time:** 09/09/2015 06:23:07 **Size:** 45 KB SVN campagne de Prevention.docx **File desc:** **Date/time:** 09/09/2015 11:28:40 **Size:** 20 KB

11. Annexes

Annex 1 – NVS Routine Support

Annex 1.1- NVS routine Support (meningococcus A, 10 doses per vial, lyophilized)

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

		2016
Number of vaccine doses	#	612,500
Number of AD syringes	#	0
Number of reconstitution syringes	#	0
Number of safety boxes	#	0
Total value to be co-financed by the Country [1]	$	411,500

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

		2016
Number of vaccine doses	#	1,445,100
Number of AD syringes	#	1,370,300
Number of reconstitution syringes	#	228,400
Number of safety boxes	#	0
Total value to be co-financed by Gavi	$	1,593,000

Table Annex 1.1 C: Summary table for Meningococcal A, 10 dose(s) per vial, lyophilised

ID		Data from		2016
	Number of surviving infants	Table 5.2	#	822,976
	Immunisation Coverage	Table 5.2	%	100%
	Number of children to be vaccinated with the first dose	Table 5.2	#	822,976
	Number of doses per child	Parameter	#	1
	Estimated vaccine wastage factor	Table 5.2	#	2
	Number of doses per vial	Parameter	#	10
	AD syringes required	Parameter	#	Oui
	Reconstitution syringes required	Parameter	#	Oui
	Safety boxes required	Parameter	#	Non
cc	**Country co-financing per dose**	Table 6.4.1	$	0.2
ca	**AD syringe price per unit**	Table Annexes 4A	$	0.448
cr	**Reconstitution syringe price per unit**	Table Annexes 4A	$	0.035
cs	**Safety box price per unit**	Table Annexes 4A	$	0.0054
fv	**Freight cost as% of vaccines value**	Table Annexes 4B	%	5.00%
fd	**Freight cost as% of devices value**	Parameter	%	0

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

		Formule	2016		
			Total	**Government**	**Gavi**
A	**Country co-financing**	*V*	29.77%		
E	**Number of children to be vaccinated with the first dose**	*Table 5.2*	822,976	244,972	578,004
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	822,976	244,972	578,004
E	**Estimated vaccine wastage factor**	*Table 5.2*	2		
F	**Number of doses needed including wastage**	*D X E*	1,645,952	489,944	1,156,008
G	**Vaccines buffer stock**	*Buffer on doses needed = (D – D of previous year) x 25% Buffer on wastages = ((F – D) – (F of previous year – D of previous year)) x 25%, = 0 if negative result G = [buffer on doses needed] + [buffer on wastages]*	411,488	122,486	289,002
I	**Total vaccine doses needed**	*Round up((F + G) / Vaccine package sise) * Vaccine package sise*	2,057,500	612,447	1,445,053
J	**Number of doses per vial**	*immunisation parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G) x 1.11*	1,370,256	0	1,370,256

L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.11*	288,383	0	288,383
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 × 1.11*	0	0	0
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	1,310,411	390,065	920,346
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	613,875	0	613,875
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	7,994	0	7,994
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of% of vaccines value (fv)*	72,013	21,436	50,577
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as% of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,004,293	411,500	1,592,793
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	411,500		
V	**Country co-financing % of Gavi supported proportion**	*U / T*	29.77%		

Annex 2 – NVS Routine – Preferred Second Presentation

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

Annex 3 – NVS Preventive campaign(s)

No support for prevention campaigns this year

Annex 4

Table Annex 4A: Commodities Cost

Estimated prices of supply are not disclosed

Table Annex 4B: Freight cost as percentage of value

Vaccine Antigen	Type of Vaccine	2016
Meningococcal, 10 dose(s) per vial, lyophilised	MENINACONJUGATE	5.50%

Table Annex 4C: Low income – Country's minimum co-payment per dose of co-financed vaccine.

Vaccine	2016
Meningococcal, 10 dose(s) per vial, lyophilised	0.2

Table Annex 4D: Wastage rates and factors

The table below presents the waste rates for the different vaccines (routine immunisation and campaigns) for 2016.

Vaccine	dose(s) per vial	Maximum Wastage rate*		Benchmark Wastage Rate ***
		Routine	Campaign	
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	40%	40%	
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	10%	10%	
Meningococcal, 10 dose(s) per vial, lyophilised	10	50%	10%	
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	10%	10%	
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	5%	5%	
Rotavirus, 2-doses schedule	1	5%	5%	
Rotavirus, 3-doses schedule	1	5%	5%	
Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	10	40%	40%	
JE, 5 dose(s) per vial, LYOPHILISED	5	10%	10%	
HPV bivalent, 2 dose(s) per vial, LIQUID	2	10%	10%	
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5%	5%	
MR, 10 dose(s) per vial, LYOPHILISED	10	15%	15%	

Observations:

* Source: WHO recommended wastage rate.

** Source: *** Country APRs and studies, approved by WHO, UNICEF, and the Gavi Secretariat

Note: HPV demonstration project wastage rates are the same as for the national introduction of the vaccine

Table Annex 4E: Vaccine maximum packed volumes

Please note that this table is used solely for reference and includes both the vaccines supported by Gavi as well as vaccines not supported.

Vaccine product	Designation	Vaccine formulation	Admin route	No. Of doses in the schedule	Presentation (doses/vial, prefilled)	Packed volume vaccine (cm3/dose)	Packed volume diluents (cm3/dose)
BCG	BCG	lyophilised	ID	1	20	1.2	0.7
Diphtheria-Tetanus	DT	liquid	IM	3	10	3	
Diphtheria-Tetanus-Pertussis	DTP	liquid	IM	3	20	2.5	
Diphtheria-Tetanus-Pertussis	DTP	liquid	IM	3	10	3	
DTP liquid + Hib freeze-dried	DTP+Hib	liquid+lyop.	IM	3	1	45	
DTP-HepB combined	DTP-HepB	liquid	IM	3	1	9.7	
DTP-HepB combined	DTP-HepB	liquid	IM	3	2	6	
DTP-HepB combined	DTP-HepB	liquid	IM	3	10	3	
DTP-HepB liquid + Hib freeze-dried	DTP-Hib	liquid	IM	3	10	2.5	
DTP-HepB liquid + Hib freeze-dried	DTP-HepB+Hib	liquid+lyop.	IM	3	1	22	

DTP-HepB-Hib liquid	DTP-HepB+Hib	liquid+lyop.	IM	3	2	11	
DTP-HepB-Hib liquid	DTP-HepB-Hib	liquid	IM	3	10	4.4	
DTP-HepB-Hib liquid	DTP-HepB-Hib	liquid	IM	3	2	13.1	
DTP-HepB-Hib liquid	DTP-HepB-Hib	liquid	IM	3	1	19.2	
DTP-Hib combined liquid	DTP+Hib	liquid+lyop.	IM	3	10	12	
DTP-Hib combined liquid	DTP-Hib	liquid	IM	3	1	32.3	
Hepatitis B	HepB	liquid	IM	3	1	18	
Hepatitis B	HepB	liquid	IM	3	2	13	
Hepatitis B	HepB	liquid	IM	3	6	4.5	
Hepatitis B	HepB	liquid	IM	3	10	4	
Hepatitis B UniJect	HepB	liquid	IM	3	Uniject	12	
Hib freeze-dried	Hib_lyo	lyophilized	IM	3	1	13	35
Hib freeze-dried	Hib_lyo	lyophilized	IM	3	2	6	
Hib freeze-dried	Hib_lyo	lyophilized	IM	3	10	2.5	3
Hib liquid	Hib_liq	liquid	IM	3	1	15	
Hib liquid	Hib_liq	liquid	IM	3	10	2.5	
Human Papilomavirus vaccine	HPV	liquid	IM	3	1	15	
Human Papilomavirus vaccine	HPV	liquid	IM	3	2	5.7	
Japanese Encephalitis	JE_lyo	lyophilized	SC	1	5	2.5	2.9
Measles	Measles	lyophilized	SC	1	1	26.1	20
Measles	Measles	lyophilized	SC	1	2	13.1	13.1
Measles	Measles	lyophilized	SC	1	5	5.2	7
Measles	Measles	lyophilized	SC	1	10	3.5	4
Measles-Mumps-Rubella freeze dried	MMR	lyophilized	SC	1	1	26.1	26.1
Measles-Mumps-Rubella freeze dried	MMR	lyophilized	SC	1	2	13.1	13.1
Measles-Mumps-Rubella freeze dried	MMR	lyophilized	SC	1	5	5.2	7
Measles-Mumps-Rubella freeze dried	MMR	lyophilized	SC	1	10	3	4
Measles-Rubella freeze dried	MR	lyophilized	SC	1	1	26.1	26.1
Measles-Rubella freeze dried	MR	lyophilized	SC	1	2	13.1	13.1
Measles-Rubella freeze dried	MR	lyophilized	SC	1	5	5.2	7
Measles-Rubella freeze dried	MR	lyophilized	SC	1	10	2.5	4
Meningitis A conjugate	Men_A	lyophilized	IM	1	10	2.6	4
Meningitis A/C	MV_A/C	lyophilized	SC	1	10	2.5	4
Meningitis A/C	MV_A/C	lyophilized	SC	1	50	1.5	3
Meningitis W135	MV_W135	lyophilized	SC	1	10	2.5	4
Meningococcal A/C/W/	MV_A/C/W	lyophilized	SC	1	50	1.5	3

Meningococcal A/C/W/Y	MV_A/C/W/Y	lyophilized	SC	1	10	2.5	4
Monovalent OPV-1	mOPV1	liquid	Oral		20	1.5	
Monovalent OPV-3	mOPV3	liquid	Oral		20	1.5	
Pneumo. conjugate vaccine 10-valent	PCV-10	liquid	IM	3	1	11.5	
Pneumo. conjugate vaccine 10-valent	PCV-10	liquid	IM	3	2	4.8	
Pneumo. conjugate vaccine 13-valent	PCV-13	liquid	IM	3	1	12	
Polio	OPV	liquid	Oral	4	10	2	
Polio	OPV	liquid	Oral	4	20	1	
Polio inactivated	IPV	liquid	IM	3	PFS	107.4	
Polio inactivated	IPV	liquid	IM	3	10	2.5	
Polio inactivated	IPV	liquid	IM	3	1	15.7	
Rota vaccine	Rota_liq	liquid	Oral	2	1	17.1	
Rota vaccine	Rota_liq	liquid	Oral	3	1	45.9	
Tetanus Toxoid	TT	liquid	IM	2	10	3	
Tetanus Toxoid	TT	liquid	IM	2	20	2.5	
Tetanus Toxoid UniJect	TT	liquid	IM	2	Unijject	12	
Tetanus-Diphtheria	Td	liquid	IM	2	10	3	
Yellow fever	YF	lyophilized	SC	1	5	6.5	7
Yellow fever	YF	lyophilized	SC	1	10	2.5	3
Yellow fever	YF	lyophilized	SC	1	20	1.5	2
Yellow fever	YF	lyophilized	SC	1	50	0.7	1

12. Banking form

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

Name of Institution (Account Holder):			
Address:			
City Country:			
Telephone no.:		**Fax no.:**	
	Currency of the bank account:		
For credit to:			
Bank account's title:			
Bank account no.:			
Bank's name:			

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

By who is the account audited?

Signature of Government's authorizing official

		Seal
Name:		
Title:		
Signature		
Dated:		

FINANCIAL INSTITUTION		**CORRESPONDENT BANK (in the United States)**	
Bank's name:			
Branch Name:			
Address:			
City Country:			
Swift Code:			
Sort Code:			
ABA No.:			
Telephone No.:			
FAX No.:			

I certify that the account No.

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

1		
	Name:	
	Title:	
2		
	Name:	
	Title:	
3		
	Name:	
	Title:	

Name of bank's authorizing official
Signature
Dated:
Seal: